

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

PIN #: _____ Parcel #: _____ Application #: _____ Subdivision: _____ Lot #: _____

Applicant Name: _____
Address: _____

Type of Facility Served by Well: SFD

Sewage 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 _____ Date _____

Grouting self-certified by driller GW-1 provided? Yes No

See attachment for construction sketch

WELL CERTIFICATE OF COMPLETION

Date: 5/12/2009 Application #: 08-5-20483 Well Contractor: Peidmont Well

Applicant Name: Ted & Judy Grantham

Address: 804 Oakridge Duncan Rd. Fuquay-Varina, N.C. 27526

Directions to Site: 401 toward Fuquay turn left on SR 1412 to Hwy 42 turn left go 7-10 to Clarks Corner turn left go to "Y" in road and go left to the end

Use of Well: sfd Date Drilled: 8/5/08 Total Depth: 250 ft Replacement Well? Yes No
Static Water Level: 40 ft Top of Casing is 12 in. above surface. Yield: 6 gpm at _____ ft.
Disinfection: Type granular Amount 5 oz

Water Zone (depth)

From 140 To 220
From _____ To _____
From _____ To _____

Casing

From 0 To 70
Diameter: 6.25 Material: pvc Thickness: sdr-21
From _____ To _____
Diameter: _____ Material: _____ Thickness: _____
From _____ To _____
Diameter: _____ Material: _____ Thickness: _____

Grout

From 0 To 50
Material: concret Method: truck
From _____ To _____
Material: _____ Method: _____
From _____ To _____
Material: _____ Method: _____

Inspector: _____ On Hold Date: _____ Release Date: 5/12/2009

Remarks: _____

Well Head Information

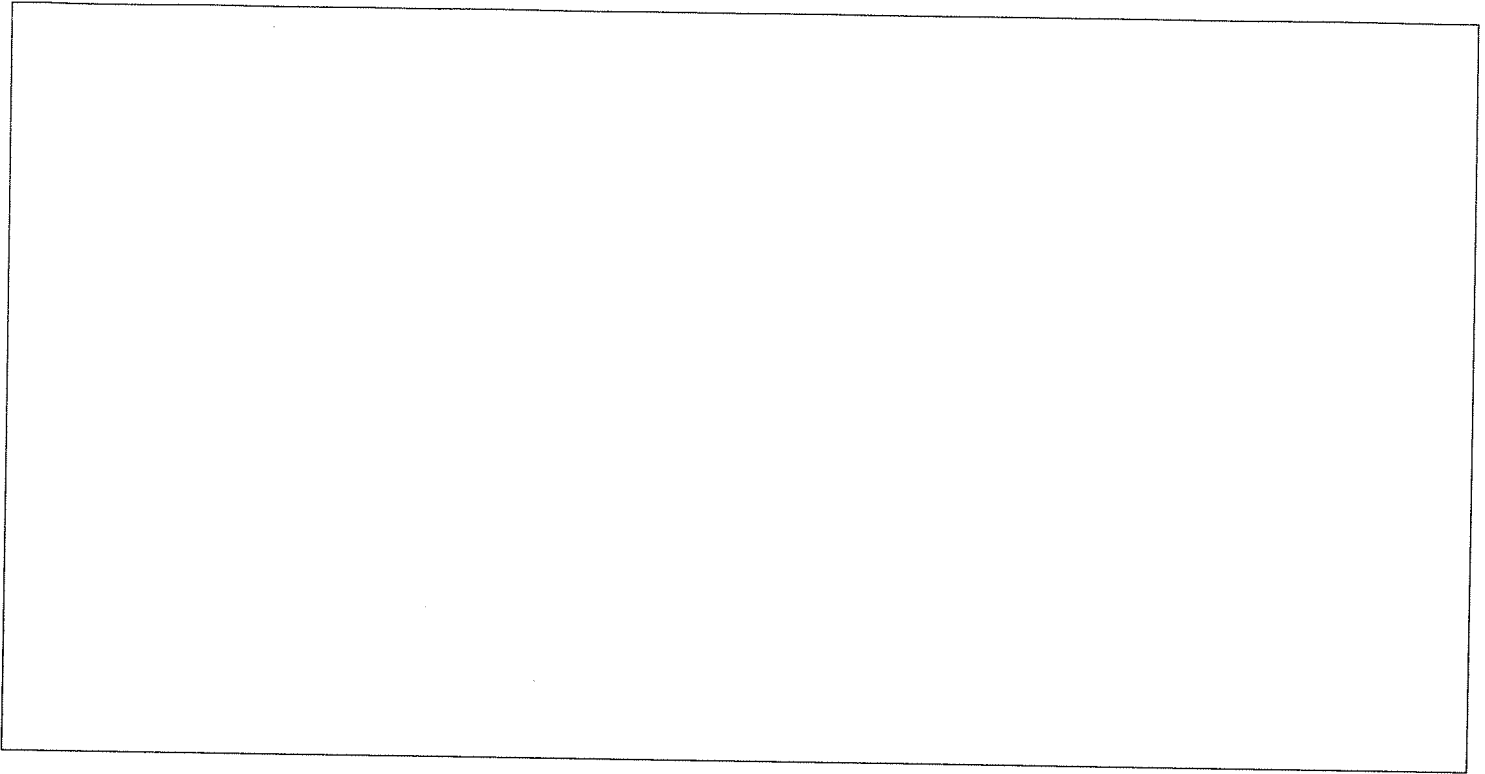
Casing Height: 1 ft (above finished grade) Access Port: yes Vent Stack: yes
Well ID Tag: yes Pump ID Tag: yes Sampling Tap: yes Backflow Preventer: yes
Sample Taken? Yes No Well Head properly sealed: yes

Remarks: _____

Authorized State Agent [Signature] Date 5/12/2009

See Attachment for completion sketch

Well Construction Sketch



Well Completion Sketch

