

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

PIN #: 9586-58-3153.000 Parcel #: 0395970129

Application #: 09-5-22835

Subdivision: JH Wright Lot #: _____

Applicant Name: Bradley Sheffer
Address: 413 Roberts Rd. Sanford, NC 27332

Type of Facility Served by Well: SFD

Sewage System: 25% Reduction

Permit Conditions: Well must be drilled in well area and 100 ft from septic tank and drainfield

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: 10/28/2010 Application #: 09-5-22835 Well Contractor: Cape Fear Well & Pump

Applicant Name: Bradley Sheffer
Address: 387 Roberts Rd. Sanford, NC 27332
Directions to Site: 27 West from Lillingto to Buffalo Lakes Rd turn left go to Roberts Rd turn right

Use of Well: sfd Date Drilled: 9/9/2010 Total Depth: 95 ft Replacement Well? Yes No
Static Water Level: 4 ft Top of Casing is 12 in. above surface. Yield: 20 gpm at _____ ft.
Disinfection: Type _____ Amount _____

Water Zone (depth)

From 53 ft To 75 ft
From _____ To _____
From _____ To _____

Casing

From 0 To 55 ft
Diameter: 4 in Material: pvc Thickness: 40
From 75 ft To 94 ft
Diameter: 4 in Material: pvc Thickness: 40
From _____ To _____
Diameter: _____ Material: _____ Thickness: _____

Grout

From 0 To 20 ft
Material: cement Method: poured
From _____ To _____
Material: _____ Method: _____
From _____ To _____
Material: _____ Method: _____

Inspector: bm On Hold Date: _____ Release Date: 10/28/2010

Remarks: _____

Well Head Information

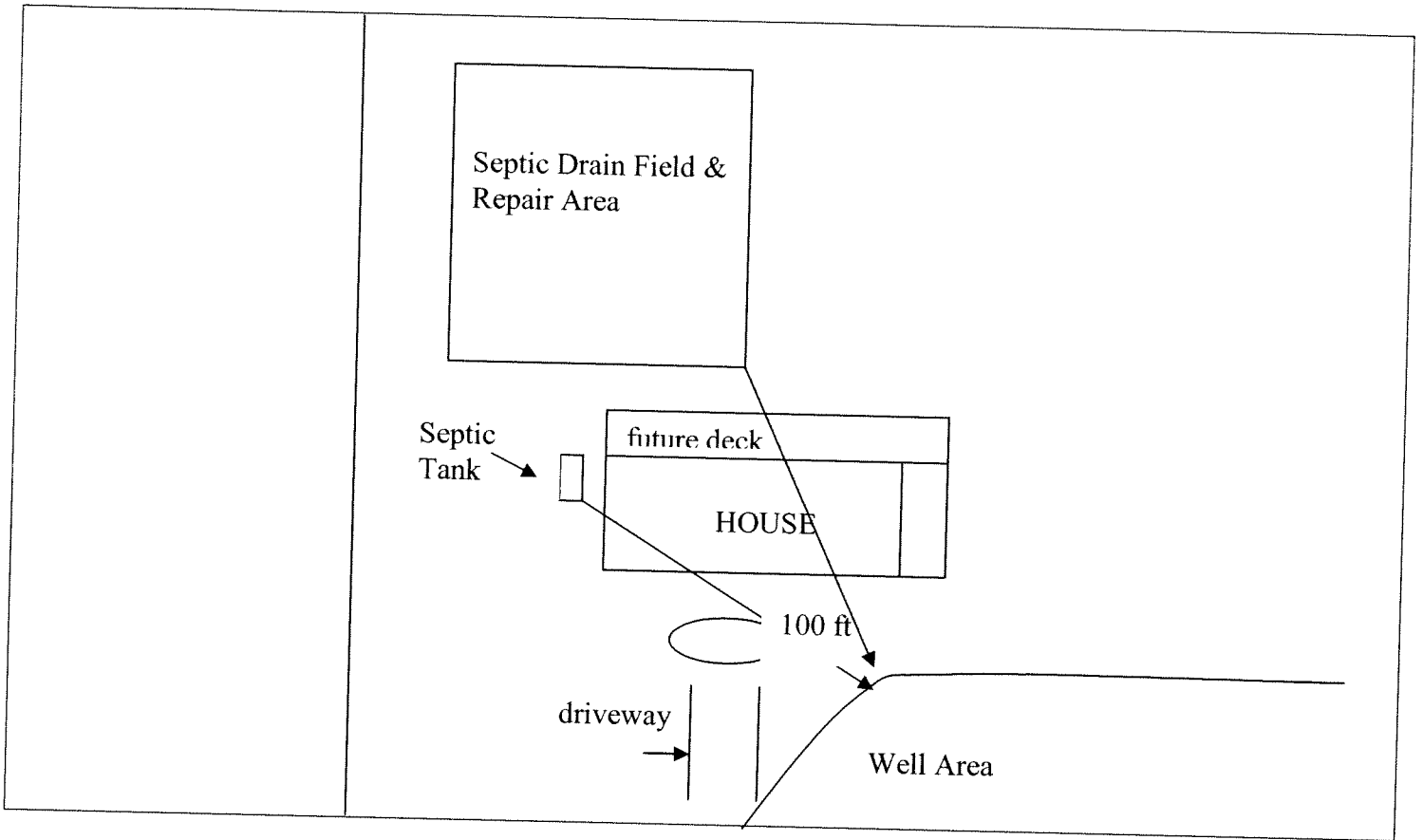
Casing Height: 1 ft (above finished grade) Access Port: yes Vent Stack: yes
Well ID Tag: yes Pump ID Tag: yes Sampling Tap: yes Backflow Preventer: yes
Sample Taken? Yes No Well Head properly sealed: yes

Remarks: _____

Authorized State Agent [Signature] Date 10/28/2010

See Attachment for completion sketch

Well Construction Sketch



Well Completion Sketch

