

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

PIN #: _____ Parcel #: _____ Application #: _____ Subdivision: _____ Lot #: _____

Applicant Name: _____
Address: _____

Type of Facility Served by Well: _____

Sewage System: _____

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 _____ Date _____

Grouting Inspection Witnessed Bryan McSwain R.S. Date 8/26/2008
 Grouting self-certified by driller GW-1 provided? Yes No

See attachment for construction sketch

WELL CERTIFICATE OF COMPLETION

Date: 11/26/2008 Application #: 08-5-20594 Well Contractor: McCall Brothers

Applicant Name: Mark Champion
Address: 10183 Hwy 210 N Angier, N.C. 27501
Directions to Site: 210 N 1/2 mile past Pearidge Rd. to right at 10183 mailbox

Use of Well: SFD Date Drilled: 8/25/2008 Total Depth: 120 ft Replacement Well? Yes No
Static Water Level: 40 ft Top of Casing is 18 in in. above surface. Yield: 20 gpm at _____ ft.
Disinfection: Type chlorine Amount .5 cup

<u>Water Zone (depth)</u>	<u>Casing</u>	<u>Grout</u>
From <u>101 ft</u> To <u>102 ft</u>	From <u>1.5 ft</u> To <u>86.5 ft</u>	From <u>0</u> To <u>25</u>
From _____ To _____	Diameter: <u>6 in</u> Material: <u>steel</u> Thickness: <u>.188</u>	Material: <u>portland cement</u> Method: <u>pump</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: 11/26/2008

Remarks: _____

Well Head Information

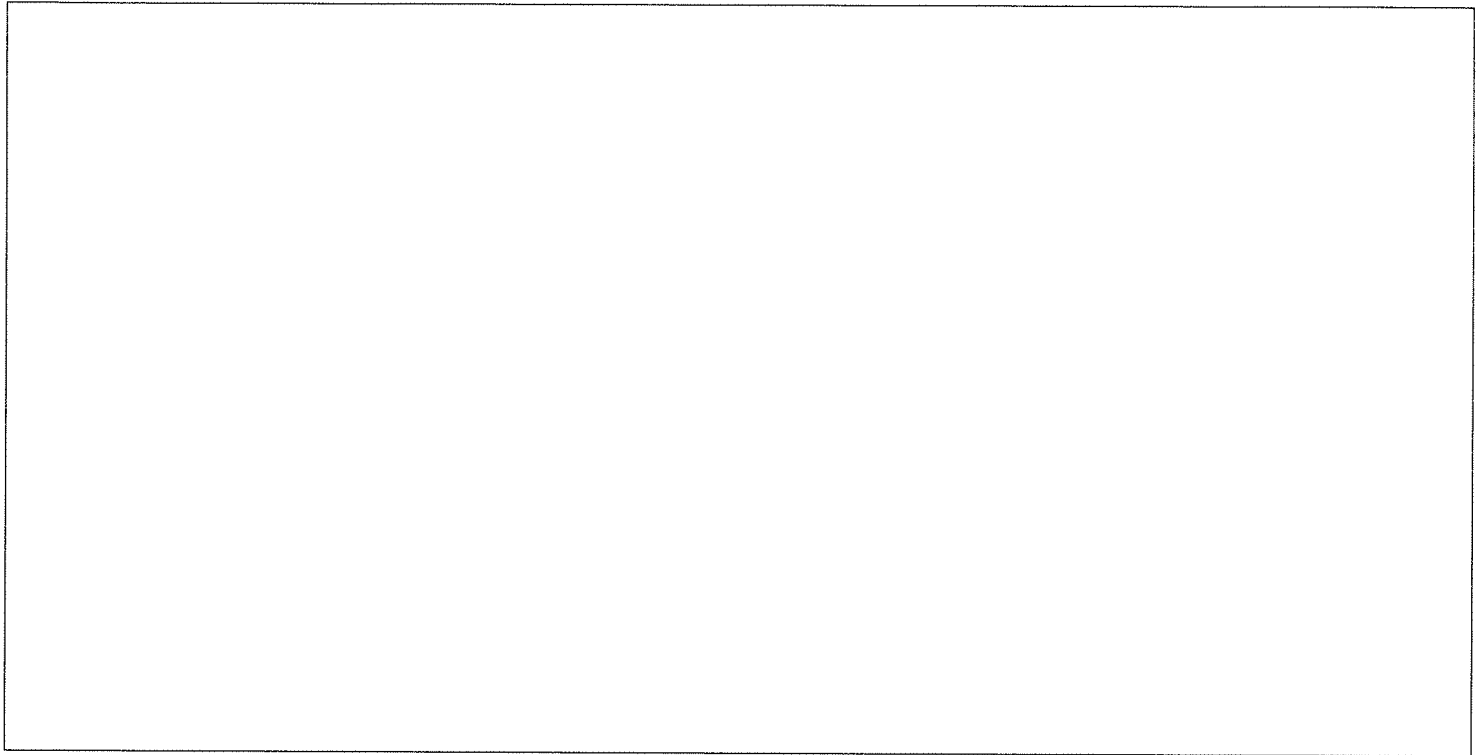
Casing Height: 18 in (above finished grade) Access Port: _____ Vent Stack: yes
Well ID Tag: yes Pump ID Tag: yes Sampling Tap: yes Backflow Preventer: _____
Sample Taken? Yes No Well Head properly sealed: yes

Remarks: _____

Authorized State Agent Bryan McSwain R.S. Date 11/26/2008

See Attachment for completion sketch

Well Construction Sketch



Well Completion Sketch

