

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

PIN #: \_\_\_\_\_ Parcel #: \_\_\_\_\_ Application #: 12-5-30028R Subdivision: Walts Crossing Lot #: 11

Applicant Name: Roxanne Helen Boyce  
Address: 201 Edna John Ct Dunn N.C. 28334

Type of Facility Served by Well: SFD

Sewage System: 25% Reduction

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 James E. Mashant Date 12-4-12

Grouting Inspection Witnessed \_\_\_\_\_ Date \_\_\_\_\_  
 Grouting self-certified by driller GW-1 provided?  Yes  No

See attachment for construction sketch

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**WELL CERTIFICATE OF COMPLETION**

Date: \_\_\_\_\_ Application #: \_\_\_\_\_ Well Contractor: \_\_\_\_\_

Applicant Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
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 \_\_\_\_\_

<u>Water Zone (depth)</u>	<u>Casing</u>	<u>Grout</u>
From _____ To _____	From _____ To _____	From <u>0</u> To _____
From _____ To _____	Diameter: _____ Material: _____ Thickness: _____	Material: _____ Method: _____
From _____ To _____	From _____ To _____	From _____ To _____
	Diameter: _____ Material: _____ Thickness: _____	Material: _____ Method: _____
	From _____ To _____	From _____ To _____
	Diameter: _____ Material: _____ Thickness: _____	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

