

HARNETT DEPARTMENT OF PUBLIC HEALTH PERMIT
TO CONSTRUCT A DRINKING WATER SUPPLY WELL

PIN #: 1611-10-7176.000 Parcel #: 071519 0006 32 Application #: BRES2007-0047 Subdivision: _____ Lot #: _____

Applicant Name: Anthony Underhill
Address: 162 Forever Ln Coats, NC 27521

Type of Facility Served by Well: SFD

Sewage System: 25% Reduction System

Permit Conditions: 160 Forever Ln (Ebenezer Church Road - SR 1558)

General Permit Conditions:

- Drinking water supply well construction must meet 15A NCAC 02C.100 rules
- The permitted drinking water supply well shall be located in accordance with the **SITE PLAN**
- **ANY ALTERATION** of the site of the site (including location of structures and appurtenance) or modification in use of the well, may subject this Permit to revocation

Authorized State Agent _____

Date 08/19/2020

Grouting Inspection Witnessed _____

Date _____

Grouting self-certified by driller GW-1 provided? Yes No

See attachment for construction sketch

WELL CERTIFICATE OF COMPLETION

Date: _____ Application #: BRES2007-0047 Well Contractor: _____

Applicant Name: Anthony Underhill
Address: 62 Forever Ln Coats, NC 27521
Directions to Site: 160 Forever Ln (Ebenezer Church Road - SR 1558)

Use of Well: _____ Date Drilled: _____ Total Depth: _____ Replacement Well? Yes No
Static Water Level: _____ Top of Casing is _____ in. above surface. Yield: _____ gpm at _____ ft.
Disinfection: Type _____ Amount _____

Water Zone (depth)

Casing

Grout

From _____ To _____

From _____ To _____

From 0 To _____

From _____ To _____

Diameter: _____ Material: _____ Thickness: _____

Material: _____ Method: _____

From _____ To _____

From _____ To _____

From _____ To _____

Diameter: _____ Material: _____ Thickness: _____

Material: _____ Method: _____

From _____ To _____

From _____ To _____

Diameter: _____ Material: _____ Thickness: _____

Material: _____ Method: _____

Inspector: _____ On Hold Date: _____ Release Date: _____

Remarks: _____

Well Head Information

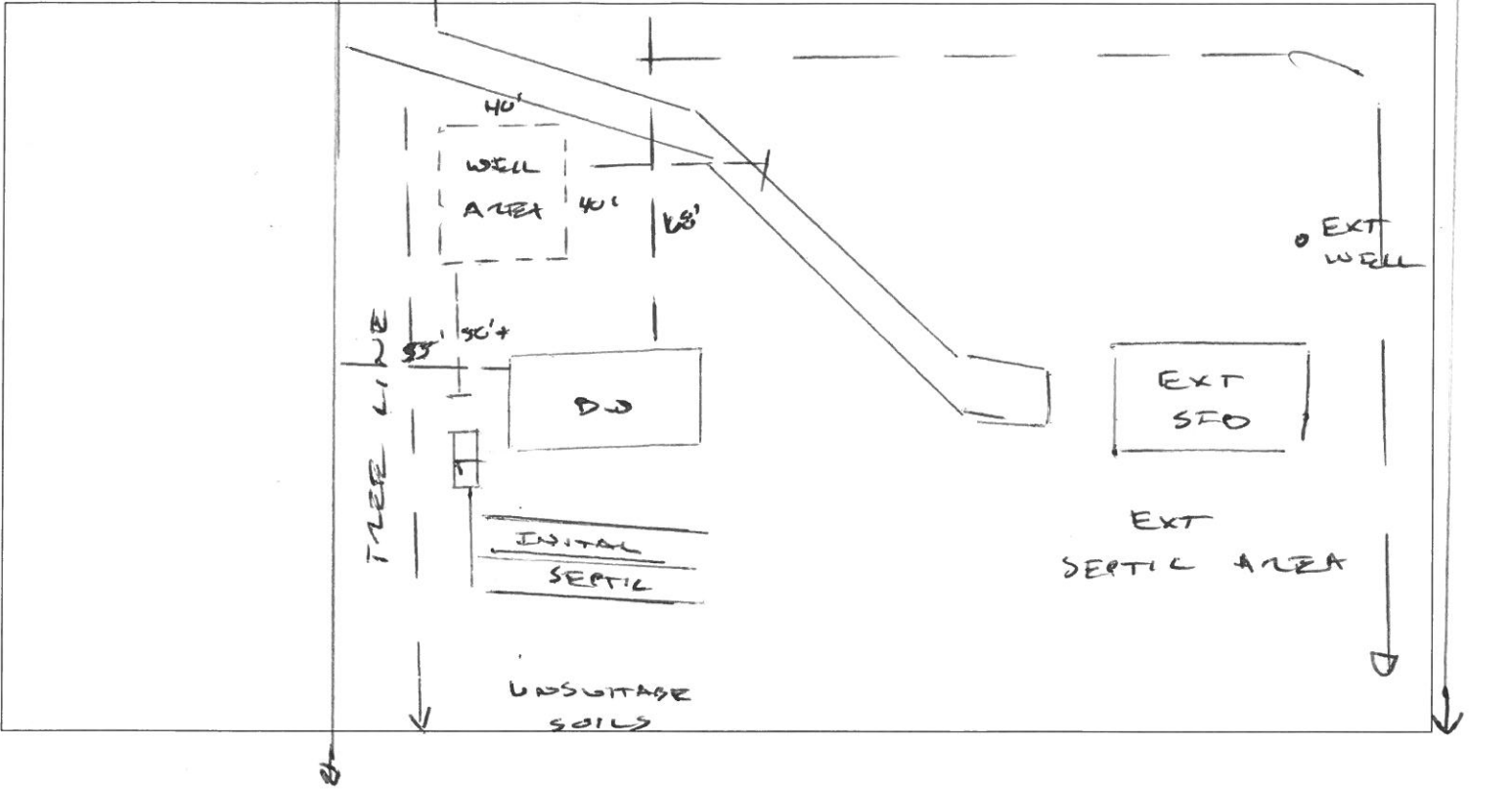
Casing Height: _____ (above finished grade) Access Port: _____ Vent Stack: _____
Well ID Tag: _____ Pump ID Tag: _____ Sampling Tap: _____ Backflow Preventer: _____
Sample Taken? Yes No Well Head properly sealed: _____

Remarks: _____

Authorized State Agent _____ Date _____

See Attachment for completion sketch

Well Construction Sketch



Well Completion Sketch

