

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

PIN #: _____ Parcel #: _____ Application #: 11-5-27671 Subdivision: _____ Lot #: _____

Applicant Name: Kim Young
Address: 128 Willette Lane 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 _____

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

See attachment for construction sketch

WELL CERTIFICATE OF COMPLETION

Date: 1/12/2012 Application #: 11-5-27671 Well Contractor: Cape Fear Well

Applicant Name: Kim Young
Address: 128 Willette Lane Cameron, NC 28326
Directions to Site: 27 west to 24/27 turn left on Hillman Grove and right on Willette

Use of Well: sfd Date Drilled: 11/14/2011 Total Depth: 270 ft Replacement Well? x Yes No
Static Water Level: 110 ft Top of Casing is 12 in. above surface. Yield: 50 gpm at 270 ft.
Disinfection: Type hth Amount 75ppm

<u>Water Zone (depth)</u>	<u>Casing</u>	<u>Grout</u>
From <u>210</u> To <u>270</u>	From <u>0</u> To <u>175 ft</u>	From <u>0</u> To <u>22 ft</u>
From _____ To _____	Diameter: <u>4.5</u> Material: <u>pvc</u> Thickness: <u>sor 17</u>	Material: <u>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: _____

Remarks: _____

Well Head Information

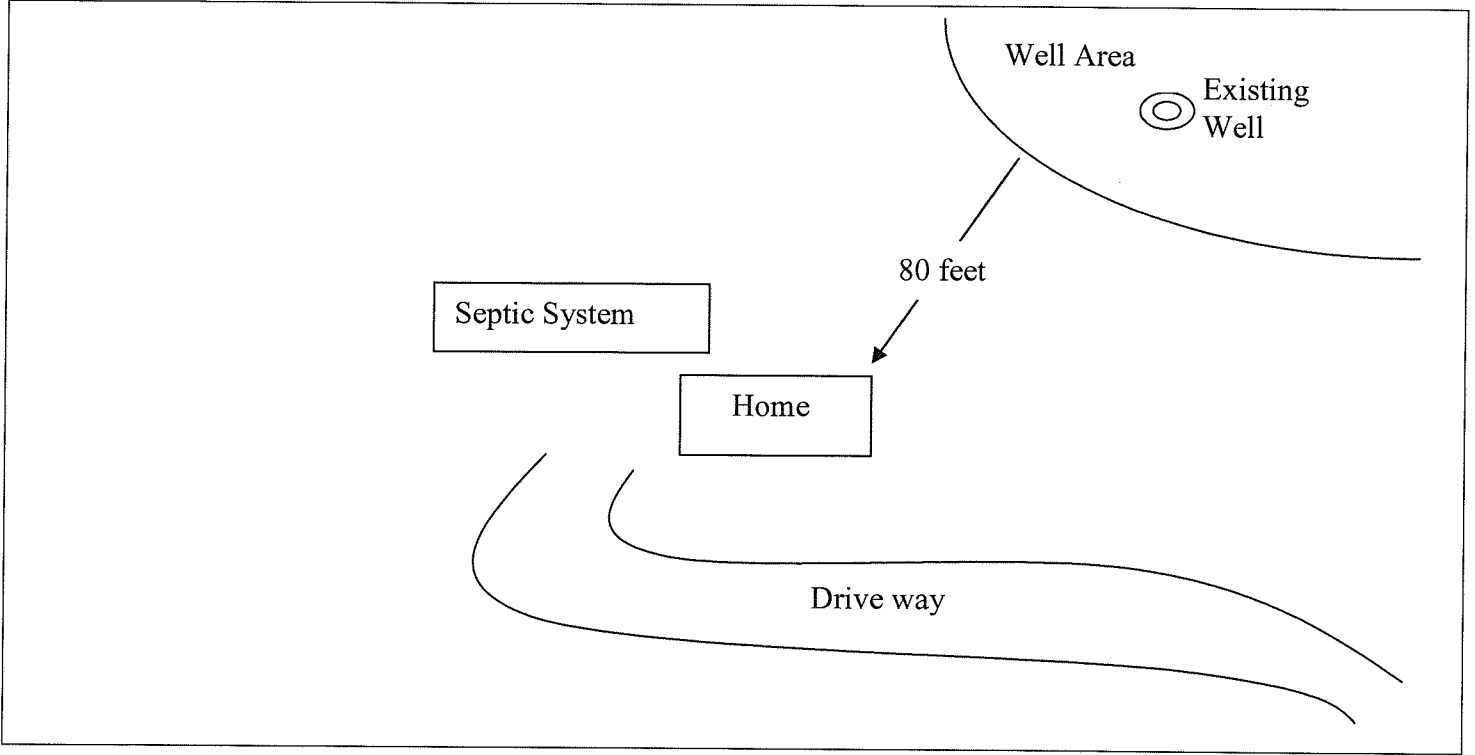
Casing Height: 1 ft (above finished grade) Access Port: yes Vent Stack: yes
Well ID Tag: yes Pump ID Tag: yes Sampling Tap: yes Backflow Preventer: _____
Sample Taken? Yes x No Well Head properly sealed: yes

Remarks: _____

Authorized State Agent  Date 1/12/2012

See Attachment for completion sketch

Well Construction Sketch



Well Completion Sketch

