

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

PIN #: _____ Parcel #: _____ Application #: 09-5-22929 Subdivision: Shawn McCracken Lot #: 2B

Applicant Name: Jerry R. Little
Address: 2340 Thomas Kelly Rd. Sanford, NC 27330

Type of Facility Served by Well: SFD

Sewage System: conventional

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

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: 1/15/2010 Application #: 09-5-22929 Well Contractor: Jackson Well Company

Applicant Name: Jerry Little
Address: 2340 Thomas Kelly Rd. Sanford, NC 27336
Directions to Site: 421 towards Sanford turn right on Holly Springs Church Rd then turn left on Shue Rd then turn right on Thomas Kelly

Use of Well: sfd Date Drilled: 1/8/2010 Total Depth: 220 Replacement Well? Yes No
Static Water Level: 46 ft Top of Casing is 12 in. above surface. Yield: 10 gpm at _____ ft.
Disinfection: Type hth Amount 10oz

Water Zone (depth)

From 185 To 186
From _____ To _____
From _____ To _____

Casing

From 0 To 98ft
Diameter: 6 in Material: pvc Thickness: sr 21
From _____ To _____
Diameter: _____ Material: _____ Thickness: _____
From _____ To _____
Diameter: _____ Material: _____ Thickness: _____

Grout

From 0 To 25ft
Material: sandcement Method: pouring
From _____ To _____
Material: _____ Method: _____
From _____ To _____
Material: _____ Method: _____

Inspector: bm On Hold Date: _____ Release Date: 1/15/2009

Remarks: _____

Well Head Information

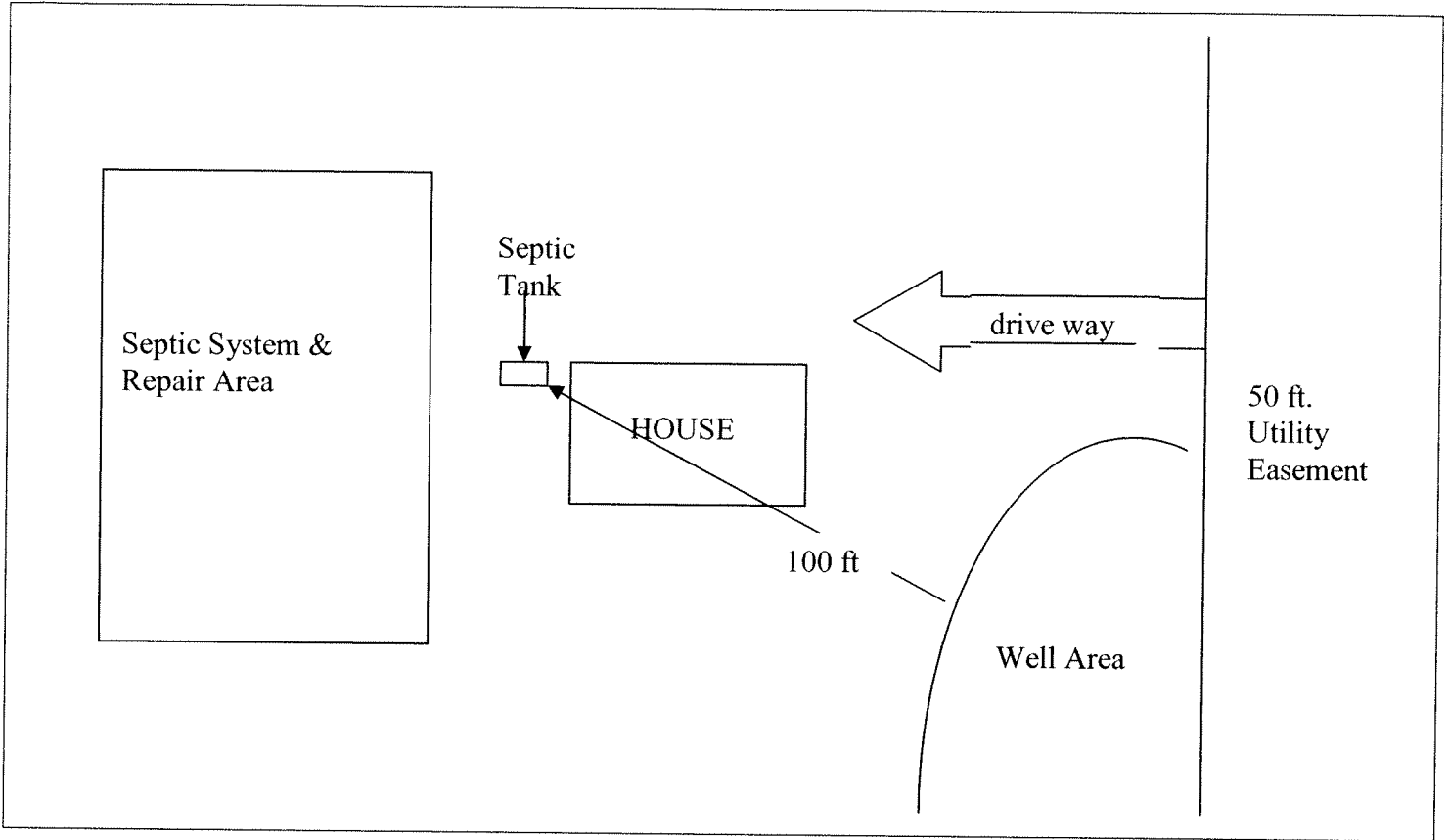
Casing Height: 12 in (above finished grade) Access Port: _____ Vent Stack: yes
Well ID Tag: yes Pump ID Tag: yes Sampling Tap: yes Backflow Preventer: _____
Sample Taken? Yes No Well Head properly sealed: yes

Remarks: _____

Authorized State Agent [Signature] Date 1/15/2010

See Attachment for completion sketch

Well Construction Sketch



Well Completion Sketch

