


Hall County Health Department

Application and/or permit for water supply installation or repair

Permit No.: 069-9199 Date: 2-4-00

Address of property: 6147 Old Dahl Omega Hwy.
Clermont, GA 30527

Subdivision: _____ Lot #: _____

Owner: Aubrey Floyd Phone #: 

Address: _____
Contractor: _____
Address: _____

Directions: _____

Reason for well if public water is available: _____

Responsible for:	Owner	Contractor
Location	<u>X</u>	<u>X</u>
Construction	_____	<u>X</u>
Protection	<u>X</u>	_____
Chlorination	<u>X</u>	_____
Bacteria check	<u>X</u>	_____

Source of supply: Well: Drilled Bored Spring Other _____

Location:
Distance from septic tank 50' Drain field 100'
termite treated foundation 25' Other source of pollution _____

Water supply construction:
Diameter _____ inches Type casing _____

Protective covering:
Sanitary seal _____ Concrete cover _____ Other _____

Exterior space around casing:
Ordinary backfill _____ Puddled clay _____ Cement grout _____

Protective slab:
Width 2' X 2' Thickness 4" Bored well, curtain wall (footing) depth: 18 in X 6 in thick

Approved for construction:

Chad A. Harper
Health Department Representative

Contractor or Representative