

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

PIN #: 9545-58-3028

Parcel #:

Application #: BRES2406-0028

Subdivision:

Lot #:

Applicant Name: **Marta Gomes**
Address: **766 Ed Thomas Rd (SR 1100)**

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

M. D. REHS

Date 7-22-24

Expiration Date 7-22-29

*** 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 #: BRES2406-0028 Well Contractor: _____

Applicant Name: Marta Gomes
Address: 766 Ed Thomas Rd (SR 1100)
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 #:

BRES2406-002

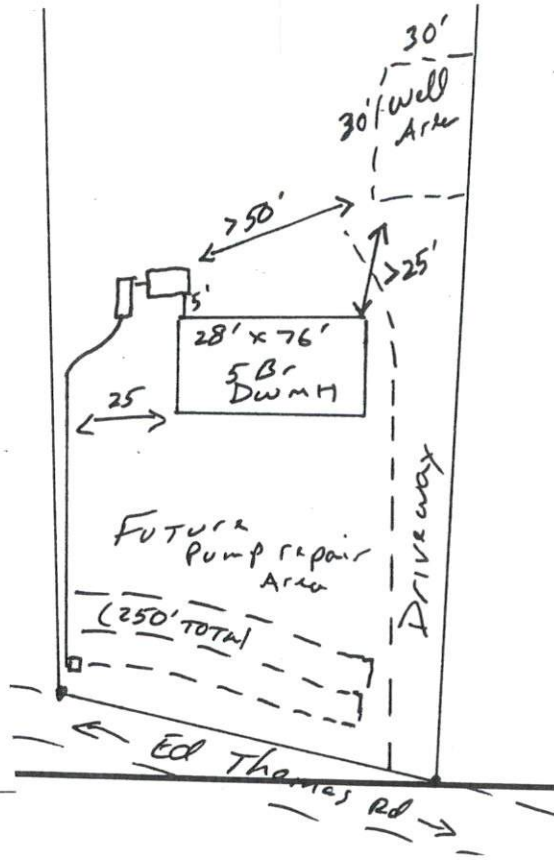
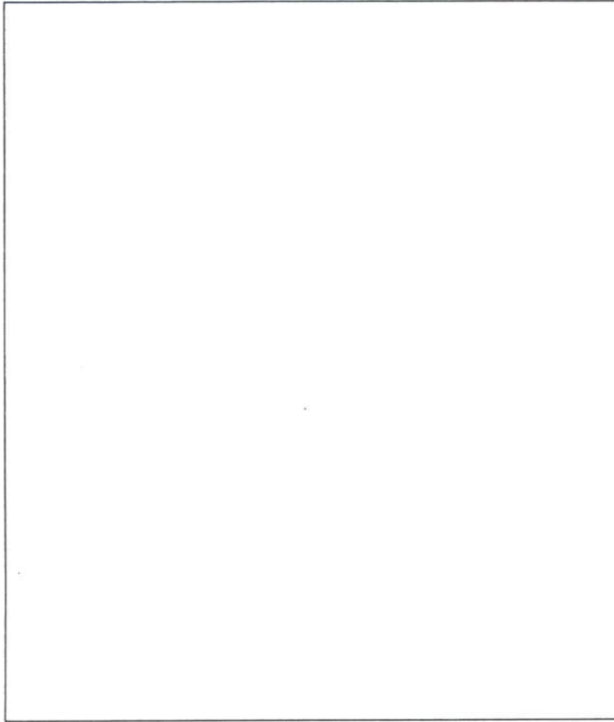
Applicant Name:

Marta Gomes

Subdivision:

Lot #:

Well Construction Sketch



Well Completion Sketch

