IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office – Central Permitting (704) 878-5305 Mooresville Office (704) 660-3625

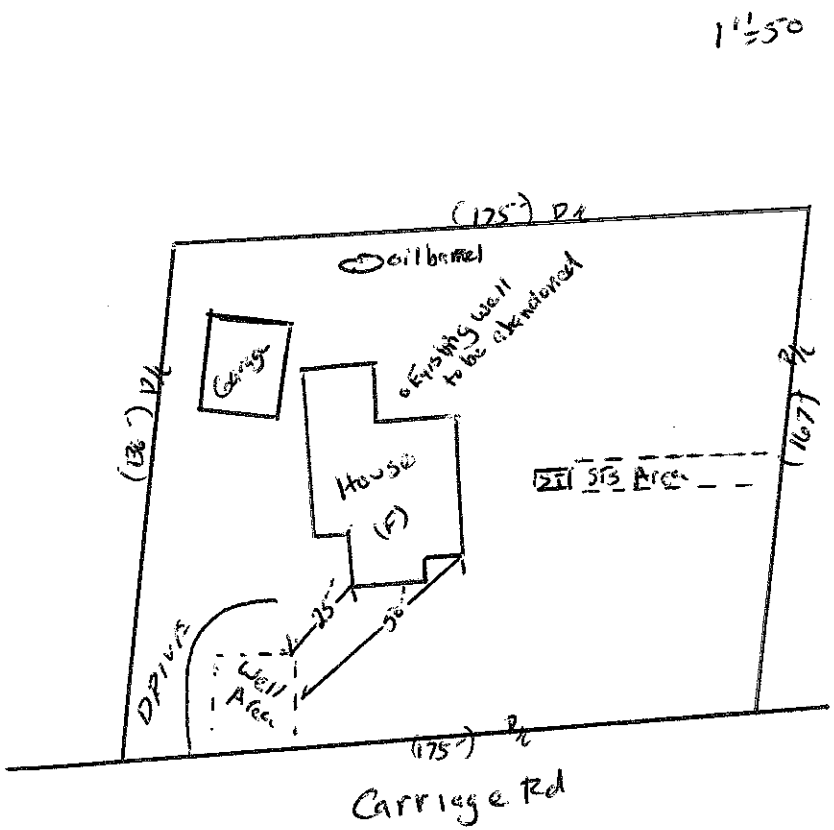
PRIVATE DRINKING WATER WELL PERMIT # 21362 **PIN #** 4712027669 **Type of Permit (circle one):** New Repair Abandonment

APPLICANT NAME: Kelli Hoover ADDRESS: 162 Carriage Rd Statesville NC PHONE: 315-806-1650

DIRECTIONS TO SITE: Buffalo Shoals to Eufola to Carriage Rd

SITE ADDRESS: 162 Carriage Rd SUBDIVISION: N/A SECTION/LOT: N/A

Initial Site Sketch



"As Built" Sketch

Well GPS Latitude: _____ Longitude: _____

PERMIT CONDITIONS/COMMENTS: Install per 2c rules.
* Existing well must be abandoned within 30 days of new well installation *

WELL PERMIT ISSUED BY: David Holmes DATE: 09/01/15 (Permit is valid for 5 years from date issued. This permit may be revoked if it is determined there has been a material change in any fact or circumstance upon which the permit is issued. Actions of the employees of the Iredell County Health Department shall in no way be taken as a guarantee that this well will produce water of any particular quantity or quality or for any amount of time. Employees of the Iredell County Health Department assume no liability for any damages, either direct or consequential which may be caused by this well.)

Well Contractor: Russel Well CONTRACTOR CERT #: 32540 GROUT INSPECTION BY: David Holmes DATE: 09/08/15

OR CERTIFICATION OF GROUT NOT WITNESSED BY DEPT: _____ DATE: _____ WELL HEAD INSPECTION BY: David Holmes DATE: 9/21/15

WELL HEAD INSPECTION (check when completed): GROUT TO GROUND SURFACE ☑ WELL CONTRACTOR ID PLATE ☑ PUMP INSTALLER ID PLATE ☐ SAMPLE PORT ☑

ACCESS PORT / VENT ☑ WELL SEAL ☑ WELL HEAD 12 INCHES / PITLESS ADAPTOR 8 INCHES ABOVE GRADE ☐

CERTIFICATE OF COMPLETION BY: David Holmes DATE: 10/2/15 WATER SAMPLES BY: David Holmes DATE: 10/2/15

Attachments: Form GW-1a (required except for abandonment) ☑ Form GW-30 ☐ Water Sample Results ☐ Plat ☐

Health Dept. Copy – White Applicant Certificate of Completion – Yellow Applicant Well Construction Permit - Pink