

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

PIN #: 0519-75-5729

Parcel #:

Application #: BRES2312-0366

Subdivision:

Lot #:

Applicant Name: **Russell Uhrmacher**
Address: **5934 McDougald Rd (SR 1229)**

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 03-04-24

Expiration Date 03-04-29

*** 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 #: BRES2312-0366 Well Contractor: _____

Applicant Name: Russell Uhrmacher
Address: 5934 McDougald Rd (SR 1229)
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)

Casing

Grout

From _____ To _____
From _____ To _____
From _____ To _____

From _____ To _____
Diameter: _____ Material: _____ Thickness: _____
From _____ To _____
Diameter: _____ Material: _____ Thickness: _____
From _____ To _____
Diameter: _____ Material: _____ Thickness: _____

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 #:

BRES2312-036

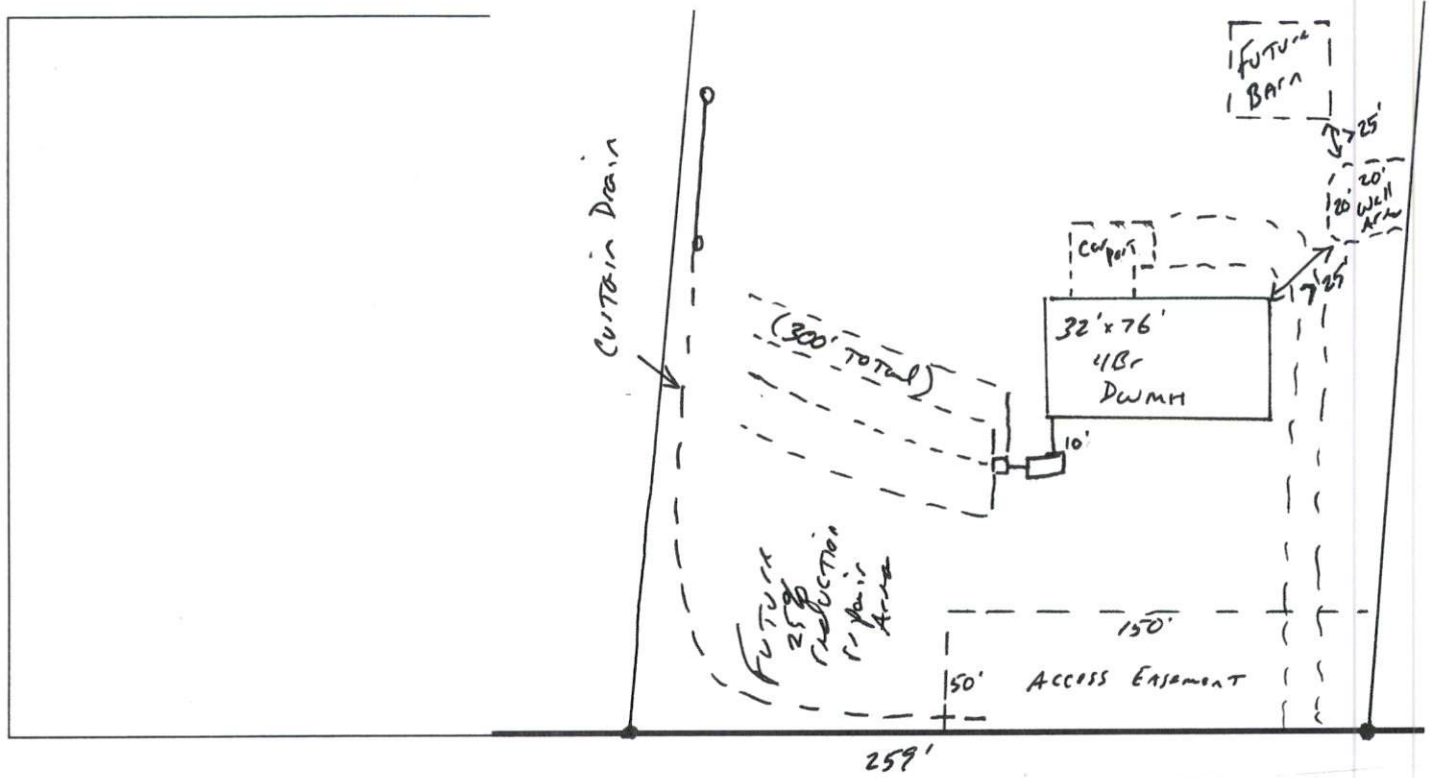
Applicant Name:

Russell Uhrman

Subdivision:

Lot #:

Well Construction Sketch



Well Completion Sketch

