

CITY OF HINESVILLE
APPLICATION FOR CONSTRUCTION PERMIT FOR
A PRIVATELY OWNED (INDIVIDUAL) WATER SUPPLY SYSTEM

I hereby apply for a construction permit to install a privately owned (individual) water supply system (well) and if same is granted I agree that the system will conform to the requirements of the City Plumbing Code and related ordinances. I shall not connect the system or cause the same to be connected to the City water supply system. I understand that a 4' x 4' x 4" concrete slab must be constructed around the well casing and that a licensed electrician must wire the well pump. I further understand that an electrical permit must be purchased from your office (prior to the electrical work being done). Water from the system will be used for the following purpose(s):

SIGNATURE OF OWNER:	DATE:
NAME OF OWNER:	PHONE NO.:
ADDRESS OF OWNER:	EMAIL ADDRESS:
NAME OF CONTRACTOR:	PHONE NO.:
ADDRESS OF CONTRACTOR:	EMAIL ADDRESS:

Type of Facility (residence, church, etc.): _____

Estimated Cost (including equipment, materials and labor): _____

PERMIT

A permit is hereby granted to install the privately owned (individual) water supply system as requested above and as described on the reverse side of this application form.

Approved by: _____
Director of Inspections

Date of Issue: _____

Permit No.: _____

NOTE: This well must be inspected by the Building Inspections Department upon completion (after the pump has been installed). Please call 876-4147 to arrange for this inspection.

Georgia Health Code Chapter 88-3 requires that the well be inspected by the local health department before it can be used for any purpose. Call 876-2173.

INSPECTION REPORT

INSPECTED BY:	DATE:	RESULT OF INSPECTION:

CITY OF HINESVILLE
DEPARTMENT OF WATER SUPPLY PERMITTING
WELL DESCRIPTION

TYPE DRILLING (CHECK)

ROTARY _____

PERCUSSION _____

BORED _____

TOTAL DEPTH OF WELL _____ FT.

DEPTH OF WATER (SWL) _____ FT.

HOLE DIAMETER:

FROM _____ FT. TO _____ FT., _____ IN.

CASING RECORD:

TYPE MATERIAL _____

SIZE _____ IN. FROM _____ FT. TO _____ FT.

SIZE _____ IN. FROM _____ FT. TO _____ FT.

SIZE _____ IN. FROM _____ FT. TO _____ FT.

SIZE _____ IN. FROM _____ FT. TO _____ FT.

SIZE _____ IN. FROM _____ FT. TO _____ FT.

GROUTING:

TYPE GROUT _____

APPLIED BY PRESSURE _____ OTHER _____

FROM _____ FT. TO _____ FT.

FROM _____ FT. TO _____ FT.

FROM _____ FT. TO _____ FT.

PERMANENT PUMP DATA (IF AVAILABLE)

PUMP TYPE _____

OUTLET SIZE _____

POWERED BY _____

HORSE POWER _____

RATE _____ GPM

PUMPING LEVEL _____

PUMP DISINFECTED _____ YES _____ NO