

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

PIN #: 0636-5-4101 Parcel #: _____ Application #: 09-5-22648 Subdivision: Little Tree Lot #: 2

Applicant Name: Marcus & Susan Alkire
Address: 161 Talbert Drive Holly Springs, NC 27540

Type of Facility Served by Well: SFD

Sewage System: Conventional

Permit Conditions: Well to be 100 ft from any part of septic system

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: 3/26/2010 Application #: 09-5-22648 Well Contractor: Jackson Well Company

Applicant Name: Marcus Alkire
Address: 2268 Wade Stephenson Rd. Holly Springs, NC 27540
Directions to Site: 401 to Christian Light Rd turn left go the Hwy 42 turn left go to Wade Stephenson Rd turn right

Use of Well: sfd Date Drilled: 3/18/2010 Total Depth: 260 ft Replacement Well? Yes No
Static Water Level: 70 ft Top of Casing is 12 in. above surface. Yield: 15 gpm at _____ ft.
Disinfection: Type hth Amount 12 oz

| <u>Water Zone (depth)</u> | <u>Casing</u> | <u>Grout</u> |
|-------------------------------|--|---|
| From <u>135</u> To <u>138</u> | From <u>0</u> To <u>85</u> | From <u>0</u> To <u>25</u> |
| From <u>236</u> To <u>238</u> | Diameter: <u>6.25</u> Material: <u>pvc</u> Thickness: <u>sr21</u> | Material: <u>sand cement</u> Method: <u>pouring</u> |
| From _____ To _____ | From <u>85</u> To <u>106</u> | From _____ To _____ |
| | Diameter: <u>6.25</u> Material: <u>galv</u> Thickness: <u>.188</u> | Material: _____ Method: _____ |
| | From _____ To _____ | From _____ To _____ |
| | Diameter: _____ Material: _____ Thickness: _____ | Material: _____ Method: _____ |

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

Remarks: _____

Well Head Information

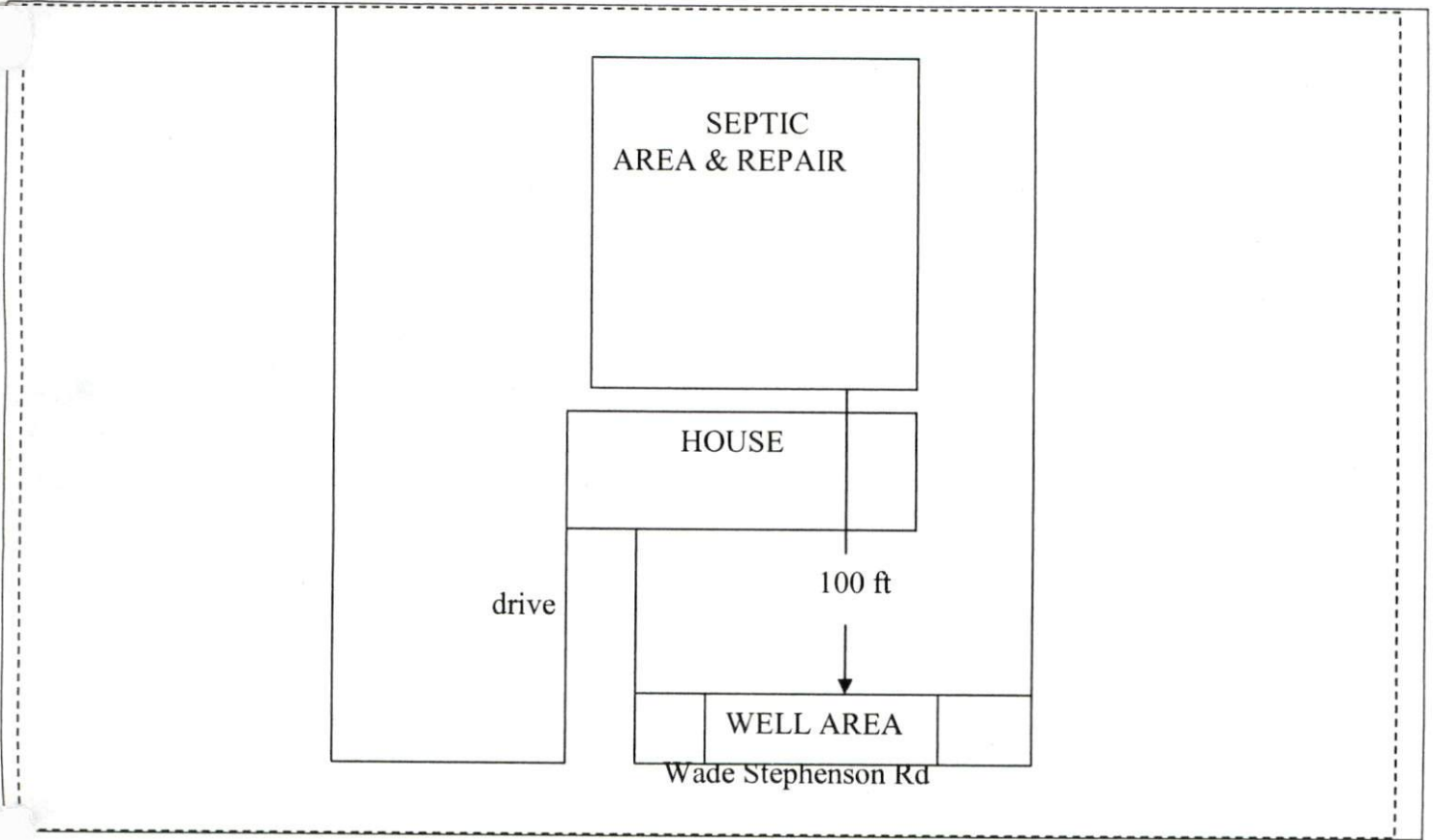
Casing Height: 12 in (above finished grade) Access Port: yes Vent Stack: yes
Well ID Tag: yes Pump ID Tag: yes Sampling Tap: yes Backflow Preventer: yes
Sample Taken? Yes No Well Head properly sealed: yes

Remarks: _____

Authorized State Agent [Signature] Date 3/26/2010

See Attachment for completion sketch

Well Construction Sketch



Well Completion Sketch

