BARS 2310 - 0046 HARNETT DEPARTMENT OF PUBLIC HEALTH PERMIT

PIN #: Parcel #: App	TO CONSTRUCT A DRINI plication #: Subdivision: Rolling	Lot #: 5	WELL	
Applicant Name: DAB Ho Address: 185 Rolls	oldings of N.C. ILC ENS Acres LA Collington	_ N.C. 27546		
Type of Facility Served by Well:				
Sewage System: 25% RED	wiren			
Permit Conditions: Well to be d	rilled in Well Area			
 The permitted drinking was 	rell construction must meet 15A NCAC vater supply well shall be located in act the site of the site (including location ocation * Construction Authorization	cordance with the SITE Plan of structures and appurten Date //-/4-24	ance) or modification in u Expiration Date	
Grouting Inspection Witnessed Grouting self-certified by dr		Date es No	_	
See attachment for construction	sketch			
	WELL CERTIFICA	ATE OF COMPLETION		
Date: Application #:	: Well Contractor:			
Applicant Name: Address: Directions to Site:	Drilled: Total Depth: _	Replacement W	/ell? □ Yes □ No	
Use of Well: Date Static Water Level: Disinfection: Type Amo	Top of Casing is in. above	surface. Yield: g	pm at ft.	
Water Zone (depth) From To From To From To	Casing From To Diameter: Material: From To	Thickness:	Grout From 0 To Material: Meth From To	
110m 10	Diameter: Material:	Thickness:	Material: Meth	nod:
	From To		From To	_
	Diameter: Material:	Thickness:	Material: Meth	nod:
Inspector: On H	Hold Date: Release Date:			
Remarks:				
Well Head Information Casing Height: (above fi Well ID Tag: Pump Sample Taken? Yes	p ID Tag: Sampling Tap:		low Preventer:	
Remarks:				
Authorized State Agent		Date	_	

See Attachment for completion sketch

BUES 2310 - 0046 Application #: Applicant Nan	Subdivision: Acces Lot #: 5	
DAB Hole Well Construction Sketch	Subdivision: Rollins Lot #: 5 ags of N. C. LLC	
	30° ESMT	
Well Completion Sketch	130.	