

Permit is VOID after 6 months unless work has started and an approved inspection was completed

Well Permit

Permit # _____ - _____

Date _____

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TOWN OF THUNDERBOLT APPLICATION FOR WELL PERMIT PHONE NO. (912) 354-5533 FAX NO. (912) 354-2038

INSTRUCTIONS: PLEASE CIRCLE, CHECK MARK OR WRITE ALL REQUESTED DATA.
CASH PAYMENTS CANNOT BE ACCEPTED

(Note: Application must be completed **in ink or typed**; an incomplete application may delay approval process)

Section I - Project Information

PROJECT ADDRESS: _____ PIN # _____

PROJECT/BUSINESS NAME: _____

OWNER NAME: _____ OWNER ADDRESS: _____

OWNER CITY/STATE/ZIP: _____ OWNER TEL. NO.: _____

OWNER EMAIL ADDRESS: _____

COMPLETE DESCRIPTION OF WORK: _____

FLOOD ZONE: _____ (Note: Top of casing must be a minimum of two feet above base flood elevation)

PROJECT COST: _____

Section II - Proposed Well Details

Type of Well: Deep Shallow (less than 100' depth) Estimated Depth of Well: _____ Feet

Class of Work: New Well Replacement Well (if replacement well see abandonment - Section VII)

Method of Construction: _____

Specific Use of Well: Potable Irrigation Other; specify _____

Desired Yield: _____ gpm Motor: Horsepower: _____ Hp; Voltage: _____ V; Amps: _____ A

Diameter of Well: _____ in Type of Casing: _____ Depth of Casing: _____ ft

Tank Size: _____ Gal

Number of Units/Dwellings Served by the Proposed Well: _____ Projected Daily Usage: _____ Gals

Closest Distance from Well to Nearest: (A) Septic Tank or Drain Field: _____ ft

(B) Property Line: _____ ft

Closest Distance from Well Owners Property to Public Water Supply: _____ ft

Grade Elevation at Well: _____ ft

Height of Casing Above Grade: _____ ft

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Section III – Contractor Responsible for Work and calling in Inspections

COMPANY NAME: _____ CITY: _____

ADDRESS: _____ STATE: _____ ZIP: _____

OFFICE NO.: _____ CELL NO.: _____ FAX NO: _____

EMAIL: _____

GEORGIA WELL DRILLERS LICENSE NUMBER: _____

Section IV – Additional Information Required for Permit

- A. A Completed Well Application
- B. Well Location Plan Completed (See Section V) and Approved by the Chatham County Health Department
- C. Copy of Chatham County Department of Health Report.

I/We the undersigned have truthfully, to the best of our knowledge, completed the above application for a Town of Thunderbolt Well Permit. I/We understand that the issuance of a Well Permit, in no way constitutes the right to violate and Federal, State, County or Town of Thunderbolt Laws and/or Ordinances. I/We also attest to the fact that the Well Contractor will call for the inspection of the casing grout and all electrical work prior to making the well operational. In addition, I/We agree to complete Section VI and submit it to the Town of Thunderbolt (after all work has been completed and the well tested) for approval and to perform its final inspection of the work covered under this Permit.

I/we understand that failure to call for inspections, or submit the final paperwork will result in additional fees and possible license revocation.

Print Name of Owner

Printed Name of Contractor

Signature – Owner

Signature – Contractor

Date

Date

Office Use Only

Permit Number: _____

Approved By: _____

Date: _____

Fee Due: _____

Fee Paid: _____

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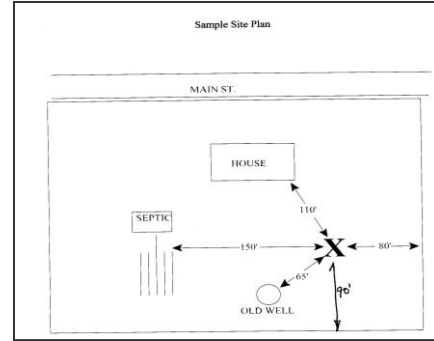
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Section V – Well Location Plan

Fill out the actual site information in the blank box below (at a minimum provide the information provided in the sample well location plan)



Well Location Plan

****** Chatham County Health Department Use Only ******

I, _____, of the Chatham County Health Department, inspected the premises at
Printed Name

_____, on _____, and approve of the well
Address Date

placement as shown.

Signature

Date

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Section VII – Well Abandonment (Must be filled out at the completion of work if this permit is for a replacement well)

Refer to the attached Georgia Department of Public Health “Proper Water Well Abandonment” Brochure for acceptable Abandonment procedures.

Abandonment Method: (Must include depth, description and quantity of materials used)

Contractor: _____ Responsible Individual: _____

Office No.: _____ Cell No.: _____ Fax No.: _____

Email: _____

Well Abandonment Address: _____

By signing below, I _____ attest and affirm that the abandonment of the existing
Printed Name of Responsible Individual

well located at the address above has been performed in the manner outlined above and is in accordance with the Georgia Department of Public Health’s proper water well abandonment procedures as well as all other Federal, State, County and Town of Thunderbolt’s ordinances.

Signature of Responsible Individual

Date

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Section VIII – Water Test Report Requirements

All potable water wells shall be tested for the following items:

TEST W-33 ITEMS TESTED	MAXIMUM CONTAMINANT LEVEL (mg/l)	FREQUENCY OF TESTING
pH	<6.5	annually
phosphorus (P)	-	annually
Potassium (K)	-	annually
Calcium (Ca)	-	annually
Magnesium (Mg)	-	annually
Manganese (Mn)	0.05	annually
Iron (Fe)	0.3	annually
Aluminum (Al)	0.05 - 0.2	annually
Boron (B)	-	annually
Copper (Cu)	1	annually
Zinc (Zn)	5	annually
Sodium (Na)	-	annually
Chromium (Cr)	0.1	annually
Cadmium (Cd)	0.005	annually
Nickel (Ni)	0.1	annually
Molybdenum (Mo)	-	annually
*- hardness	-	annually
sulfate (SO ₄)	250	annually
Nitrate (NO ₃)	45	annually
Chloride (Cl)	250	annually
Soluble Salts		annually
Alkalinity	-	annually
Carbon dioxide (CO ₂)	-	annually
Nitrate - Nitrogen (NO ₃ -N)	10	annually
Nitrite- Nitrogen (NO ₂ -N)	1	annually
TDS (Total Dissolved Solids)	500	annually
Color	15 color units	annually
Turbidity	5 units	annually
Total Nitrate (NO ₃ +NO ₂ as N)	10 (as N)	annually
Total Coliform	presence or absence	quarterly
Fecal Coliform	presence or absence	quarterly