

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

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

Applicant Name: _____
Address: _____

Type of Facility Served by Well: _____

Sewage System: _____

Permit Conditions: _____

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 _____

Grouting Inspection Witnessed _____ Date _____

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

See attachment for construction sketch

WELL CERTIFICATE OF COMPLETION

Date: 4/9/2009 Application #: 08-5-20408 Well Contractor: Larry Williford

Applicant Name: Elbert Maynard
Address: 1368 W. Blackman Rd. Dunn NC 28334
Directions to Site: 401 thru Bunnlevel turn left on Byrd Mill Rd go to Pit Rd and turn right

Use of Well: sfd Date Drilled: 10/08 Total Depth: 31 ft Replacement Well? Yes No
Static Water Level: 7 ft Top of Casing is 12 in. above surface. Yield: 10 gpm at _____ ft.
Disinfection: Type chlorine Amount 2 gal

<u>Water Zone (depth)</u>	<u>Casing</u>	<u>Grout</u>
From <u>18</u> To <u>22</u>	From <u>-1</u> To <u>27</u>	From <u>0</u> To <u>20</u>
From <u>27</u> To <u>31</u>	Diameter: <u>2 in</u> Material: <u>pvc</u> Thickness: <u>sch 40</u>	Material: <u>concrete</u> Method: <u>pour</u>
From _____ To _____	From _____ To _____	From _____ To _____
	Diameter: _____ Material: _____ Thickness: _____	Material: _____ Method: _____
	From _____ To _____	From _____ To _____
	Diameter: _____ Material: _____ Thickness: _____	Material: _____ Method: _____

Inspector: BM On Hold Date: _____ Release Date: 4/9/2009

Remarks: _____

Well Head Information

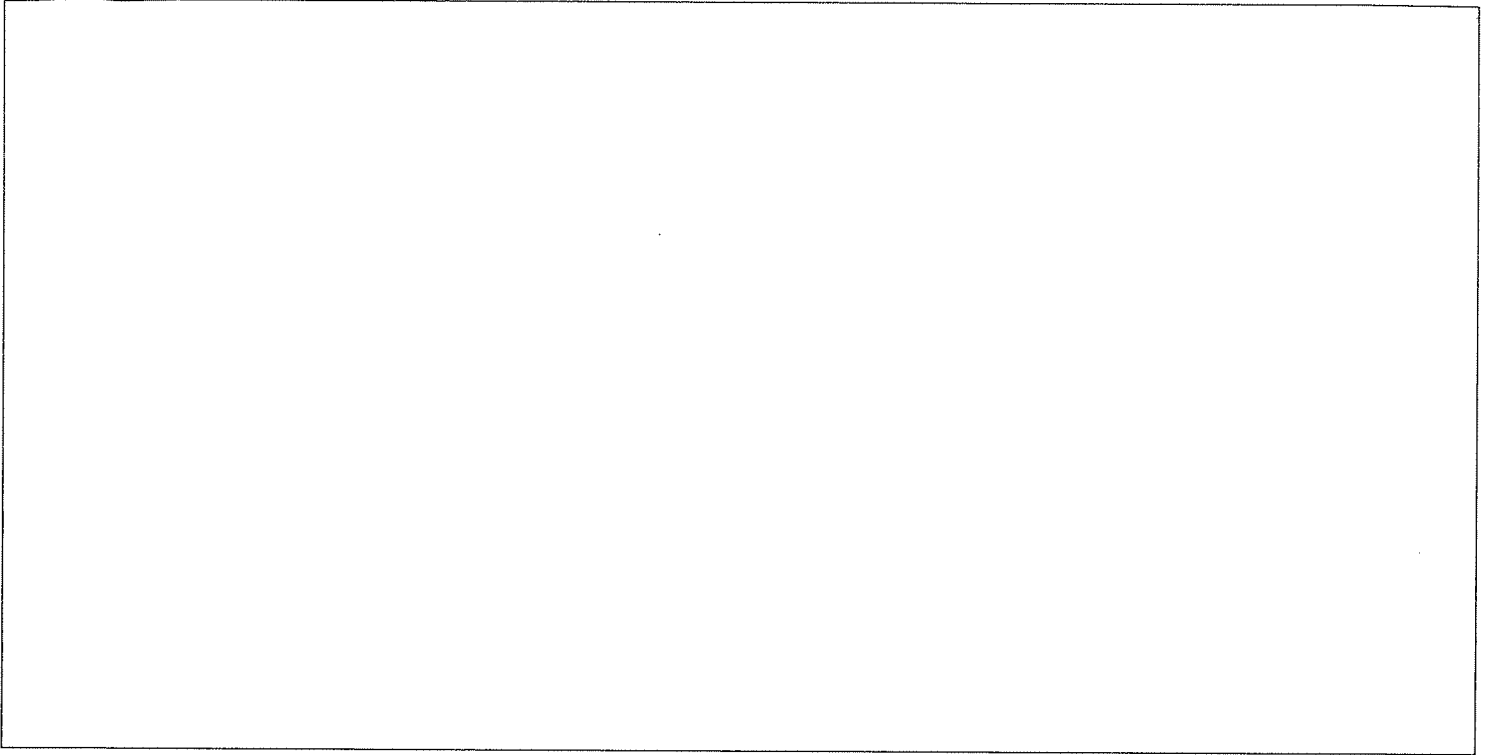
Casing Height: 1 ft (above finished grade) Access Port: yes Vent Stack: yes
Well ID Tag: yes Pump ID Tag: yes Sampling Tap: yes Backflow Preventer: yes
Sample Taken? Yes No Well Head properly sealed: yes

Remarks: _____

Authorized State Agent *Dan McNeil R.S.* Date 4/9/2009

See Attachment for completion sketch

Well Construction Sketch



Well Completion Sketch

