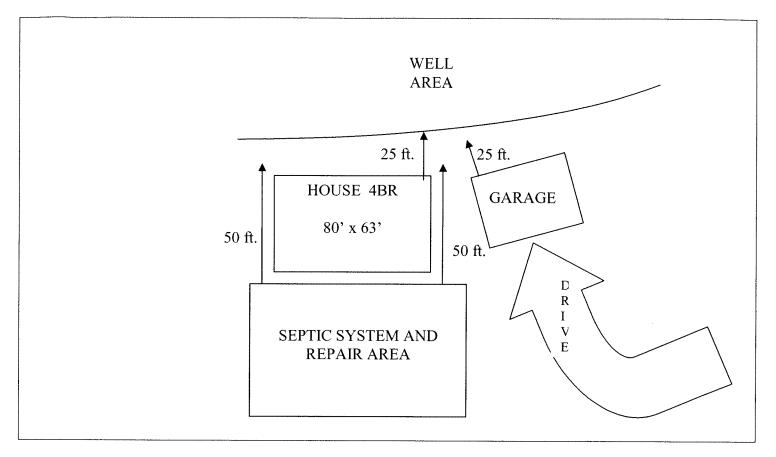
HARNETT DEPARTMENT OF PUBLIC HEALTH PERMIT TO CONSTRUCT A DRINKING WATER SUPPLY WELL

PIN #:	Parcel #:	Application #: 08-5-200	Subdivision: _		Lot #: 1
Applicant Name: Address: 3375 M	Sharon Castaldo eadowlark Rd. Dui	un, N.C. 28334			
Type of Facility S	Served by Well: <u>SF</u>	D			
Sewage System:	25 % Reduction				
Permit Condition	s: Well to be a min	ium of 50 feet from septic system	nand 25 feet from any buil	ding found	ation
The permitANY ALT	vater supply well co		cordance with the SITE P		nodification in use of the well, may
Authorized State	e Agent	7	Date		
	tion Witnessed	Sun Misi GW-1 provided? DY6	Date	<u>)F</u>	
See attachment fo	or construction sketc	h			
		WELL CERTIFICA	ATE OF COMPLETION		
Date: 12/17/2008	Application		contractor: Barefoot's Wel	l Drilling	
	leadowlark Rd. Du	nn, N.C. 28334 left on N. Ellis turn left on Mead	<u>owlark</u>	-	
Use of Well: <u>SFI</u> Static Water Leve Disinfection: Typ		ed: <u>11/19/2008</u> Total Depth: <u>20</u> op of Casing is <u>12</u> in. above surf			
Water Zone (dep From 165 To 20 From To From To	25 F D F D	rom 0 To 165 ft rom 0 To 165 ft rom To To rom To rom To rom To rom Material: rom Material:	Thickness:	al: <u>portlan</u> From _ Material From _	To <u>25 ft</u> d Method: <u>pouring</u> To : Method: To : Method:
Inspector: BM JM	<u>1</u> O	n Hold Date: Release	Date: <u>12/17/2008</u>		
Remarks:					,
Well ID Tag: <u>yes</u> Sample Taken?	<u>2 in</u> (above finished Pump ID Tag: <u>yes</u>	grade) Access Port: <u>yes</u> Vent Si Sampling Tap: <u>yes</u> Well Head properly seale	Backflow Preve	enter: <u>yes</u>	
Remarks:Authorized State	Agent // Sun~	- MILIER-S	Date /2 //7/2698		

See Attachment for completion sketch

Well Construction Sketch



Well Completion Sketch

