

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

PIN #: Parcel #: Application #:15-5-35566 Subdivision: Weswood Lot #: 16

Applicant Name: Scott C. Brown
Address: 245 Cooper Store Rd. Sanford, NC 27322

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: 7/6/2015 Application #:15-5-35566 Well Contractor: WW Maness & Sons

Applicant Name: Scott C. Brown
Address: 245 Cooper Store Rd
Directions to Site: 27 w to 24/27 to county line rd to mecsadies to outlaw

Use of Well: sfd Date Drilled: 4/20/15 Total Depth: 260 ft Replacement Well? Yes No
Static Water Level: 115 ft Top of Casing is 12 in. above surface. Yield: 10 gpm at _____ ft.
Disinfection: Type hth Amount 16 oz.

<u>Water Zone (depth)</u>	<u>Casing</u>	<u>Grout</u>
From <u>196</u> To _____	From <u>0</u> To <u>178</u>	From <u>0</u> To <u>20 ft</u>
From _____ To _____	Diameter: <u>6.25 in</u> Material: <u>pvc</u> Thickness: <u>sdr 21</u>	Material: <u>sand cement</u> Method: <u>pour</u>
From _____ To _____	From _____ To _____	From _____ To _____
	Diameter: _____ Material: _____ Thickness: _____	Material: _____ Method: _____
	From _____ To _____	From _____ To _____
	Diameter: _____ Material: _____ Thickness: _____	Material: _____ Method: _____

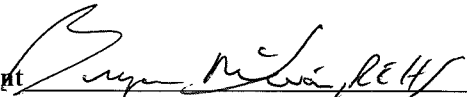
Inspector: bm On Hold Date: _____ Release Date: 7/6/2015

7/
Remarks: _____

Well Head Information

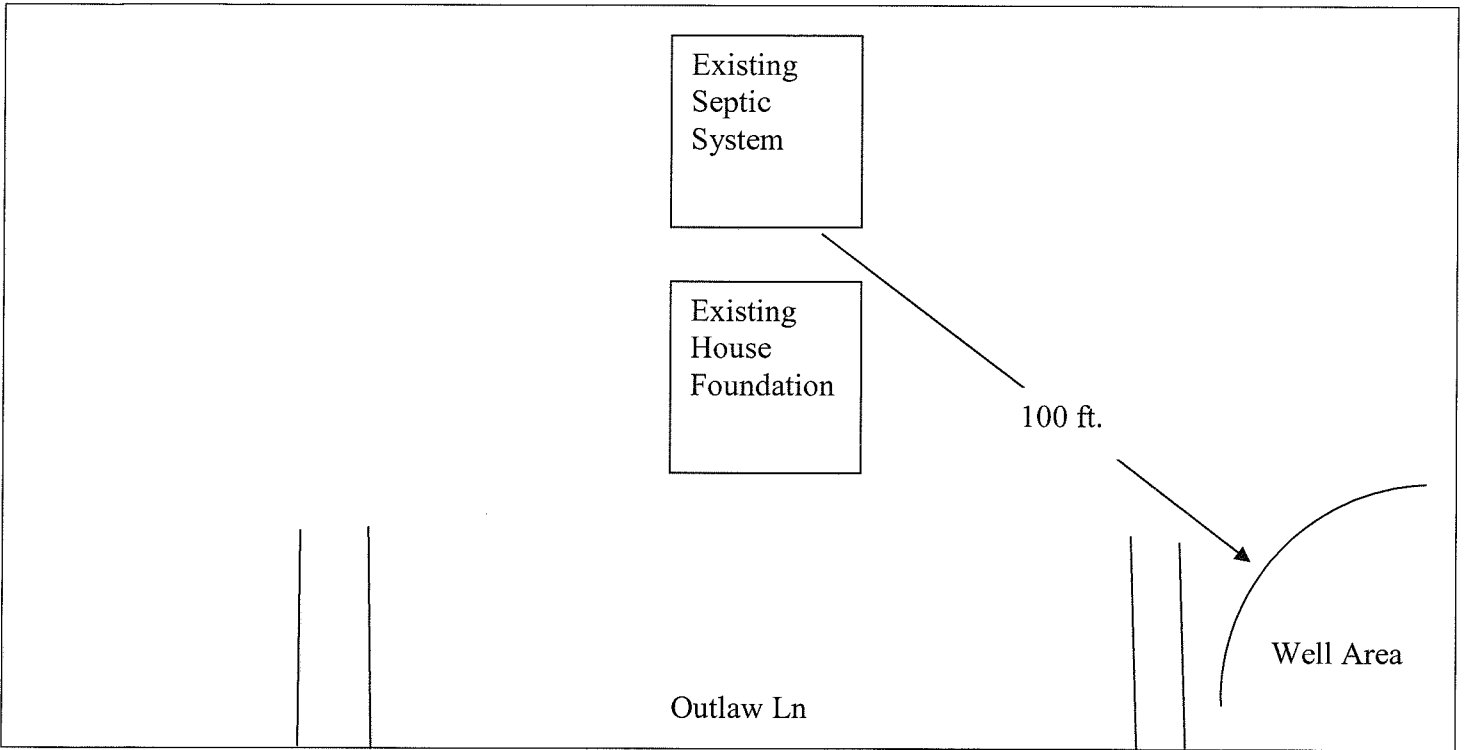
Casing Height: 12 in (above finished grade) Access Port: yes Vent Stack: yes
Well ID Tag: yes Pump ID Tag: yes Sampling Tap: yes Backflow Preventer: yes
Sample Taken? Yes No Well Head properly sealed: yes

Remarks: _____

Authorized State Agent  Date 7/6/2015

See Attachment for completion sketch

Well Construction Sketch



Well Completion Sketch

