

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

PIN #: \_\_\_\_\_ Parcel #: \_\_\_\_\_ Application #: 08-5-19917 Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_

Applicant Name: Stacey McCracken  
Address: 221 Attie Lee Lane Sanford, N.C. 27330

Type of Facility Served by Well: SFD

Sewage System: Pump to Conventional

Permit Conditions: Well must be 100 ft from septic tanks and system and 25 ft from any building foundation

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 Bryan McSwain, R.S. Date 1/30/2009

Grouting Inspection Witnessed Bryan McSwain, R.S. Date 4/1/2009  
 Grouting self-certified by driller GW-1 provided?  Yes  No

See attachment for construction sketch

WELL CERTIFICATE OF COMPLETION

Date: 4/13/2009 Application #: 08-5-19917 Well Contractor: Jackson Well

Applicant Name: Stacy McCracken  
Address: 221 Attie Lee Lane Sanford, NC 27330  
Directions to Site: 421 towards Sanford turn right on Holly Springs Ch Rd. turn left on Hollie Pines then left on Shue then right on Thomas

Use of Well: sfd Date Drilled: 4/2/09 Total Depth: 180 Replacement Well?  Yes  No  
Static Water Level: 30 ft Top of Casing is 12 in. above surface. Yield: 8 gpm at \_\_\_\_\_ ft.  
Disinfection: Type HTH Amount 6 oz

<u>Water Zone (depth)</u>	<u>Casing</u>	<u>Grout</u>
From <u>135</u> To <u>138</u>	From <u>0</u> To <u>70</u>	From <u>0</u> To <u>30</u>
From _____ To _____	Diameter: <u>6 in</u> Material: <u>pvc</u> Thickness: <u>s121</u>	Material: <u>sand/cement</u> Method: <u>pouring</u>
From _____ To _____	From <u>70</u> To <u>80</u>	From _____ To _____
	Diameter: <u>6 in</u> Material: <u>galv</u> Thickness: <u>.188</u>	Material: _____ Method: _____
	From _____ To _____	From _____ To _____
	Diameter: _____ Material: _____ Thickness: _____	Material: _____ Method: _____

Inspector: bm On Hold Date: \_\_\_\_\_ Release Date: 4/13/2009

Remarks: \_\_\_\_\_

Well Head Information

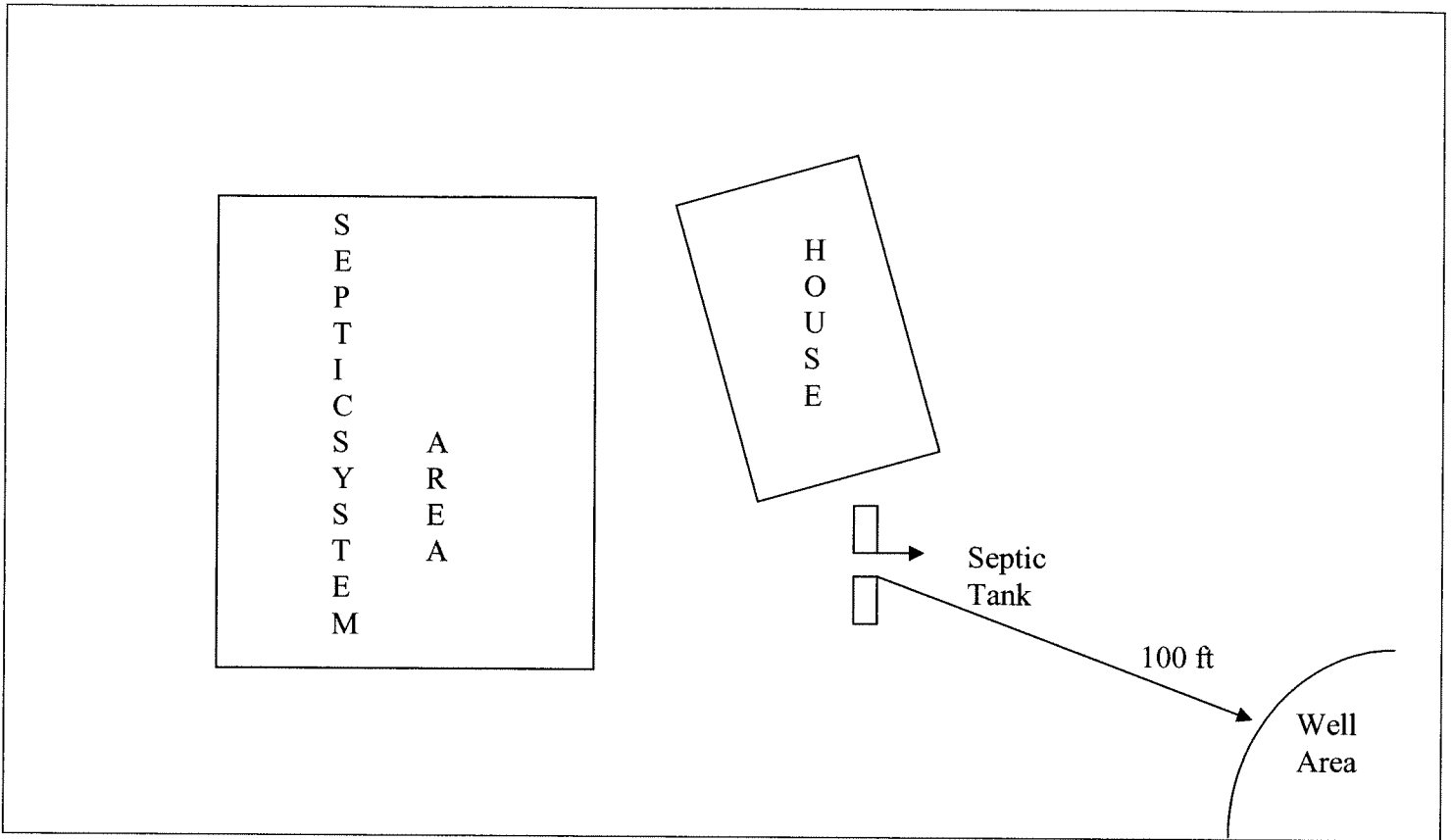
Casing Height: 12 in (above finished grade) Access Port: yes Vent Stack: yes  
Well ID Tag: yes Pump ID Tag: yes Sampling Tap: yes Backflow Preventer: yes  
Sample Taken?  Yes  No Well Head properly sealed: yes

Remarks: \_\_\_\_\_

Authorized State Agent Bryan McSwain, R.S. Date 4/13/2009

See Attachment for completion sketch

**Well Construction Sketch**



**Well Completion Sketch**

