

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

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

Bres 2312-0011

Applicant Name: *Jorge M.C. Serrano*
Address: *W H Mclean Ln (SR 2026)*

Type of Facility Served by Well: SFD 28'x60' 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 _____

Moh R EHS

Date *1-4-24*

Expiration Date *1-4-29*

* Construction Authorization Expires within five years of issue

Grouting Inspection Witnessed

Grouting self-certified by driller _____ Date _____
GW-1 provided? Yes No

See attachment for construction sketch

WELL CERTIFICATE OF COMPLETION

Date: _____ Application #: *Bres 2312-0011* Well Contractor: _____

Applicant Name: *Jorge M. C. Serrano*
Address: *W H Mclean Ln (SR 2026)*
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: *13* (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 _____

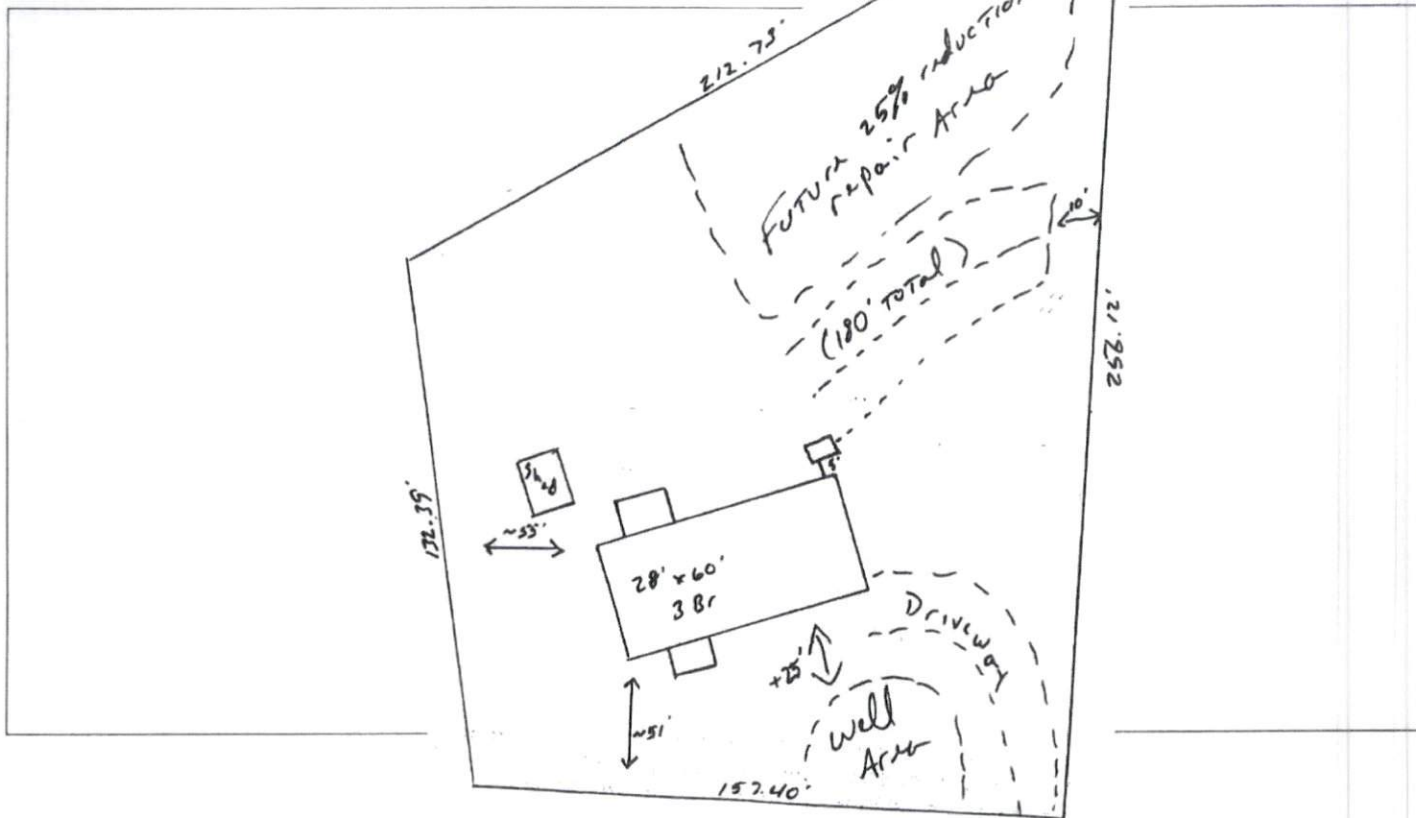
Moh R EHS

Date *5-1-24*

See Attachment for completion sketch

Application #: Applicant Name: Subdivision: Lot #:
Br 12312-0011 Jorge M.C. Serrano

Well Construction Sketch



Well Completion Sketch

