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

Subdivision: Lot #: PIN #: 9545-67-3648 Parcel #: Application #: BRES2410-0043 Applicant Name: Miguel Saravia Address: 844 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 REHS Date 1-22-25 Expiration Date 1-22-30 **Authorized State Agent** Construction Authorization Expires within five years of issue **Grouting Inspection Witnessed** Date GW-1 provided? ☐ Yes ☐ No ☐ Grouting self-certified by driller See attachment for construction sketch WELL CERTIFICATE OF COMPLETION Application #: BRES2410-0043 Date: Well Contractor: ____ Applicant Name: Miguel Saravia Address: 844 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) Grout Casing From ____ To ___ Material: ____ Method: ____ From ____ To _ From ____ To ____ Diameter: ____ Material: ____ Thickness: ____ From ____ To ____ From ____ To From ____ To ____ From ____ To ____ Diameter: Material: Thickness: Material: ____ Method: ____ From ____ To ____ From To Diameter: ____ Material: ____ Thickness: ____ Material: Method: On Hold Date: ____ Release Date: ____ Inspector: ____ Remarks: ____ Well Head Information Access Port: _____ Sampling Tap: Casing Height: _____ (above finished grade) Vent Stack: Pump ID Tag: _ Sampling Tap: Well ID Tag: _ Backflow Preventer: Sample Taken? Yes No Well Head properly sealed: ___ Remarks: ____ **Authorized State Agent**

See Attachment for completion sketch

Application #: Applicant BRES2410-00 43 Mi Well Construction Sketch	Name: Subdivision: guel Saravia	FUTURE (EPair (300 TOTAL)
* well A 50'or m septic	era most be ore tway from system	32' × 76' 4Br Dwm H 30' will 30' krue
Well Completion Sketch		
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