

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

PIN #: 1537-31-7069.000 Parcel #: 021537 0124 06 Application #: ^{3185 2107-0024} ~~SFD2005-0036R~~ Subdivision: TRAVIS RAY ADAMS Lot #: 7

Applicant Name: Kelley Reed
Address: 321 Tobacco Lane Clayton, NC 27520

Type of Facility Served by Well: ^{78x26'} ~~28x44~~ Modular

Sewage System: 25% Reduction System

Permit Conditions: Location - 972 W Strickland Rd. (SR 1789)

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 [Signature] Date 08/05/2021
~~09/02/2020~~

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 #: ^{3185 2107-0024} ~~SFD2005-0036R~~ Well Contractor: _____

Applicant Name: Kelley Reed
Address: 321 Tobacco Lane Clayton, NC 27520
Directions to Site: 972 W Strickland Rd. (SR 1789)

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 _____

<u>Water Zone (depth)</u>	<u>Casing</u>	<u>Grout</u>
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

Application #:

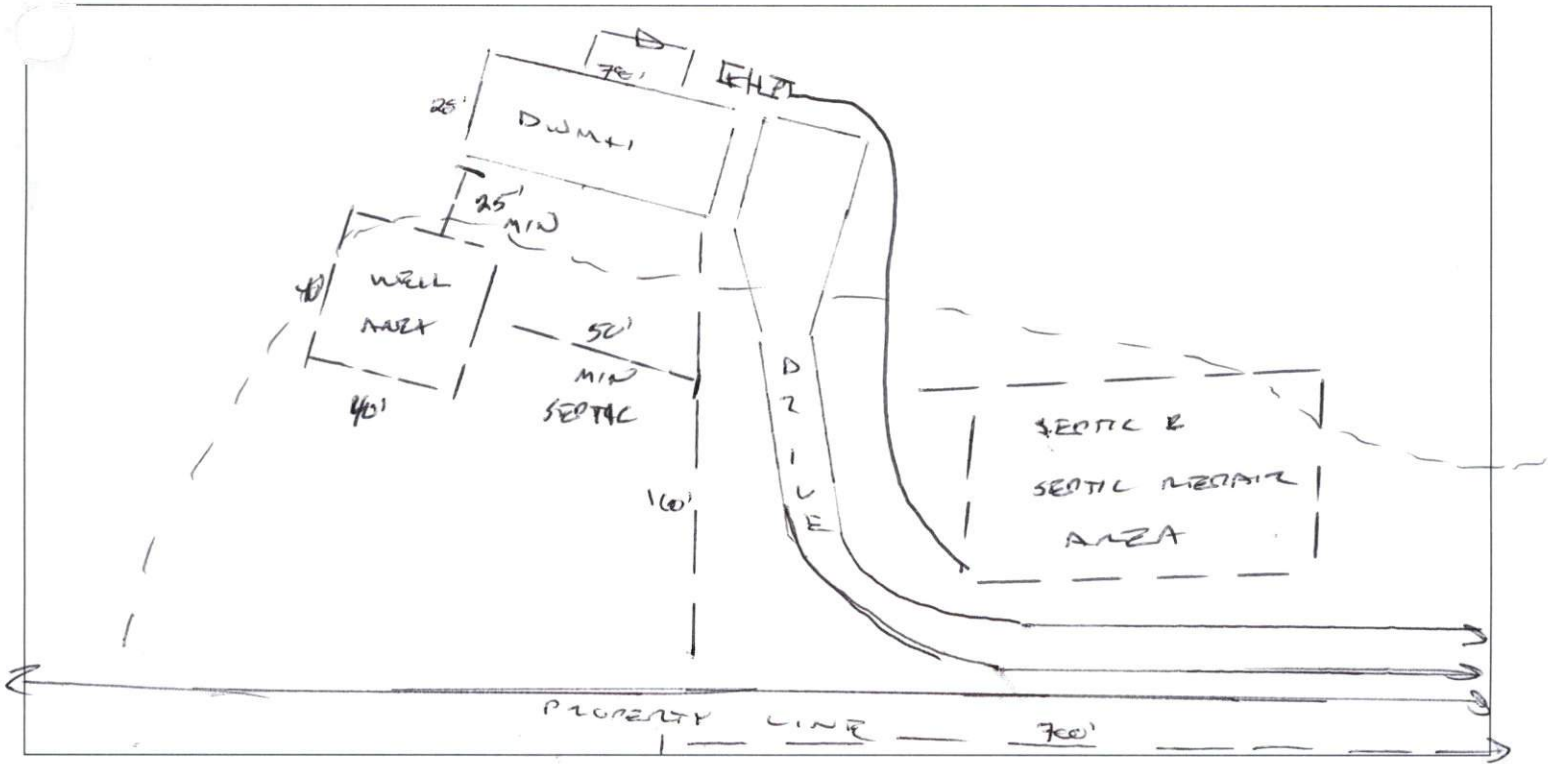
Applicant Name:

Subdivision: _____

Lot #: 7

VALLEY VIEW

Well Construction Sketch



Completion Sketch

