

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

PIN #: \_\_\_\_\_ Parcel #: \_\_\_\_\_ Application #: BRES2209-0041 Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_

Applicant Name: Brian Dean  
Address: 306 Spence Way Ln (SR 1229)

Type of Facility Served by Well: 14'x70' SWMH

Sewage System: Conventional

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 11-3-22

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 #: BRES2209-0041 Well Contractor: \_\_\_\_\_

Applicant Name: Brian Dean  
Address: 306 Spence Way Ln (SR 1229)  
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 \_\_\_\_\_

| <u>Water Zone (depth)</u> | <u>Casing</u>                                    | <u>Grout</u>                  |
|---------------------------|--|-------------------------------|
| From _____ To _____       | From _____ To _____                              | From <u>0</u> 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**

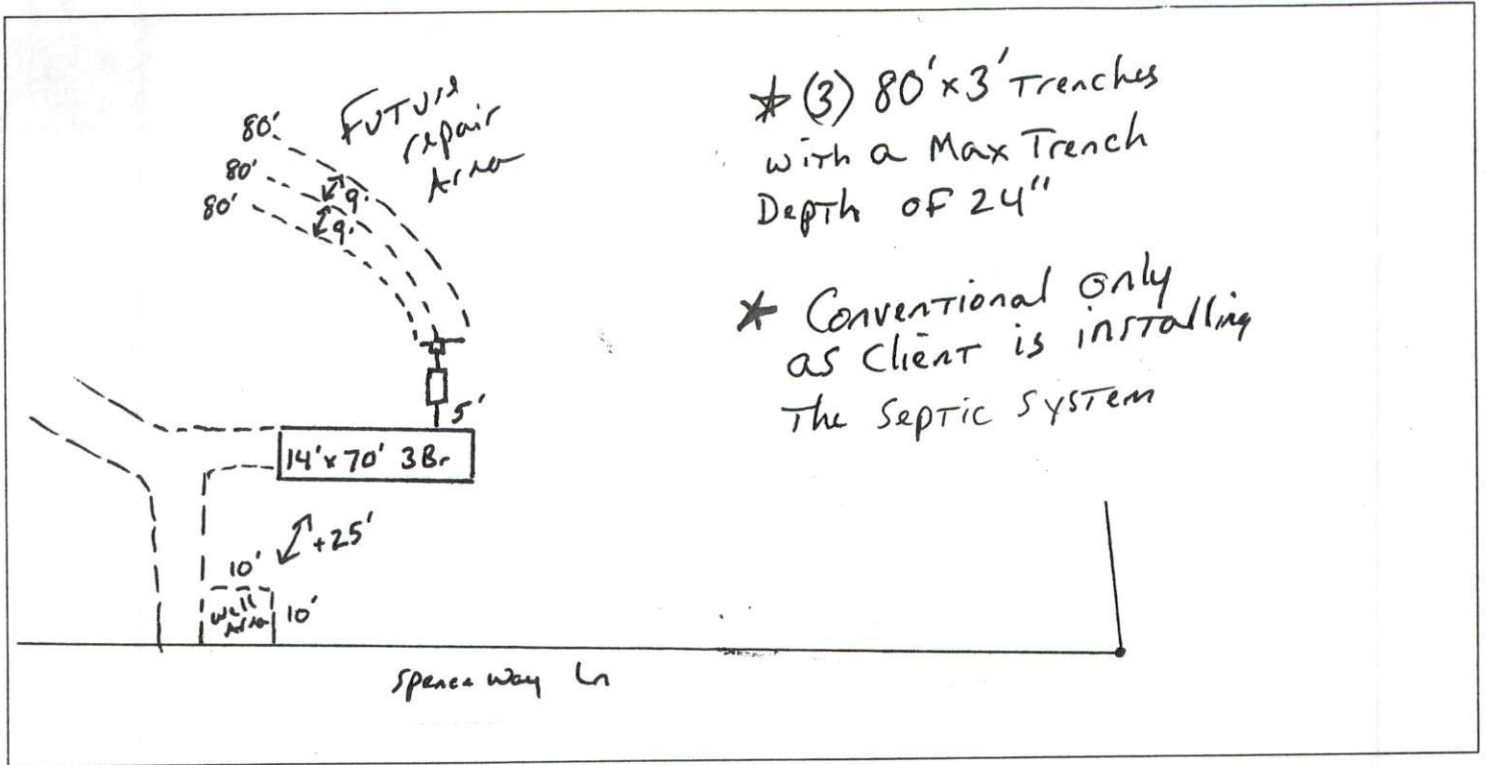
Casing Height: \_\_\_\_\_ (above finished grade)      Access Port: \_\_\_\_\_      Vent Stack: \_\_\_\_\_  
Well ID Tag: \_\_\_\_\_      Pump ID Tag: \_\_\_\_\_      Sampling Tap: \_\_\_\_\_      Backflow Preventer: \_\_\_\_\_  
Sample Taken?  Yes  No      Well Head properly sealed: \_\_\_\_\_

Remarks: \_\_\_\_\_

Authorized State Agent \_\_\_\_\_ Date \_\_\_\_\_

See Attachment for completion sketch

Well Construction Sketch



Well Completion Sketch

