

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

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

0654-90-0407-000 BRES 2308-0002
Applicant Name: Jeffrey Johnson
Address: 172 Shady Brook Ln, Fuquay Varina, NC, 27526

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 James E. Manhart ^{IBMS} Date 8-16-23 Expiration Date 8-16-28
*** 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 #: _____ Well Contractor: _____

Applicant Name: _____
Address: _____
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: _____

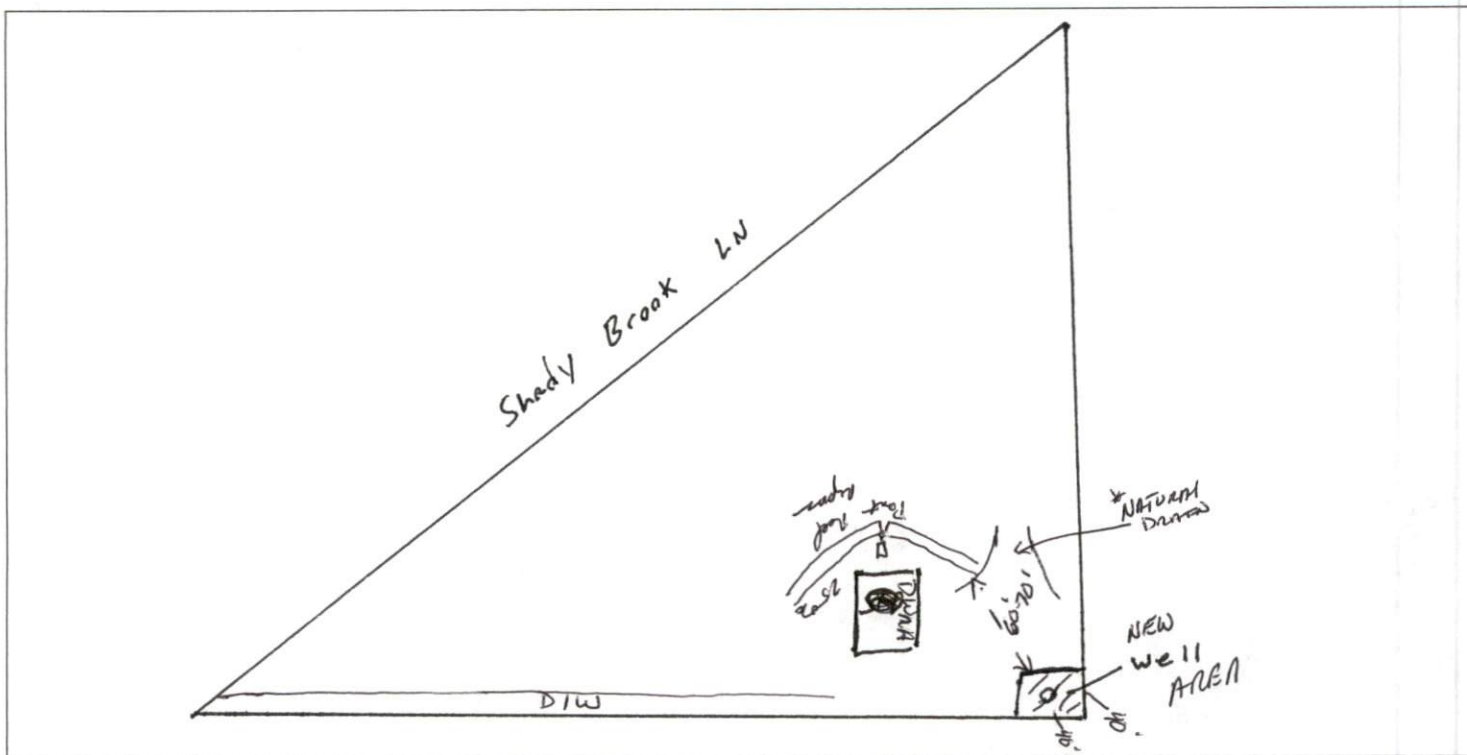
Authorized State Agent _____ Date _____

See Attachment for completion sketch

Application #: Applicant Name: Subdivision: _____ Lot #:

Bres 2308-0002 Jeffrey Johnson

Well Construction Sketch



Well Completion Sketch

