

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

PIN #: 0671-45-2302.000 Parcel #: 0671 0016 01

Application #: 09-5-23211

Subdivision: _____

Lot #: _____

Applicant Name: Bobby Joe Long

Address: 701 Old Buies Creek Rd

Type of Facility Served by Well: SFD

Sewage System: conventional

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

Bryce McLean, R.E.H.S.

Date

11/23/2009

Grouting Inspection Witnessed

Date _____

Grouting self-certified by driller

GW-1 provided?

Yes

No

See attachment for construction sketch

WELL CERTIFICATE OF COMPLETION

Date: _____

Application #: _____

Well Contractor: _____

Applicant Name: _____

Address: _____

Directions to Site: _____

Use of Well: _____

Date Drilled: _____

Total Depth: _____

Replacement Well? Yes No

Static Water Level: _____

Top of Casing is _____ in. above surface.

Yield: _____ gpm at _____ ft.

Disinfection: Type _____

Amount _____

Water Zone (depth)

From _____ To _____

From _____ To _____

From _____ To _____

Casing

From _____ To _____

Diameter: _____ Material: _____ Thickness: _____

From _____ To _____

Diameter: _____ Material: _____ Thickness: _____

From _____ To _____

Diameter: _____ Material: _____ Thickness: _____

Grout

From 0 To _____

Material: _____ Method: _____

From _____ To _____

Material: _____ Method: _____

From _____ To _____

Material: _____ Method: _____

Inspector: _____

On Hold Date: _____

Release Date: _____

Remarks: _____

Well Head Information

Casing Height: _____ (above finished grade)

Access Port: _____

Vent Stack: _____

Well ID Tag: _____

Pump ID Tag: _____

Sampling Tap: _____

Backflow Preventer: _____

Sample Taken? Yes No

Well Head properly sealed: _____

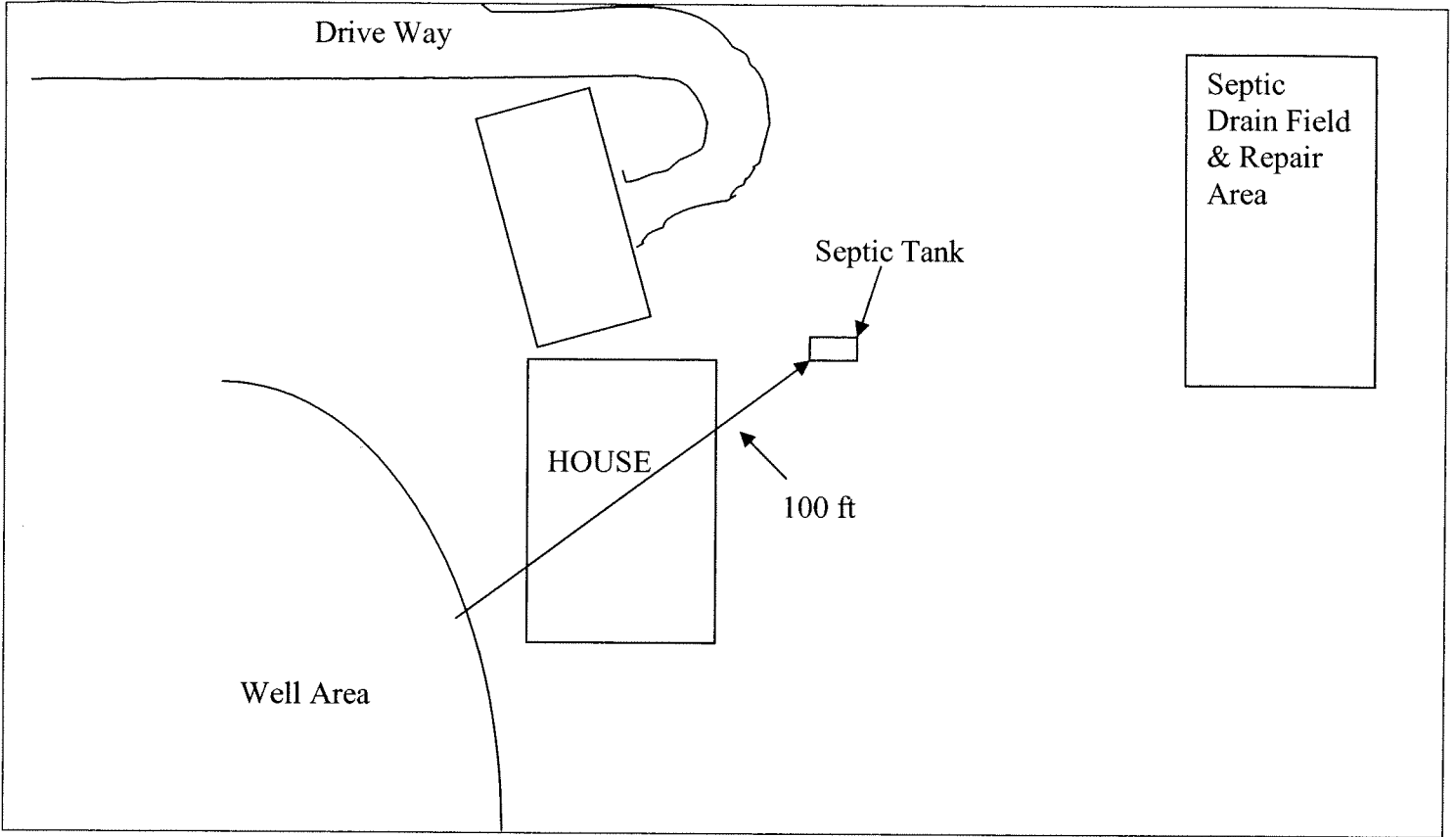
Remarks: _____

Authorized State Agent _____

Date _____

See Attachment for completion sketch

Well Construction Sketch



Well Completion Sketch

