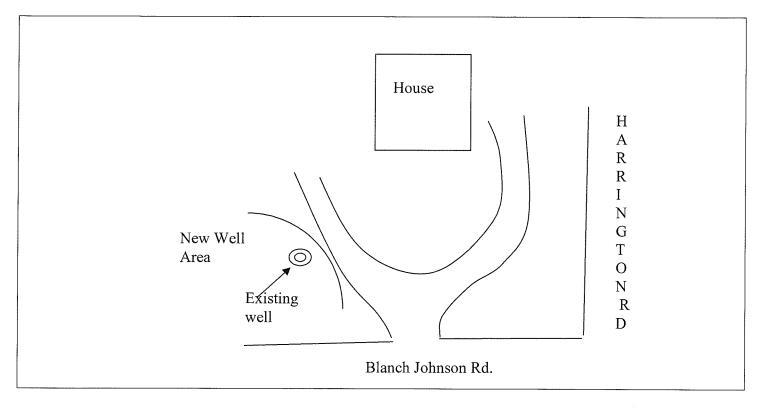
HARNETT DEPARTMENT OF PUBLIC HEALTH PERMIT TO CONSTRUCT A DRINKING WATER SUPPLY WELL

□ Grouting self-certified by driller GW-1 provided? □ Yes □ No See attachment for construction sketch	PIN #: Parcel #:	Application #: 15-5-36761	Subdivision:	Lot #:	
Sevage System: conventional Permit Conditions: Well to be drilled in Well Area General Permit Conditions: Other permit Conditions: Prinking water supply well shall be located in accordance with the STE PLAN Authorized State Agent					
Permit Conditions: Well to be drilled in Well Area General Permit Conditions:	Type of Facility Served by Well: SFD				
General Permit Conditions: Drinking water supply well construction must meet 15A NCAC 02C.100 rules Promited drinking water supply well shall be located in accordance with the SITE PLAN NYD 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 respective Authorized State Agent Authorized State Agent Det	Sewage System: convention	al			
 Derinking water supply well sonstruction must meet 15A NCAC 02C.100 rules ANY ALTERATION of the site of the location of structures and apputenance) or modification in use of the well, may subject this Permit to recognion ANUALTERATION of the site of the site (including location of structures and apputenance) or modification in use of the well, may subject this Permit to recognion Authorized State Agent Authorized State Agent <l< td=""><td>Permit Conditions: Well to</td><td>be drilled in Well Area</td><td></td><td></td></l<>	Permit Conditions: Well to	be drilled in Well Area			
Grouting Inspection Witnessed Date Grouting self-certified by driller GW-1 provided? Yes No See attachment for construction sketch	 Drinking water suppl The permitted drinkin ANY ALTERATION subject this Permit to 	ng water supply well shall be located in acc N of the site of the site (including location revocation	cordance with the SITE PL of structures and appurtena	ance) or modification in use of the well, may	
WELL CERTIFICATE OF COMPLETION Date: Application #: Well Contractor:	Grouting Inspection Witnessed Date				
Date: Application #: Well Contractor: Applicant Name:	See attachment for construction sketch				
Applicant Name:	WELL CERTIFICATE OF COMPLETION				
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) Casing From To From To From To Diameter: Material: Thickness: Material: From To To Diameter: Material: Diameter: Material: Diameter: Material: Diameter: Material: Diameter: Material: Prom To From	Date: Application #: Well Contractor:				
Static Water Level: Top of Casing is in. above surface. Yield: gpm at ft. Disinfection: Type Amount Water Zone (depth) Casing Grout From To From To From 0 From To Diameter: Material: Thickness: Material: Method: From To From To From To Method: From To Material: Thickness: Material: Method: From To Material: Thickness: Material: Method:	Applicant Name: Address: Directions to Site:				
From To	Static Water Level:	Top of Casing is in. above s	Replacement We urface. Yield: gp		
Remarks:	Water Zone (depth) From To From To From To	From To Diameter: Material: From To Diameter: Material: From To From To	_ Thickness:	From 0 To Material: Method: From To Material: Method: From To	
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:	Inspector: O	n Hold Date: Release Date:			
Casing Height: (above finished grade) Access Port: Vent Stack: Well ID Tag: Sampling Tap: Backflow Preventer: Sample Taken? Yes No Well Head properly sealed: Remarks:	Remarks:				
	Well ID Tag: Pu Sample Taken? Yes	ump ID Tag: Sampling Tap: _	Backflo		
			Date	_	

See Attachment for completion sketch

Subdivision: ____ Lot #:

Well Construction Sketch



Well Completion Sketch

