

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

PIN #: Parcel #: Application #: Subdivision: _____ Lot #: _____

Bres 2305-16

Applicant Name: *Childre Campbell*

Address: *421 Pine Oak (SR 2612)*

Type of Facility Served by Well: SFD *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 *Mohd Al-LEH* Date *10-3-23* Expiration Date *10-23-28*
 * 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 #: *Bres 2305-16* Well Contractor: _____

Applicant Name: *Childre Campbell*
 Address: *421 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 _____

<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: _____

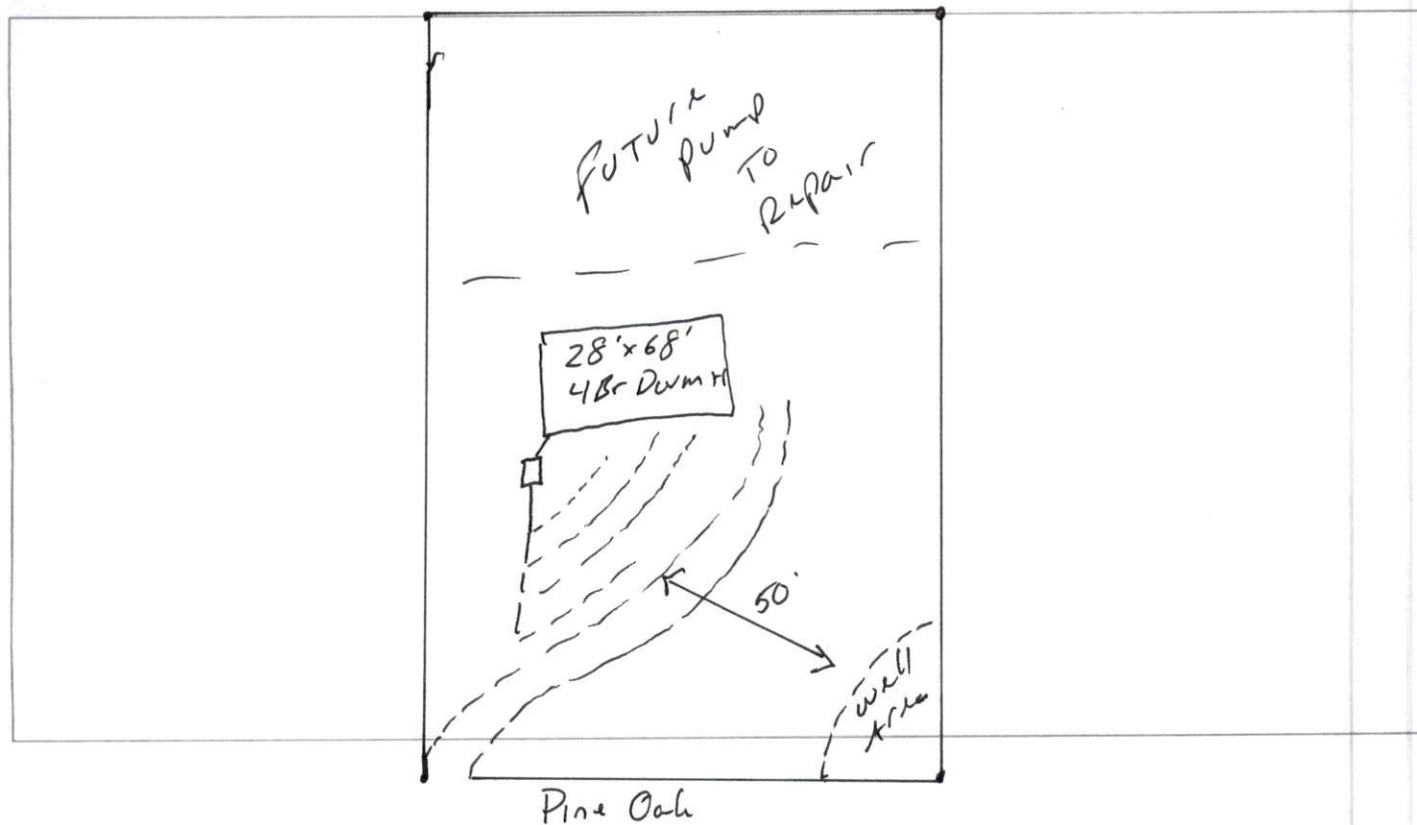
Remarks: _____

Authorized State Agent _____ Date _____

See Attachment for completion sketch

Application #: Applicant Name: Subdivision: Lot #:
Breg2305-16 ch. Idra Campbell

Well Construction Sketch



Well Completion Sketch

