

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

PIN #: 9563-98-1574

Parcel #:

Application #: BRES2305-0014

Subdivision:

Lot #:

Applicant Name: **Robert Almand Sr.**

Address: **341 Pine Oak(SR 2612)**

Type of Facility Served by Well: **DWMH**

Sewage System: **25% reduction**

Permit Conditions: Well to be drilled in Well Area

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 10-28-25

Expiration Date 10-28-30

*** Construction Authorization Expires within five years of issue**

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 #: BRES2305-0014 Well Contractor: _____

Applicant Name: Robert Almand Sr.

Address: 341 Pine Oak(SR 2612)

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)

From _____ To _____

From _____ To _____

From _____ To _____

Casing

From _____ To _____

Diameter: _____ Material: _____ Thickness: _____

From _____ To _____

Diameter: _____ Material: _____ Thickness: _____

From _____ To _____

Diameter: _____ Material: _____ Thickness: _____

Grout

From _____ To _____

Material: _____ Method: _____

From _____ To _____

Material: _____ Method: _____

From _____ To _____

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 #:

BRES2305-004

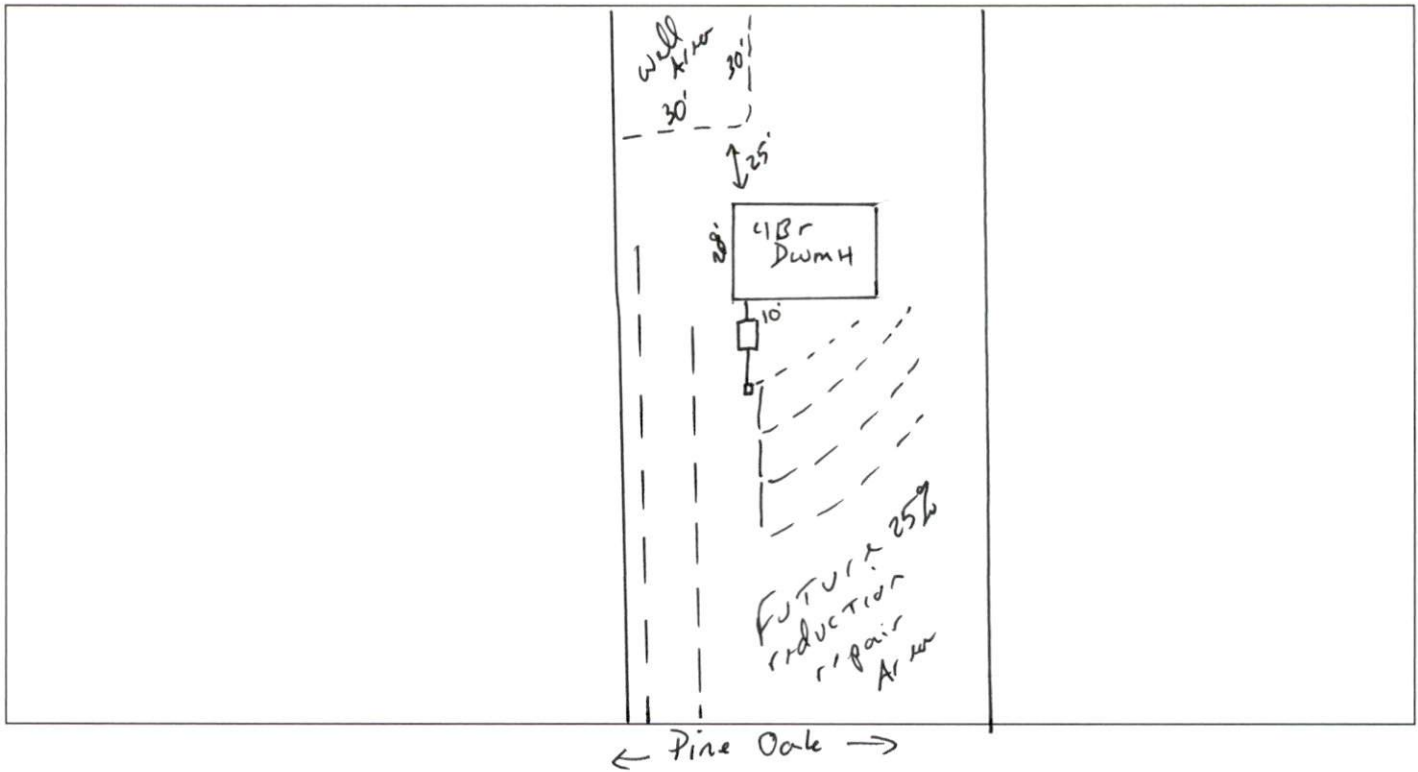
Applicant Name:

Robert Almand

Subdivision:

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Well Construction Sketch



Well Completion Sketch

