# IREDELL COUNTY HEALTH DEPARTMENT

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

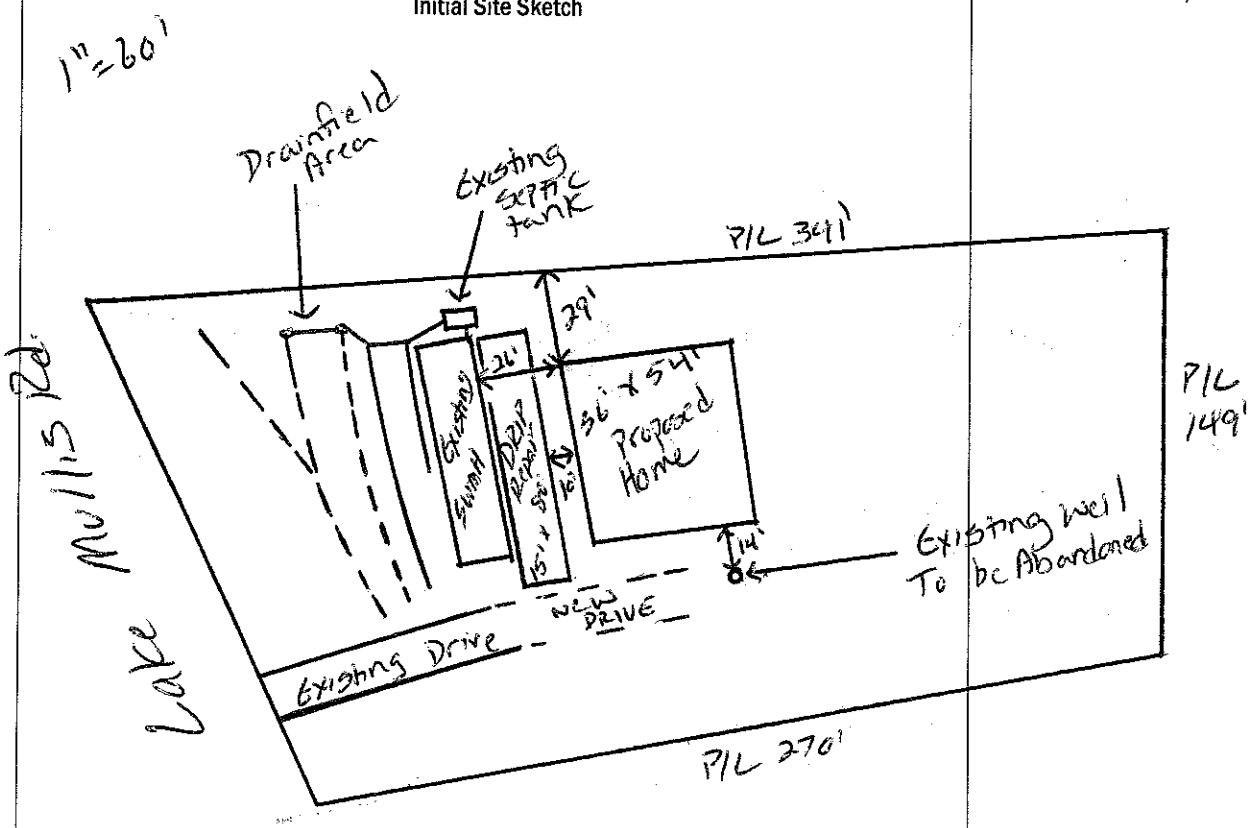
**PRIVATE DRINKING WATER WELL PERMIT #** 214484 **PIN #** 4852624554 **Type of Permit (circle one):** New Repair (Abandonment)

APPLICANT NAME: Jenna Byrd ADDRESS: 537 Lake Mullis Rd. PHONE: 704-929-5100

DIRECTIONS TO SITE: I-77 N to Hwy 901 TR Hwy 901 TR Jencho Rd TR Lake Mullis

SITE ADDRESS: 534 Lake Mullis Rd. SUBDIVISION: Ralph Jay Carter SECTION/LOT: 1

Initial Site Sketch




"As Built" Sketch

Well GPS Latitude: _____ Longitude: _____

PERMIT CONDITIONS/COMMENTS: Properly abandon existing well per 2C regulations

WELL PERMIT ISSUED BY: [signature] DATE: 12-31-15 (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: Carolina Pump & Well CONTRACTOR CERT #: 3987c GROUT INSPECTION BY: [signature] DATE: 01/13/16

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: [signature] DATE: 01/20/16 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