

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

PIN #: 1509-07-3378.000 Parcel #: 07 0690 0265 01 Application #: 09-5-23241 Subdivision: _____ Lot #: 1

Applicant Name: Harold B. Jernigan
Address: 91 Helen Lane Dunn, NC 28334

Type of Facility Served by Well: SFD

Sewage System: Existing

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: 1/6/2010 Application #: 09-5-23241 Well Contractor: Barefoot's Well Drilling

Applicant Name: Harld B. Jernigan
Address: 91 Helen Lane. Dunn, NC 28334
Directions to Site: 421 toward Dunn turn left on 27 east turn right on Hwy 55 go 3 mile turn left on Jernigan Pond Rd.

Use of Well: sfd Date Drilled: 12/1/2009 Total Depth: 224 fr Replacement Well? Yes No
Static Water Level: 80 ft. Top of Casing is 18 in. above surface. Yield: 10 gpm at _____ ft.
Disinfection: Type chlorine Amount 1 lb

<u>Water Zone (depth)</u>	<u>Casing</u>	<u>Grout</u>
From <u>146</u> To <u>224</u>	From <u>0</u> To <u>146</u>	From <u>0</u> To <u>22</u>
From _____ To _____	Diameter: <u>4</u> Material: <u>pvc</u> Thickness: <u>sch 40</u>	Material: <u>quickcrete</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: 1/6/2010

Remarks: _____

Well Head Information

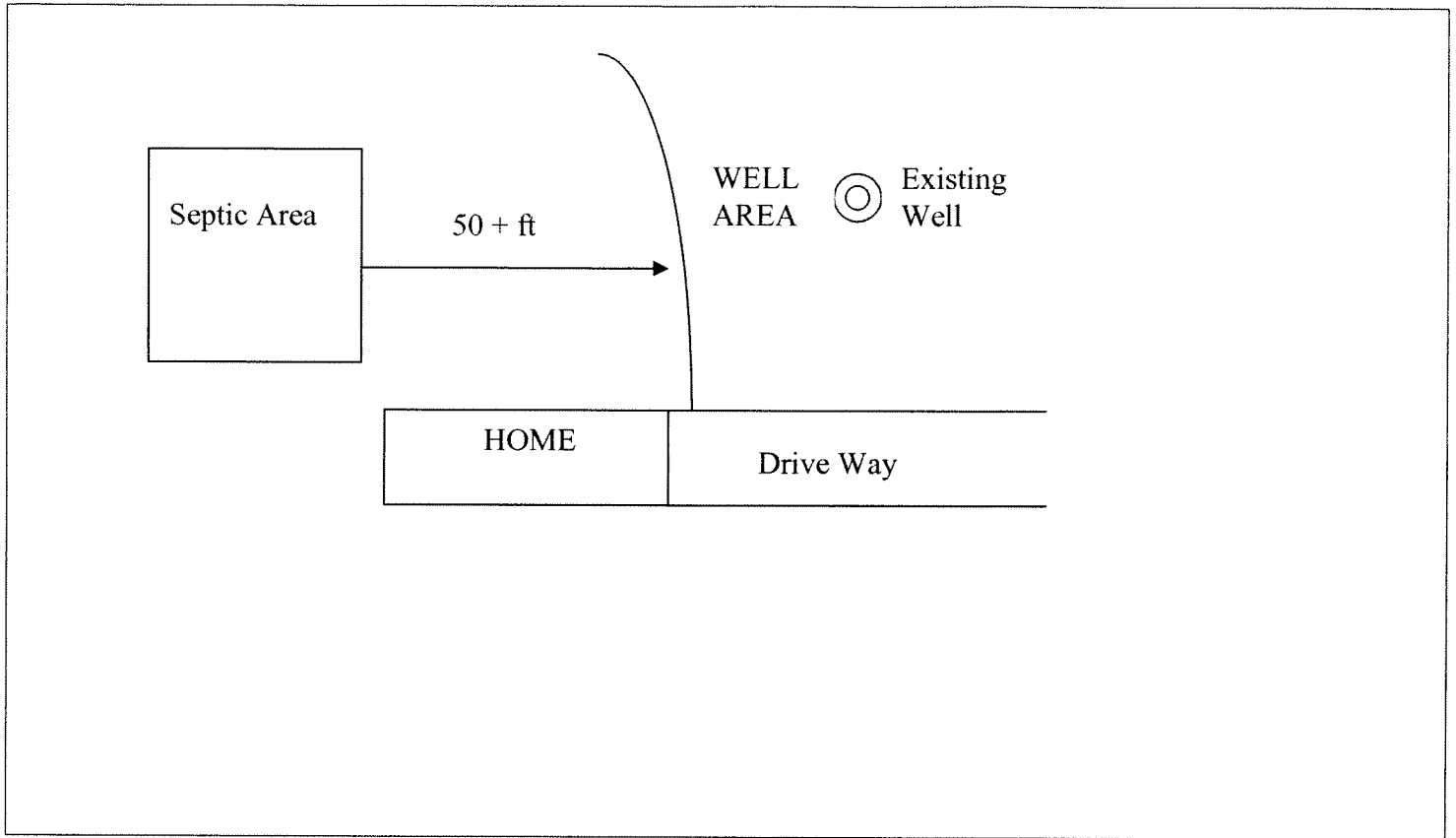
Casing Height: 1.5 ft (above finished grade) Access Port: yes Vent Stack: yes
Well ID Tag: yes Pump ID Tag: yes Sampling Tap: yes Backflow Preventer: _____
Sample Taken? Yes No Well Head properly sealed: _____

Remarks: _____

Authorized State Agent Bryan McInnis, REHV Date 1/6/2010

See Attachment for completion sketch

Well Construction Sketch



Well Completion Sketch

