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

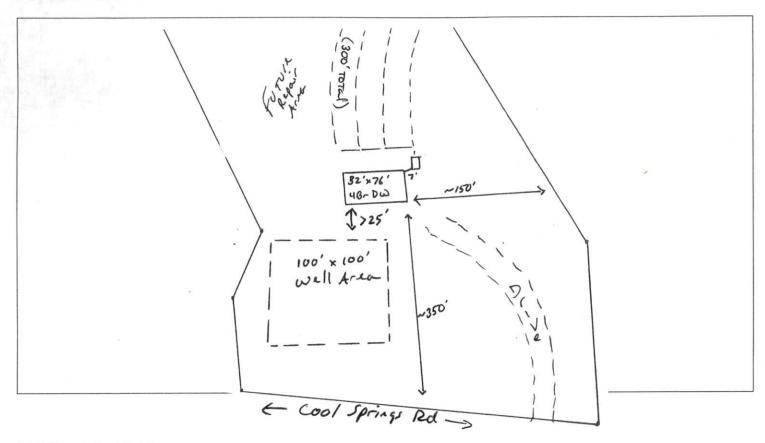
Well Head Information Casing Height: (above finished grade) Access Port: Vent Stack: Well ID Tag: Pump ID Tag: Sampling Tap: Backflow Preventer: Sample Taken? Yes No Well Head properly sealed: Remarks:	PIN #:	Parcel #:	Application #:	BRES2203-0076	Subdivision:	Lot #:
Sewage System: 25% reduction Permit Conditions: 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 Date Date Date			1265)			
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Grouting self-certified by driller GW-1 provided? Yes No No	Drinking v The permit ANY ALT subject this Authorized State	water supply well contend drinking water FERATION of the selection of the	supply well shall site of the site (i	ll be located in acc neluding location	ordance with the SITE PI of structures and appurtent	ance) or modification in use of the well, may
WELL CERTIFICATE OF COMPLETION Date: Application #:BRES2203-0076 Well Contractor: Applicant Name: Kory Edmundson Address: 2267 Cool Spring Rd (SR 1265) Directions to Site: 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)			GW-1 p	provided? Yes	Date s	-
Date: Application #:BRES2203-0076 Well Contractor:	See attachment for	or construction sket	ch			
From To	Applicant Name: Address: 2267 C Directions to Site Use of Well: Static Water Leve	Kory Edmundson Cool Spring Rd (SR : Date Dril	ES2203-0076 1265) led: Top of Casing is	Well Contractor: Total Depth:	Replacement W	ell? Yes No om at ft.
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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:	Inspector:	On Hold	Date:	Release Date: _		
Casing Height: (above finished grade)	Remarks:					
	Casing Height: _ Well ID Tag: Sample Taken?	(above finish Pump ID Yes	Tag:	Sampling Tap:	Backflo	
					Date	

See Attachment for completion sketch

Applicant Name: Kory Edmundson

Subdivision: ____ Lot #: ____

Well Construction Sketch



Well Completion Sketch

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