

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

PIN #: 0598-42-0907.000

Parcel #:

Application #: Bres2408-0037

Subdivision:

Lot #:

Applicant Name: **WHITE PAMELA**

Address: **392 MONROE LN, ERWIN, NC 28339**

Type of Facility Served by Well: **DW 28' x 48'**

Sewage System: **Septic**

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 4-4-25

Expiration Date

4-4-30

* 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 #: Bres2408-0037

Well Contractor: _____

Applicant Name: WHITE PAMELA

Address: 392 MONROE LN, ERWIN, NC 28339

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)

From _____ To _____

From _____ To _____

From _____ To _____

Casing

From _____ To _____

Diameter: _____ Material: _____ Thickness: _____

From _____ To _____

Diameter: _____ Material: _____ Thickness: _____

From _____ To _____

Diameter: _____ Material: _____ Thickness: _____

From _____ To _____

Diameter: _____ Material: _____ Thickness: _____

Grout

From _____ To _____

Material: _____ Method: _____

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

Bres2408-0037

WHITE PAPER+

Lot #:

[illegible][illegible]