

HARN DEPARTMENT OF PUBLIC HEALTH MIT
TO CONSTRUCT A DRINKING WATER SUPPLY WELL

PIN #: 0641-58-6198 Parcel #: _____ Application #: 10-5-25663 Subdivision: Joseph Baker Lot #: lot B

Applicant Name: Joshua T Baker
Address: Bradley rd

Type of Facility Served by Well: SFD

Sewage System: 25% Reduction

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 James E. Markhart Date 12-6-10

Grouting Inspection Witnessed James E. Markhart Date 8-17-11
 Grouting self-certified by driller GW-1 provided? Yes No

well DRILLER
will send
IN Report

See attachment for construction sketch GRAND POOL DRILLER

WELL CERTIFICATE OF COMPLETION

Date: _____ Application #: _____ Well Contractor: _____
Applicant Name: _____
Address: _____
Directions to Site: _____
Well Record sent IN.

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 _____

<u>Water Zone (depth)</u>	<u>Casing</u>	<u>Grout</u>
From _____ To _____	From _____ To _____	From 0 To _____
From _____ To _____	Diameter: _____ Material: _____ Thickness: _____	Material: _____ Method: _____
From _____ To _____	From _____ To _____	From _____ To _____
	Diameter: _____ Material: _____ Thickness: _____	Material: _____ Method: _____
	From _____ To _____	From _____ To _____
	Diameter: _____ Material: _____ Thickness: _____	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: _____

Authorized State Agent James E. Markhart Date 11-10-11

See Attachment for completion sketch

Well Construction Sketch



Completion Sketch



