

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

PIN #: 0680-71-6093.000 _____ Parcel #: 07-0680-0025-02 _____ Application #: 10-5-24925 _____ Subdivision: _____
 Lot #: _____

Applicant Name: Randall Max Gregory _____
 Address: 1350 Fleming RD Coats N.C. 27521 _____

Type of Facility Served by Well: SFD

Sewage System: conventional _____

Permit Conditions: 100 feet off of existing septic system _____

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 C. Mandant ^{W.D. 28015} _____ Date 8-6-10 _____

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

See attachment for construction sketch

WELL CERTIFICATE OF COMPLETION

Date: _____ Application #: _____ Well Contractor: _____

Applicant Name: _____
 Address: _____
 Directions to Site: _____

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: _____ (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: _____

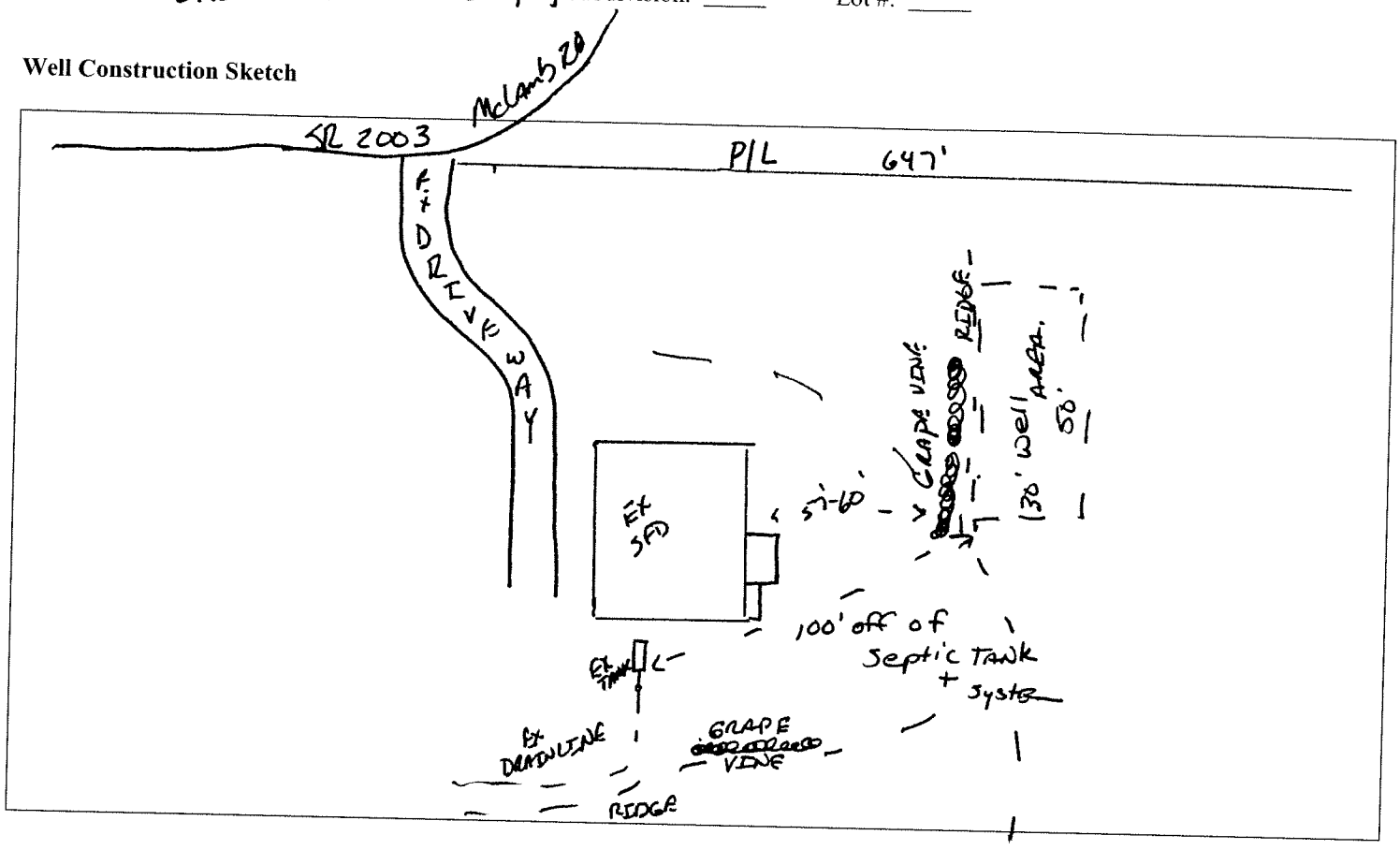
Authorized State Agent _____ Date _____

See Attachment for completion sketch

Application #: 10-5-2425

Applicant Name: RANDALL MAX Gregory
Subdivision: _____
Lot #: _____

Well Construction Sketch



Well Completion Sketch

