

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

PIN #: 9575-08-4204.000 Parcel #: 09 9565 0115 03 Application #: 11-5-27379 Subdivision: _____ Lot #: T-3-A

Applicant Name: Douglas Wayne Mangum
Address: 132 Trent Dr. Cameron, NC 28326

Type of Facility Served by Well: SFD

Sewage System: conventional

Permit Conditions: Well to be drilled in well area

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 _____

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

See attachment for construction sketch

WELL CERTIFICATE OF COMPLETION

Date: 9/13/2011 Application #: 11-5-27379 Well Contractor: Jackson Well Drilling

Applicant Name: Wayne Mangum
Address: 132 Trent Dr. Cameron, NC 27546
Directions to Site: 27 west turn left on 24/27 to Trent Dr. turn left

Use of Well: sfd Date Drilled: 8/19/2011 Total Depth: 600 ft Replacement Well? x Yes No
Static Water Level: 130 ft Top of Casing is 12 in. above surface. Yield: 3 gpm at _____ ft.
Disinfection: Type hth Amount 32 oz

<u>Water Zone (depth)</u>	<u>Casing</u>	<u>Grout</u>
From <u>421</u> To <u>424</u>	From <u>0</u> To <u>180 ft</u>	From <u>0</u> To <u>30 ft</u>
From _____ To _____	Diameter: <u>6 in</u> Material: <u>pvc</u> Thickness: <u>sr 21</u>	Material: <u>sand/cement</u> Method: <u>pour</u>
From _____ To _____	From _____ To _____	From _____ To _____
	Diameter: _____ Material: _____ Thickness: _____	Material: _____ Method: _____
	From _____ To _____	From _____ To _____
	Diameter: _____ Material: _____ Thickness: _____	Material: _____ Method: _____

Inspector: bm On Hold Date: _____ Release Date: 9/13/2011

Remarks: _____

Well Head Information

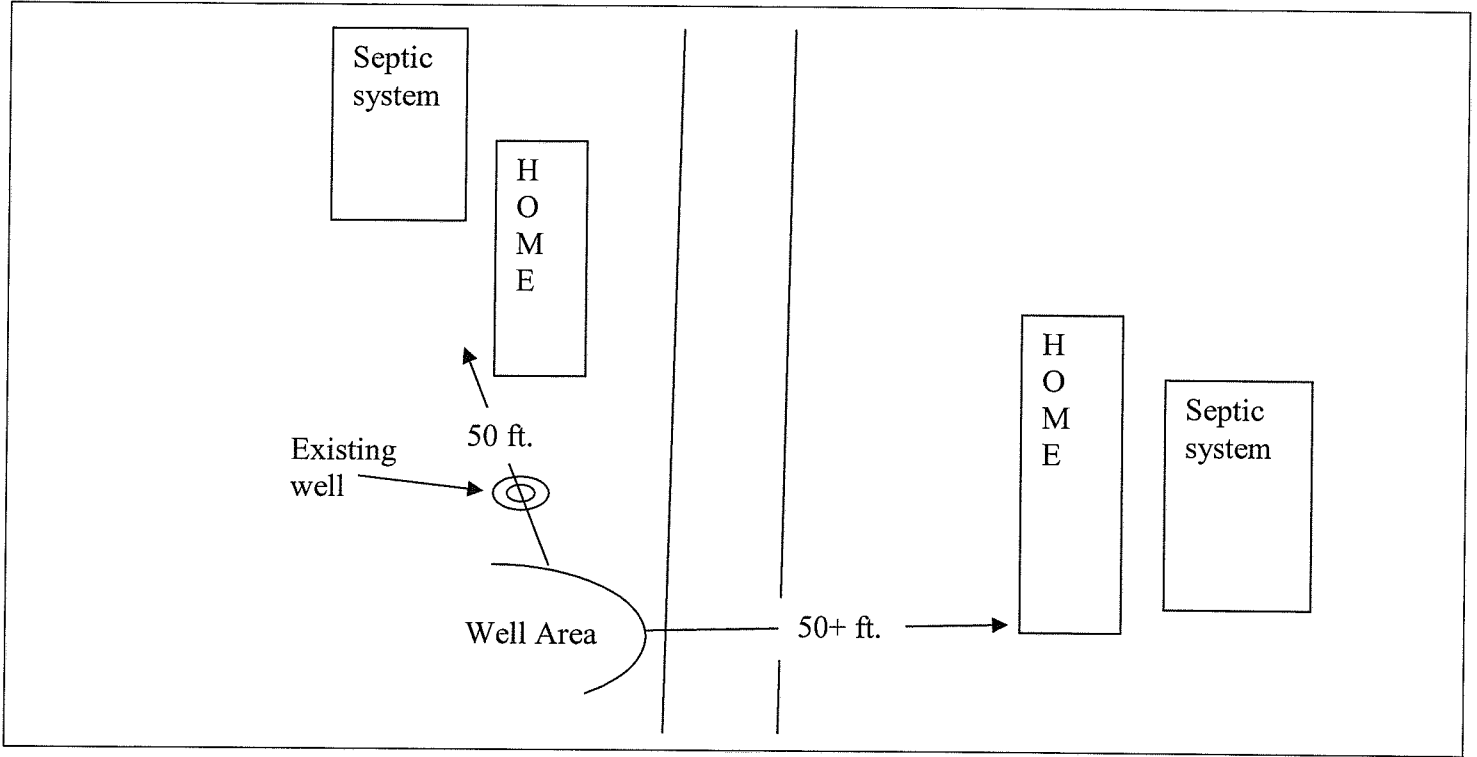
Casing Height: 12 in (above finished grade) Access Port: yes Vent Stack: _____
Well ID Tag: yes Pump ID Tag: yes Sampling Tap: yes Backflow Preventer: _____
Sample Taken? Yes x No Well Head properly sealed: yes

Remarks: _____

Authorized State Agent [Signature] Date 9/13/2011

See Attachment for completion sketch

Well Construction Sketch



Well Completion Sketch

