T. C. No. ______

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

WELL RECORD

Drilling Contractor ______ Reg. No. ______ Well Permit No. 7304

1. Town ______ County ______
2. Location ______ Quadrangle No. ______
   Show a sketch of location on back of form
3. Owner ______
   Address ______
4. Topography: draw, slope, hilltop, valley, flat
5. Use of Well ______ Date Completed ______
6. Rig type or method ______ Total Depth ______
7. Casing: Depth / Diam. / Type
   From ______ to ______ ft. ______ in. ______
8. Grout: Depth / Material / Method
   From ______ to ______ ft. ______ in. ______
9. Screen: Depth / Diam. / Type and Opening
   From ______ to ______ ft. ______ in. ______
10. Water Zones (depth) ______
11. Static Water Level: ______ ft. above/below top of casing
    which is ______ ft. above land surface. Elev. ______
    Date ______
12. Yield (gpm) ______ Method of testing ______
13. Pumping Water Level: ______ ft. after ______ hrs.
    at ______ gpm.
14. Water Quality ______ Temperature (°F) ______
15. Well sterilization method ______
16. Permanent Pump: ______ Type ______ Make ______
    Installed — Date ______ By ______
    Capacity ______ (gpm) Hp. ______
    Intake depth ______ Airline depth ______
17. Remarks: ______

I do hereby certify that this well record is true and exact.

______
SIGNATURE OF CONTRACTOR OR AGENT

DRILLING LOG

Depth From	Depth To	Formation

FORM NO. E-22-9-1-72

..e Received

Application No. 7304

T. C. No.

Map Date

MECKLENBURG COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

APPLICATION FOR WELL WATER SUPPLY PERMIT

NAME OF OWNER Tilson (LAST) Joe (FIRST) S. (MIDDLE)

ADDRESS OF OWNER Huntersville N.C. R.1 Box 231 ZIP 28078

PHONE NO. Home 875-2735 Office

LOCATION OF PROPERTY Hambright Road (STREET OR COUNTY ROAD)

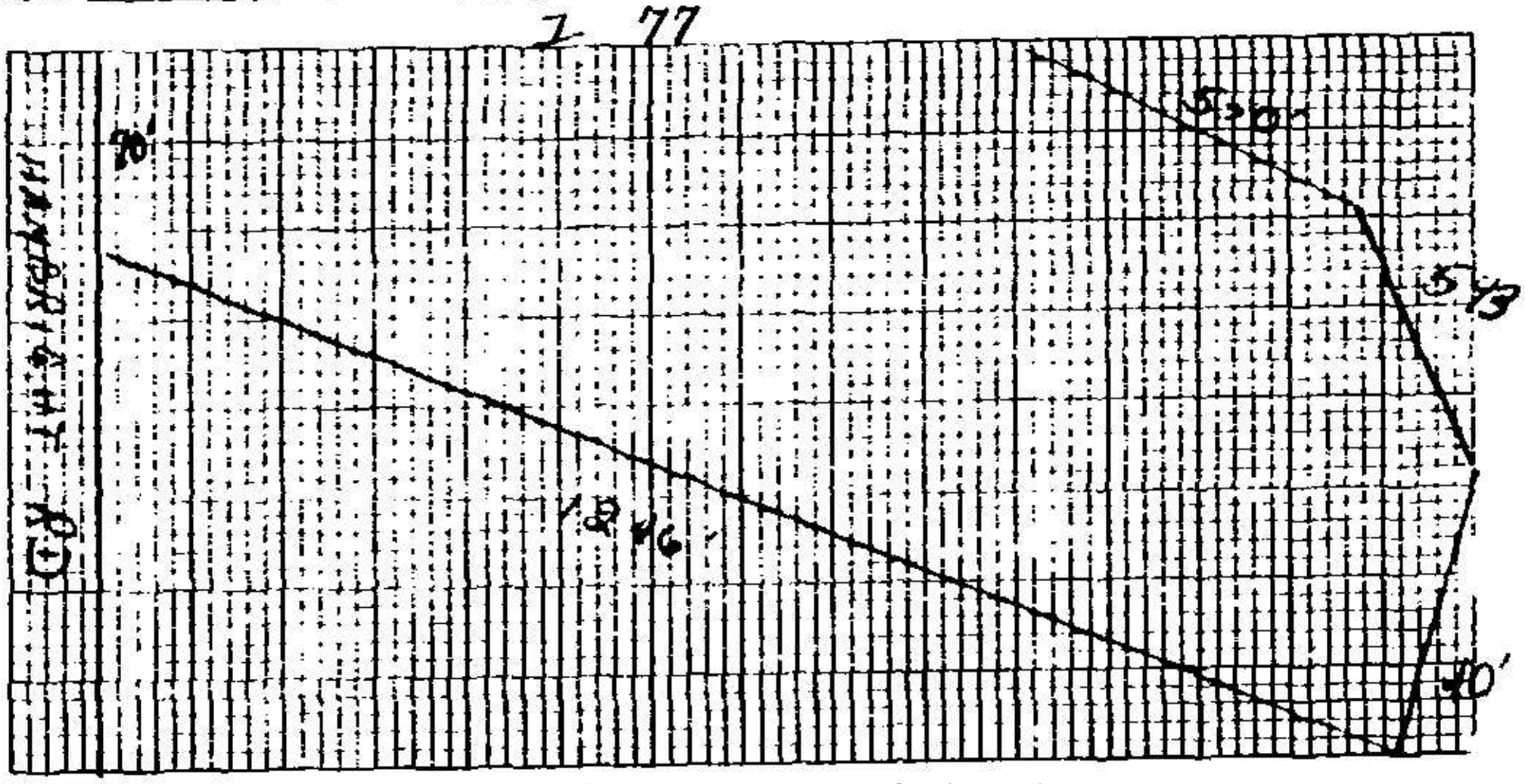
SUBDIVISION LOT NO. BLOCK NO.

MAP BOOK NO. PAGE NO.

DEED REFERENCE: DEED BOOK PAGE NO.

WELL CONTRACTOR LICENSE NO.

Application is hereby made to the Mecklenburg County Health Department for a permit to drill a water well on the hereinabove described lot to be used as a source of ______ individual, ______ semi public, or ______ public water supply:



ACCURATELY DIAGRAM & DIMENSION LOT

Joe S. Tilson

DATE OF APPLICATION

OWNER

Application approved and permit hereby granted

Permit No: 7304

ENVIRONMENTALIST

FORM NO. E-20-9-1-72

HEALTH DEPARTMENT'S COPY