

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

1600-89-247.000 1600-0024-04 16-5-35464
PIN #: _____ Parcel #: _____ Application #: _____ Subdivision: _____ Lot #: _____

Applicant Name: Clayton Homes Inc
Address: _____

Type of Facility Served by Well: ~~SFD~~ MODULAR

Sewage System: 25' dwd

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: Jane E. Markant Date: 10-6-16

Grouting Inspection Witnessed _____ Date _____
 Grouting self-certified by driller GW-1 provided? Yes No

See attachment for construction sketch

WELL CERTIFICATE OF COMPLETION

Date: 12-14-16 Application #: _____ Well Contractor: Barefoot

Applicant Name: Clayton Homes
Address: _____
Directions to Site: DIXON RD

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 <u>0</u> 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

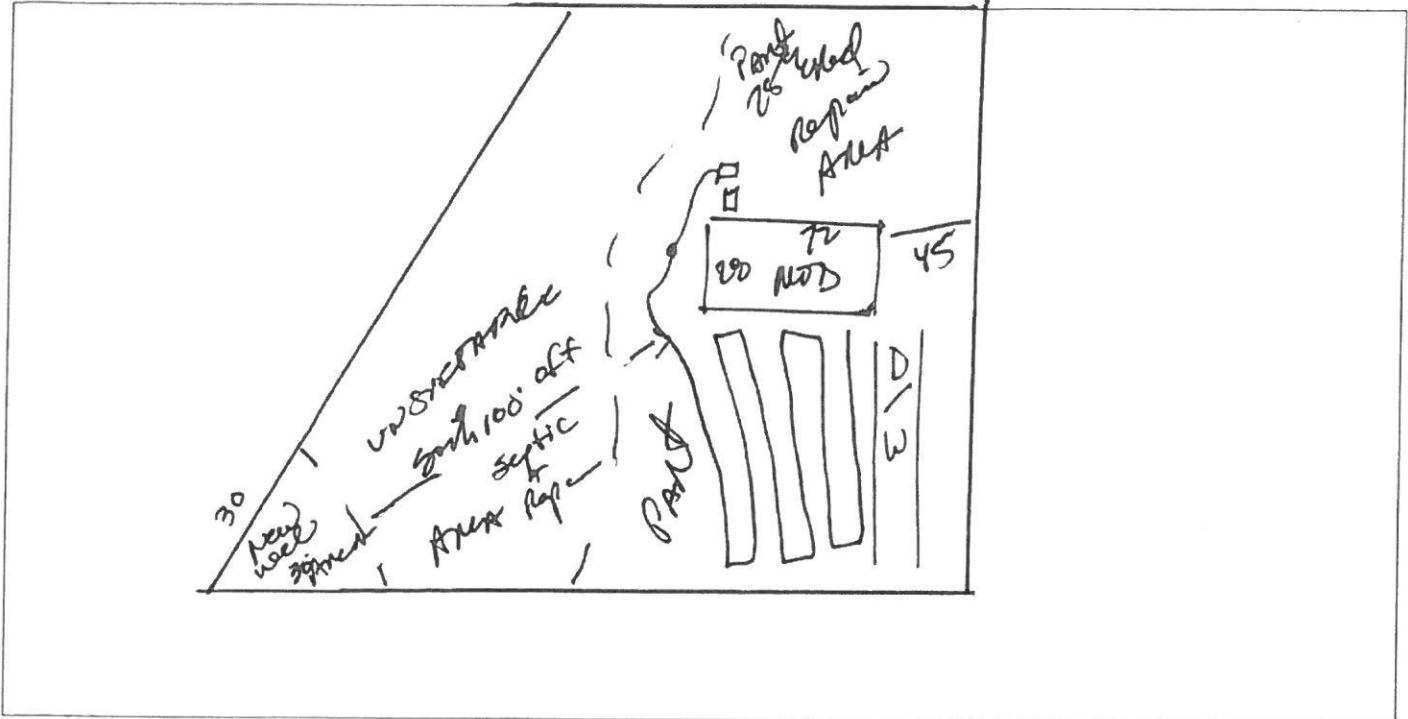
Casing Height: 1' (above finished grade) Access Port: 1' Vent Stack: 1'
Well ID Tag: 1' Pump ID Tag: 1' Sampling Tap: 1' Backflow Preventer: 1'
Sample Taken? Yes No Well Head properly sealed: 1'

Remarks: _____

Authorized State Agent: Jane E. Markant Date: 12-14-16

See Attachment for completion sketch

Well Construction Sketch



Well Completion Sketch

