

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

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 James E. Markson Date 8-25-10

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

See attachment for construction sketch

WELL CERTIFICATE OF COMPLETION

Date: 9-9-10 Application #: 10-5-24925 Well Contractor: Roger Jackson

Applicant Name: Randall Max Gregory
Address: 1350 Fleming RD COATS N.C. 27521
Directions to Site: _____

Use of Well: SFD Date Drilled: 8-25-10 Total Depth: 240 Replacement Well? Yes No
Static Water Level: 22 Top of Casing is 12 in. above surface. Yield: 100+ gpm at _____ ft.
Disinfection: Type HTH Amount 16OZ

Water Zone (depth)

From 22 To 240
From _____ To _____
From _____ To _____

Casing

From 0 To 80
Diameter: 6.5 Material: PVC Thickness: _____
From _____ To _____
Diameter: _____ Material: _____ Thickness: _____
From _____ To _____
Diameter: _____ Material: _____ Thickness: _____

Grout

From 0 To 25
Material: CONCRETE Method: POUR
From _____ To _____
Material: _____ Method: _____
From _____ To _____
Material: _____ Method: _____

Inspector: JEM On Hold Date: _____ Release Date: _____

Remarks: _____

Well Head Information

Casing Height: 12 (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 James E. Markson Date 9-9-10

See Attachment for completion sketch

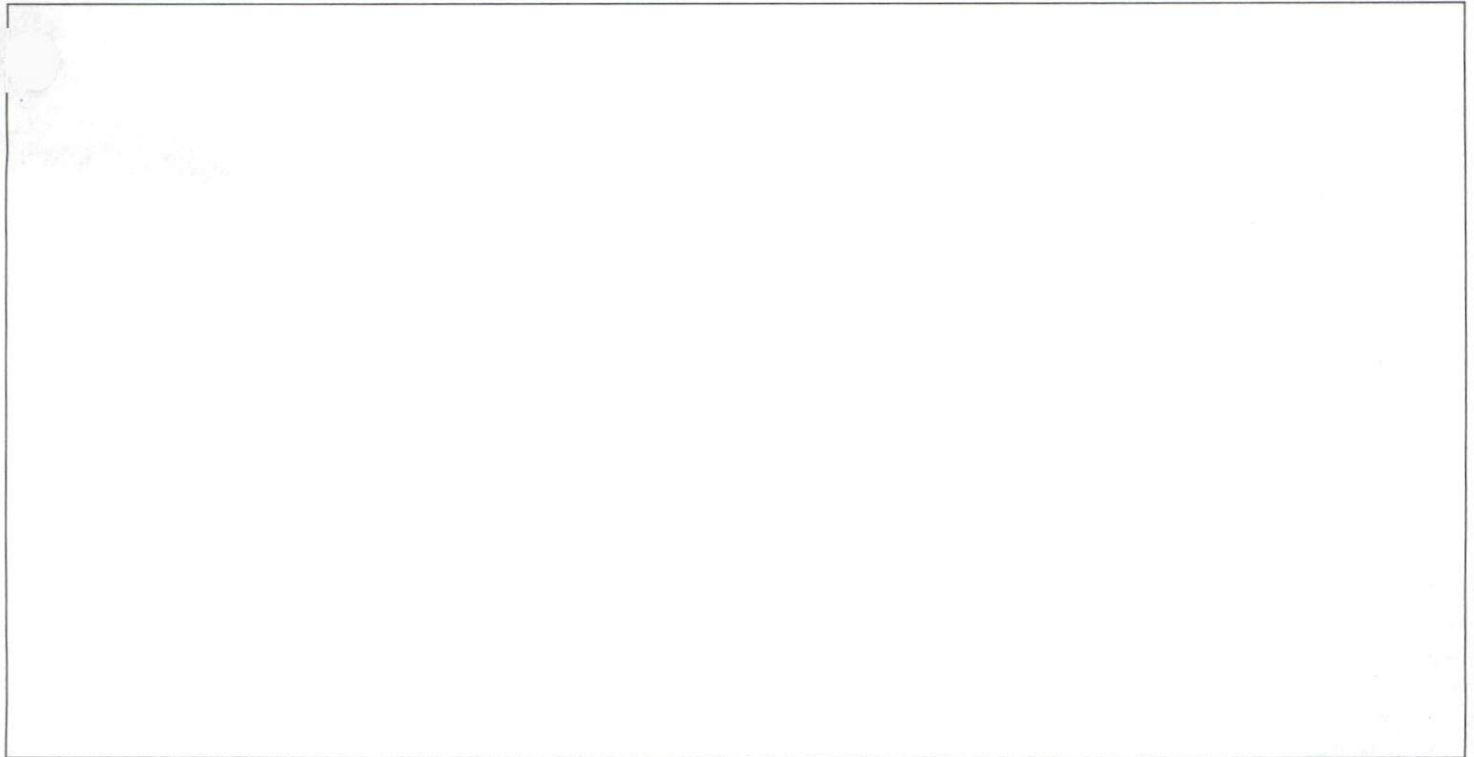
Application #:

Applicant Name:

Subdivision: _____

Lot #: _____

Well Construction Sketch



Completion Sketch

SA 2003 McCombs Rd

P/L

