

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

PIN #: 0588-97-2620.000 Parcel #: 07 0588 0155 02 Application #: 15-5-37479 Subdivision: _____ Lot #: _____

Applicant Name: Larry Williford
Address: 129 Wayne Lane Erwin N.C

Type of Facility Served by Well: SFD

Sewage System: Existing

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 *[Signature]* Date 12-16-15

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 _____

| <u>Water Zone (depth)</u> | <u>Casing</u> | <u>Grout</u> |
|---------------------------|--|-------------------------------|
| From _____ To _____ | From _____ To _____ | From <u>0</u> To _____ |
| From _____ To _____ | Diameter: _____ Material: _____ Thickness: _____ | Material: _____ Method: _____ |
| From _____ To _____ | From _____ To _____ | From _____ To _____ |
| | Diameter: _____ Material: _____ Thickness: _____ | Material: _____ Method: _____ |
| | From _____ To _____ | From _____ To _____ |
| | Diameter: _____ Material: _____ Thickness: _____ | Material: _____ Method: _____ |

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

Remarks: _____

Well Head Information

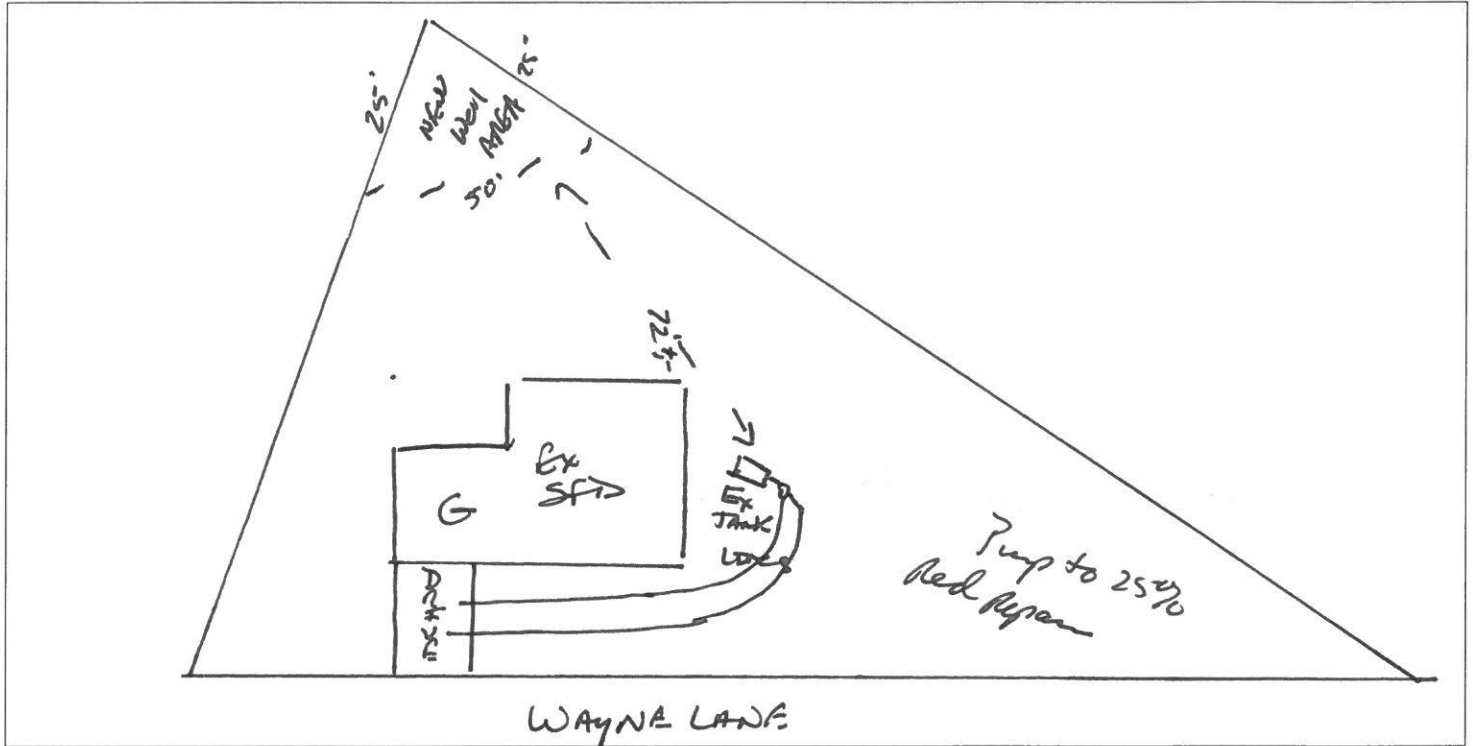
Casing Height: _____ (above finished grade) Access Port: _____ Vent Stack: _____
Well ID Tag: _____ Pump ID Tag: _____ Sampling Tap: _____ Backflow Preventer: _____
Sample Taken? Yes No Well Head properly sealed: _____

Remarks: _____

Authorized State Agent _____ Date _____

See Attachment for completion sketch

Well Construction Sketch



Well Completion Sketch

