

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

1528-56-9140 02-1528-043

16-5-40489 ~~XXXXXXXXXX~~

Lot #:

PIN #: Parcel #:

Application #: Subdivision:

Applicant Name: JOHNNIE STEWART
Address: 635 BAYAN McCLARK LN 28334

Type of Facility Served by Well: ~~SEW~~ SWMHT

Sewage System: 25% Red

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. Manhart JR Date 1-24-17

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 #: 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

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:

Grout

From 0 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

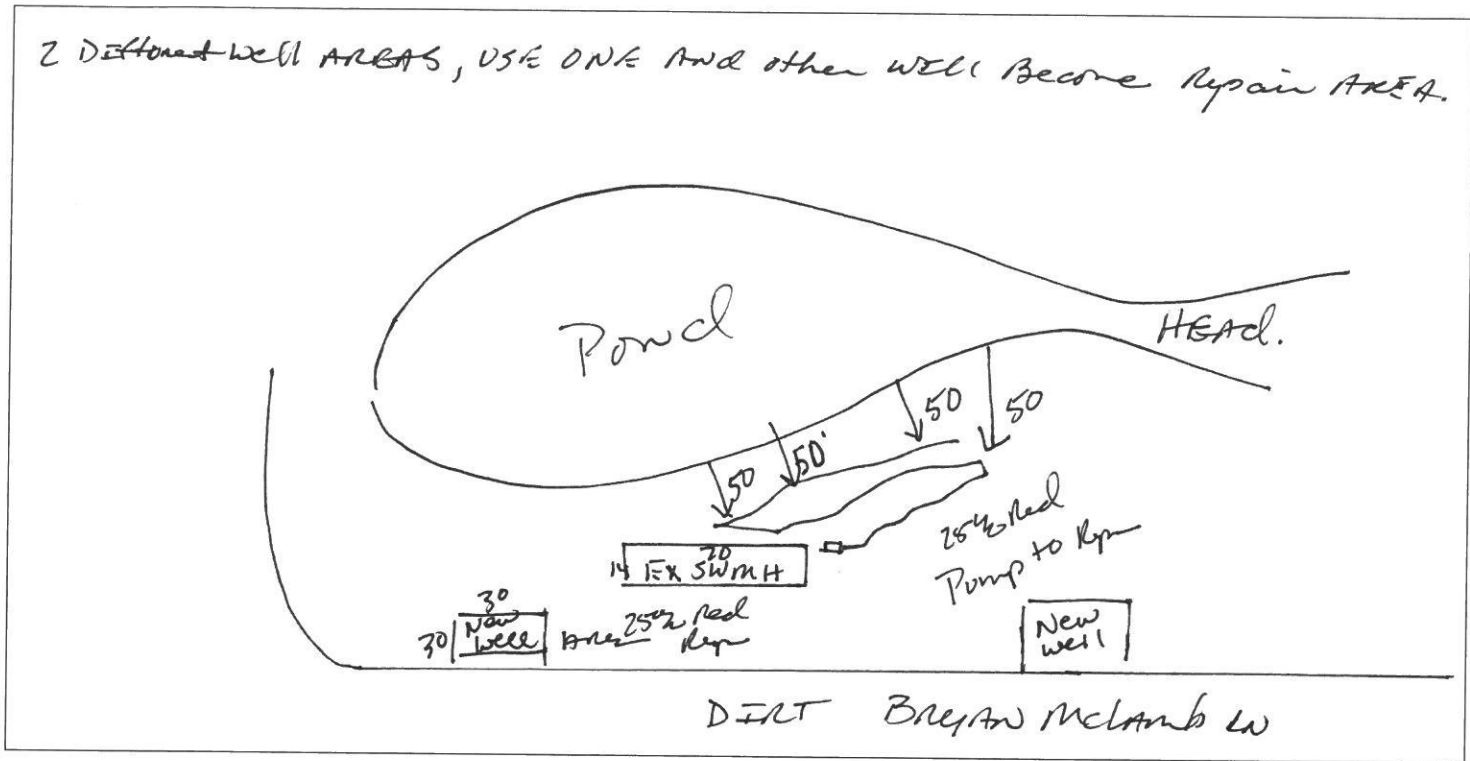
16-5-40484
Application #:

JOHNNIE STEWART
Applicant Name:

Subdivision: _____

Lot #: _____

Well Construction Sketch



Well Completion Sketch

