IREDELL COUNTY HEALTH DEPARTMENT

PRIVATE DRINKING WATER WELL PERMIT # 205560 **PIN #** 4775133837

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

Type of Permit (circle one): New Repair (Abandonment)

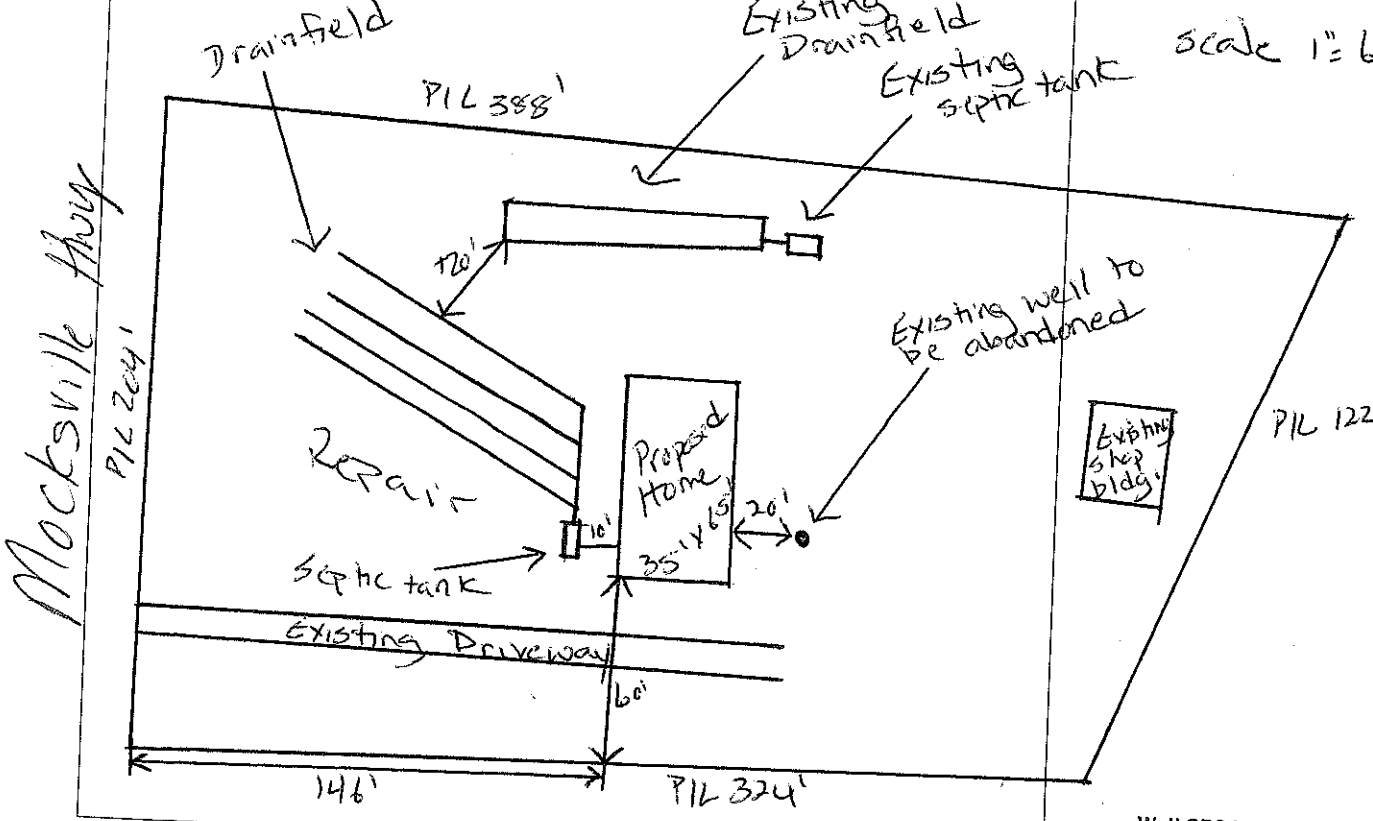
APPLICANT NAME: Jan Petree ADDRESS: 608 Haywood Rd.

DIRECTIONS TO SITE: Hwy 64 E Lot approx 2/10 mile on left after passing Lone Pine Rd. PHONE: 704-902-4607

SITE ADDRESS: 953 Mocksville Hwy SUBDIVISION: N/A

SECTION/LOT: N/A

Initial Site Sketch



"As Built" Sketch

scale 1" = 60'

Well GPS Latitude: _____ Longitude: _____

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

WELL PERMIT ISSUED BY: Justin Henderson DATE: 9-8-14 (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: Homeowner CONTRACTOR CERT #: _____ GROUT INSPECTION BY: _____ DATE: _____

OR CERTIFICATION OF GROUT NOT WITNESSED BY DEPT: _____ DATE: _____ WELL HEAD INSPECTION BY: _____ DATE: 9/22/14

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: _____ DATE: 09/23/14 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