

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

PIN #: 0691-01-6254.000 Parcel #: 070691 0151 02 Application #: 17-5-42816 Subdivision: NA Lot #: NA

Applicant Name: SECURE Inc. (Sam Adams)
Address: 119 N SALISBURY ST RALEIGH, NC 27603

Type of Facility Served by Well: SFD

Sewage System: Conventional Gravity-Feed Gravel

Permit Conditions: Location - 44 HILLBILLY LN COATS, NC 27521

Note: Neighbor stated neighboring wells are artesian
see: 01-5-1938 - septic
John Lequire

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 12/06/17

Grouting Inspection Witnessed _____ Date _____
 Grouting self-certified by driller GW-1 provided? Yes No

See attachment for construction sketch

WELL CERTIFICATE OF COMPLETION

Date: 12/20/17 Application #: 17-5-42816 Well Contractor: Bayette well

Applicant Name: _____
Address: _____
Directions to Site: _____

ON GW-1 Form

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)

From _____ To _____
From _____ To _____
From _____ To _____

Casing

From _____ To _____
Diameter: _____ Material: _____ Thickness: _____
From _____ To _____
Diameter: _____ Material: _____ Thickness: _____
From _____ To _____
Diameter: _____ Material: _____ Thickness: _____

Grout

From 0 To _____
Material: _____ Method: _____
From _____ To _____
Material: _____ Method: _____
From _____ To _____
Material: _____ Method: _____

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

Remarks: _____

Well Head Information

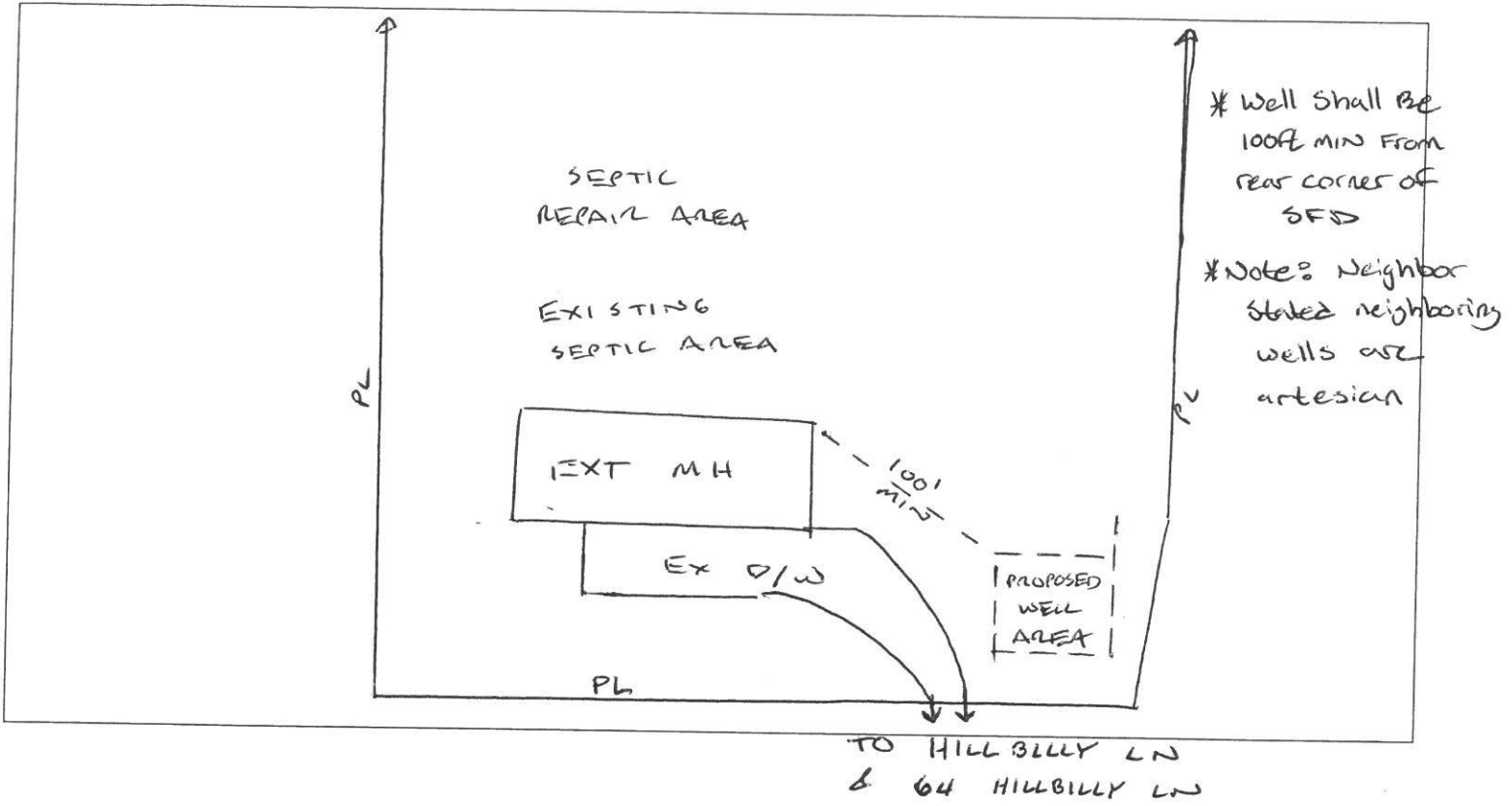
Casing Height: 24.7 (above finished grade) Access Port: Vent Stack:
Well ID Tag: Pump ID Tag: Sampling Tap: Backflow Preventer:
Sample Taken? Yes No Well Head properly sealed:

Remarks: _____

Authorized State Agent [Signature] Date 12/20/17

See Attachment for completion sketch

Well Construction Sketch



Well Completion Sketch

