

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

PIN #: 0692-73-2920.000 Parcel #: 0706920002

Application #: 09-5-22480

Subdivision: _____ Lot #: _____

Applicant Name: Joe Gregory
Address: 2812 Carson Gregory Rd. Angier, NC 27501

Type of Facility Served by Well: SFD

Sewage System: Existing

Permit Conditions: Maintain all setbacks

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: 10/7/2009 Application #: 09-5-22480

Well Contractor: Grady Poole Well

Applicant Name: Joe Gregory

Address: 2812 Carson Gregory Rd Angier, NC 27501

Directions to Site: 421 towards Dunn left on 27 East to Hwy 55 in Coats turn left go to Carson Gregory Rd turn right until intersection property on left

Use of Well: sfd Date Drilled: 9/10/2009 Total Depth: 160 ft Replacement Well? Yes No

Static Water Level: 20 ft Top of Casing is 12 in. above surface. Yield: 15 gpm at _____ ft.

Disinfection: Type hth Amount _____

Water Zone (depth)

From _____ To _____

From _____ To _____

From _____ To _____

Casing

From 0 To 137

Diameter: 6 in Material: galv Thickness: .188

From _____ To _____

Diameter: _____ Material: _____ Thickness: _____

From _____ To _____

Diameter: _____ Material: _____ Thickness: _____

Grout

From 0 To 20

Material: portland cem Method: pour

From _____ To _____

Material: _____ Method: _____

From _____ To _____

Material: _____ Method: _____

Inspector: bm

On Hold Date: _____

Release Date: 10/7/2009

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: _____

Sample Taken? Yes No

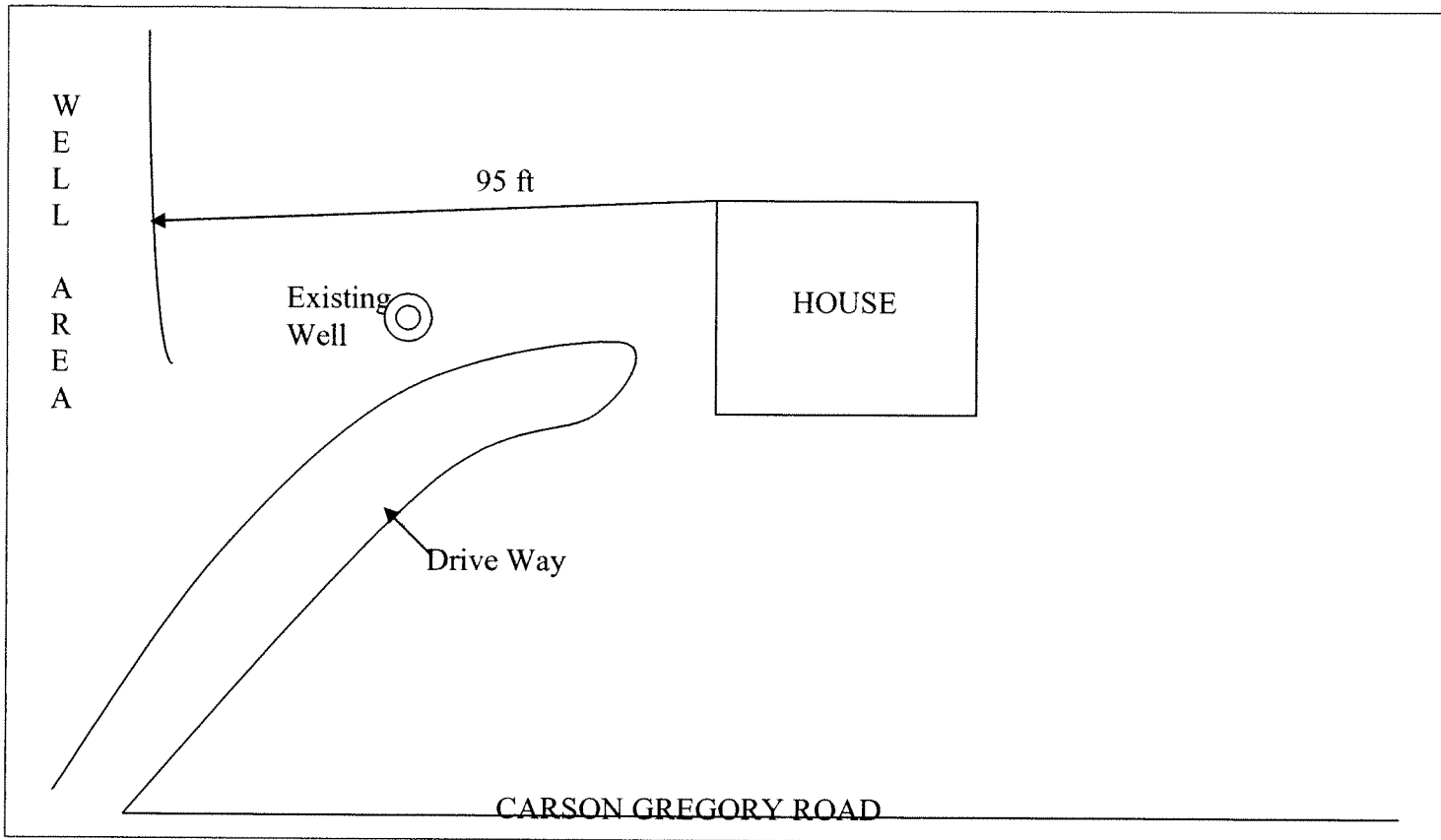
Well Head properly sealed: yes

Remarks: _____

Authorized State Agent [Signature] Date 10/7/2009

See Attachment for completion sketch

Well Construction Sketch



Well Completion Sketch

