IREDELL COUNTY HEALTH DEPARTMENT

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

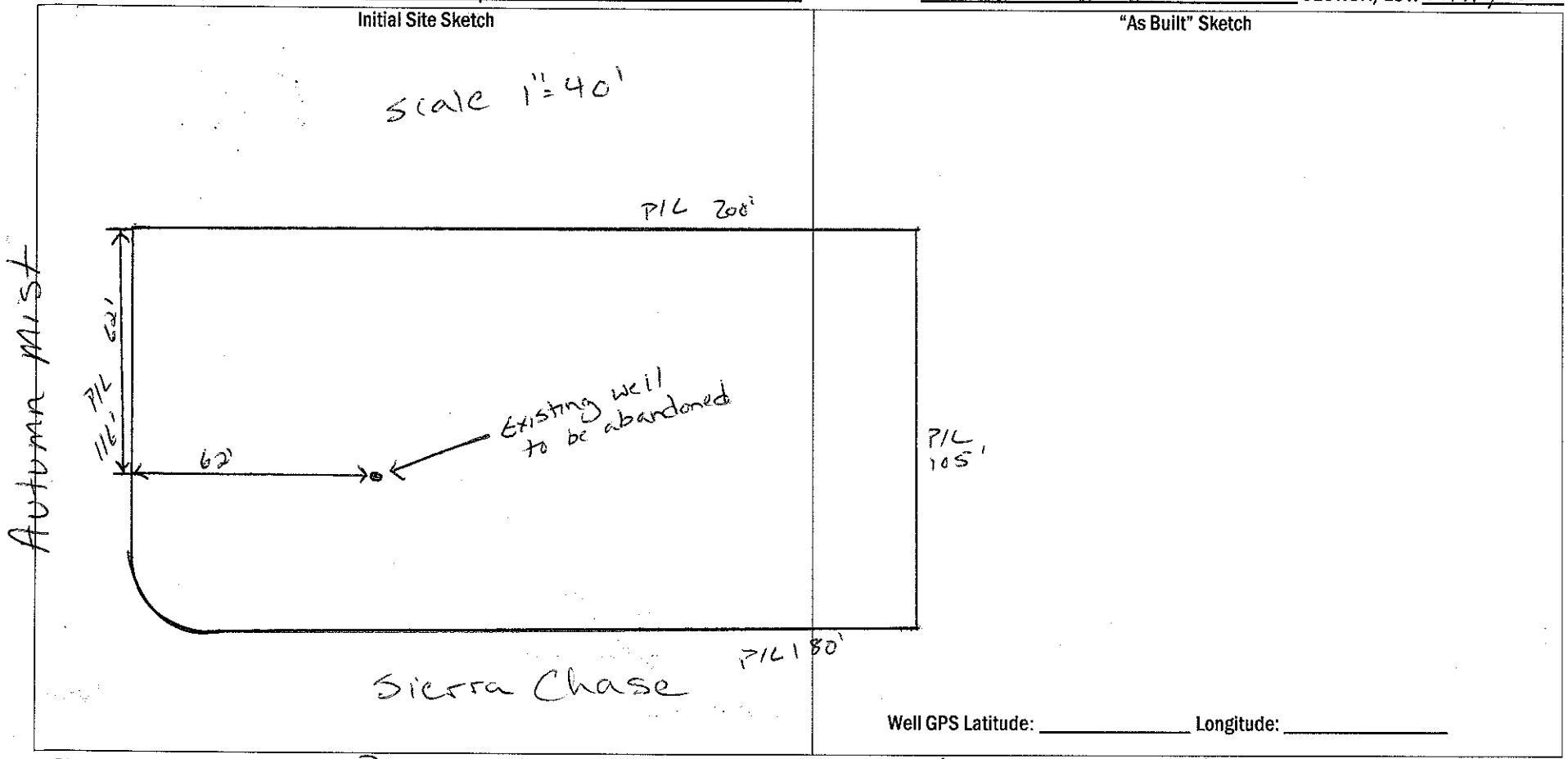
PRIVATE DRINKING WATER WELL PERMIT # 212229 **PIN #** 4732066376 **Type of Permit (circle one):** New Repair (Abandonment)

APPLICANT NAME: Autumn Brook LLC ADDRESS: 107 Autumn Mist. PHONE: 704-578-4951

DIRECTIONS TO SITE: Hwy 21S TR Old Mtn Rd TR Wallace Springs S TR Autumn Mist

SITE ADDRESS: 107 Autumn Mist SUBDIVISION: Autumn Brook SECTION/LOT: Pin1 / 2

Initial Site Sketch



"As Built" Sketch

Well GPS Latitude: _____ Longitude: _____

PERMIT CONDITIONS/COMMENTS: Properly abandon well according to 2C regulations

WELL PERMIT ISSUED BY: Justin Henderson DATE: 8-6-15 (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 of 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: Air Drilling CONTRACTOR CERT #: 2609A GROUT INSPECTION BY: Justin Henderson DATE: 8-13-15

OR CERTIFICATION OF GROUT NOT WITNESSED BY DEPT: _____ DATE: _____ WELL HEAD INSPECTION BY: _____ DATE: _____

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: Justin Henderson DATE: 8-14-15 WATER SAMPLES BY: _____ DATE: _____

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