

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

PIN #: 0682-25-0813.000 \_\_\_\_\_ Parcel #: 040682 0348 \_\_\_\_\_ Application #: 11-5-26631 \_\_\_\_\_ Subdivision: Mabry \_\_\_\_\_  
 Lot #: 7 \_\_\_\_\_

Applicant Name: Joel Michael Eason \_\_\_\_\_  
 Address: 6420 Johnson Pond Rd F.V. N.C. \_\_\_\_\_

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 James E. Mankin Date 5-18-11

Grouting Inspection Witnessed James E. Mankin Date 6-11-11  
 Grouting self-certified by driller  GW-1 provided?  Yes  No

See attachment for construction sketch

**WELL CERTIFICATE OF COMPLETION**

Date: 10-3-11 Application #: 11-5-26631 Well Contractor: Jackson well

Applicant Name: JOEL Michael Eason

Address: \_\_\_\_\_

Directions to Site: SR 1539 Mabry

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 \_\_\_\_\_

**Water Zone (depth)**

From \_\_\_\_\_ To \_\_\_\_\_  
 From \_\_\_\_\_ To \_\_\_\_\_  
 From \_\_\_\_\_ To \_\_\_\_\_

**Casing**

From \_\_\_\_\_ To \_\_\_\_\_  
 Diameter: \_\_\_\_\_ Material: \_\_\_\_\_ Thickness: \_\_\_\_\_  
 From \_\_\_\_\_ To \_\_\_\_\_  
 Diameter: \_\_\_\_\_ Material: \_\_\_\_\_ Thickness: \_\_\_\_\_  
 From \_\_\_\_\_ To \_\_\_\_\_  
 Diameter: \_\_\_\_\_ Material: \_\_\_\_\_ Thickness: \_\_\_\_\_

**Grout**

From 0 To \_\_\_\_\_  
 Material: \_\_\_\_\_ Method: \_\_\_\_\_  
 From \_\_\_\_\_ To \_\_\_\_\_  
 Material: \_\_\_\_\_ Method: \_\_\_\_\_  
 From \_\_\_\_\_ To \_\_\_\_\_  
 Material: \_\_\_\_\_ Method: \_\_\_\_\_

Inspector: \_\_\_\_\_ On Hold Date: \_\_\_\_\_ Release Date: \_\_\_\_\_

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

**Well Head Information**

Casing Height: 18 (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. Mankin Date 10-3-11

See Attachment for completion sketch

11-5-26631

JOEL MICHAEL EASON

Application #:

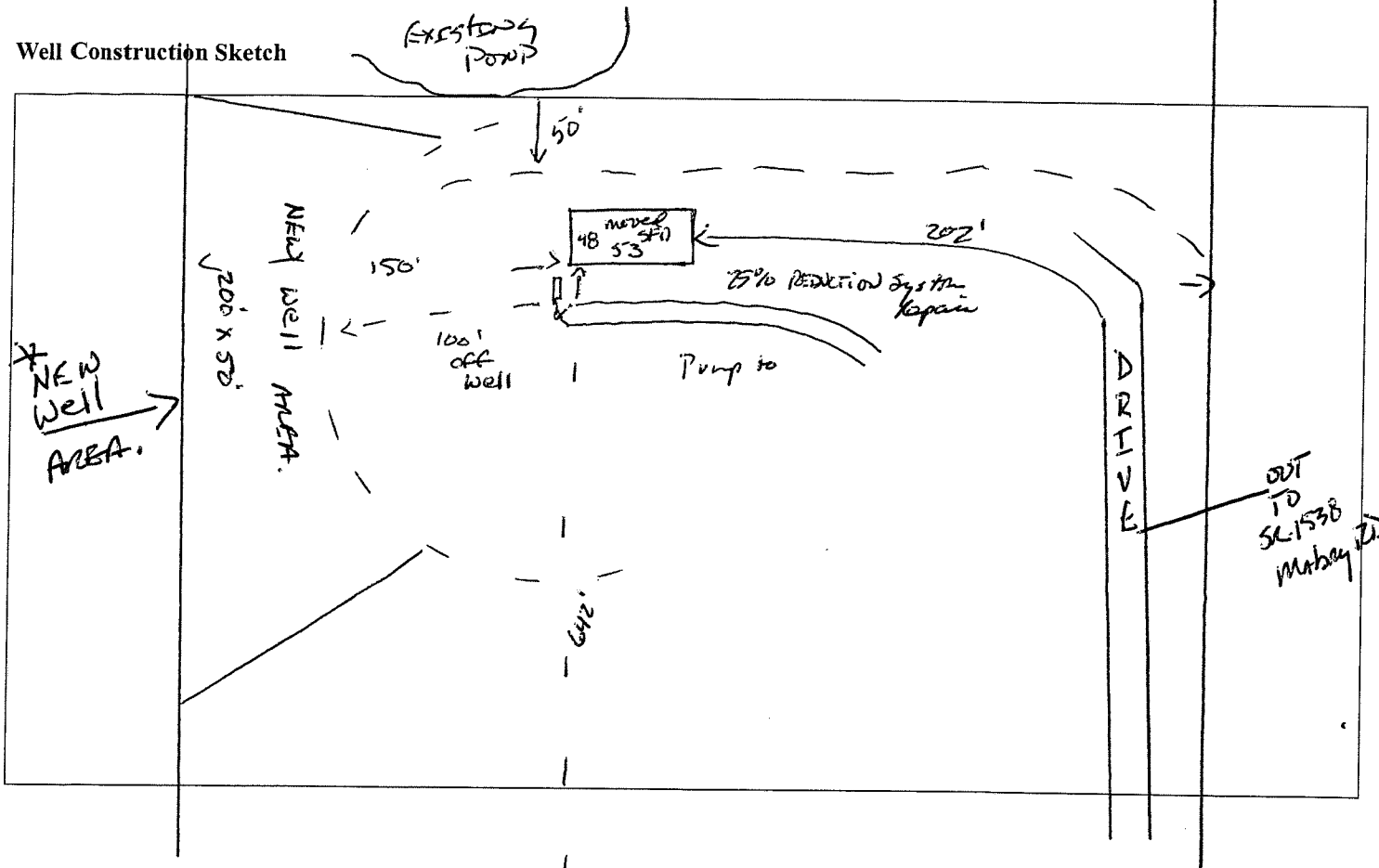
Applicant Name:

abdivision:

MALBY 518

Lot #: 7

Well Construction Sketch



Well Completion Sketch

