

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

PIN #: 1538-13-6582.000 _____ Parcel #: 02-1538-9000-08 _____ Application #: 11-5-26198 _____ Subdivision: _____
 Lot #: _____

Applicant Name: Kurt Stabler _____
 Address: 3066 Fairground Rd Dunn N.C. 28334 _____

Type of Facility Served by Well: SFD

Sewage System: 25% Reduction 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 James E. Murphy Date 4-15-11
 Grouting self-certified by driller GW-1 provided? Yes No

See attachment for construction sketch

WELL CERTIFICATE OF COMPLETION

Date: 10-5-11 Application #: 11-5-26198 Well Contractor: N.W. Poole

Applicant Name: KURT STABLER
 Address: _____
 Directions to Site: Hodges Chapel CHA

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 0 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: 10 (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 James E. Murphy Date 10-5-11

See Attachment for completion sketch

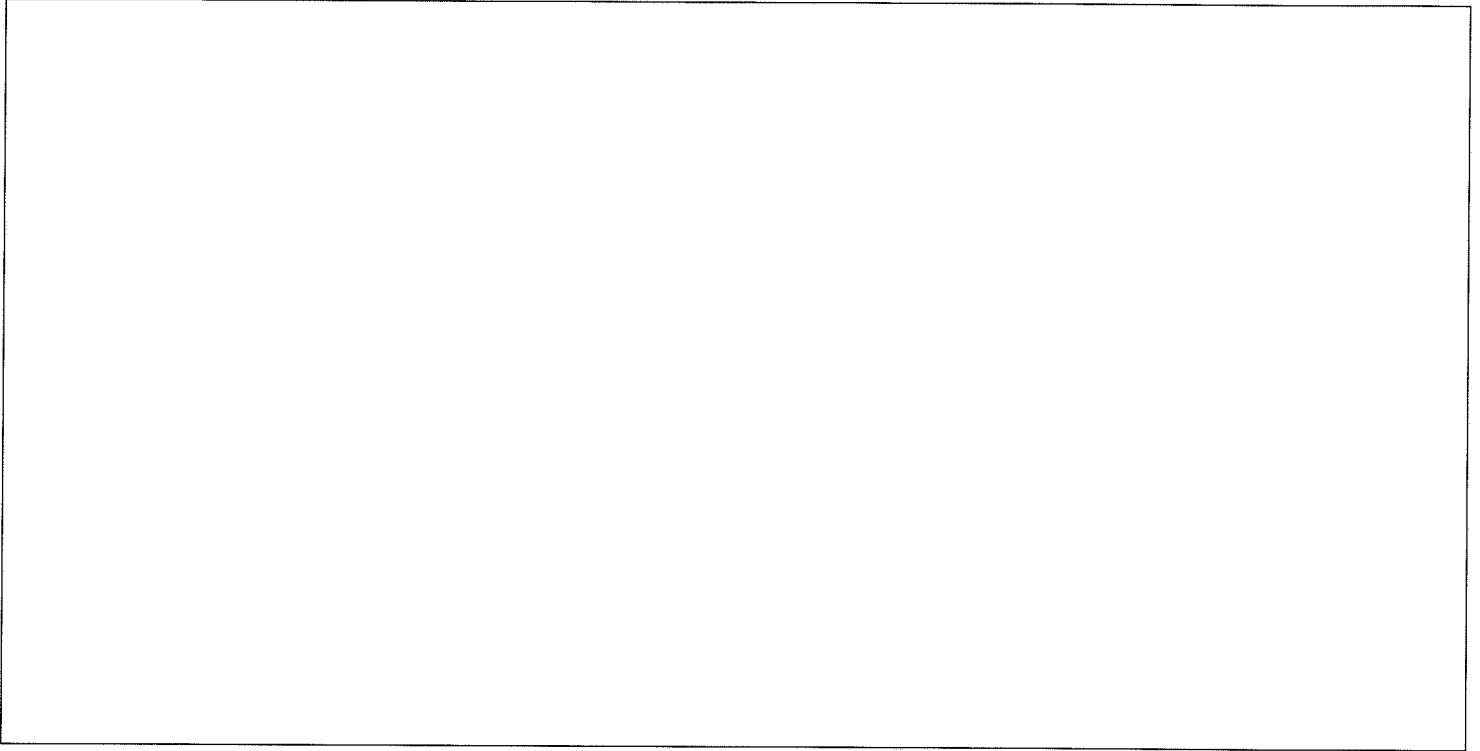
Application #:

Applicant Name:

Subdivision: _____

Lot #: _____

Well Construction Sketch



Well Completion Sketch

