

TRANSYLVANIA COUNTY DEPARTMENT OF PUBLIC HEALTH WELL PERMIT OR WELL REPAIR PERMIT. CERTIFICATE OF COMPLETION

New Well Kepa	ir 10 Existing Well	L J _.			
WP20-112	8574-97-4452-000		Aiken	Aiken, Phillip	
Permit No.	Parcel I.D.			Issued To	
299 Mountain	Brook Trail	Mountain Broo	ok, Lot 36		
Property Street A	Address	Subdivision /Se	ec/Lot#		
Well Grouting Inspecti	on				
Casing Type PVC	_ Casing	g Thickness/Weight <u>5</u>	DR-21	Casing Depth 36	
Diameter 6.25"	_ Grou	t Type Bentonite	<u>to</u> leplug	Grout Depth 20'	
Grout Method Pump S		·	0		
Inspected By: Laul	in Sloup	REHSI	Date: 4 6 2	.021	
Well Head Inspection Inches Above Grade Sanitary Seal Pump Plate		Air Vent	NIA	Sample Tap ONLY Well Plate Yield 56PM	
Contractor Hamily Certification # 3 Date 4 13 21 Horsepower 1 HP	Depth 280	106PM 230V			
Inspected By:	mes a B	ofer, REHS	Date: 6 22	122	
Well Report Received (C	₹W-1a) [X]		Ma	thew T. Parker	
Well Contractor Issued By	Les a Ba	ver, REHS	_ Certification Date	# <u>0106</u> [24/22	
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