

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

PIN #: 0682-81-8721.000 Parcel #: 04 0682 6024 Application #: 11-5-27451 Subdivision: Pointers Creek Lot #: 3

Applicant Name: David M Byrd & Pamela L Byrd
Address: 17 Quarterpole, Warrenton, VA 20186

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 Markham* Date 9-15-11

Grouting Inspection Witnessed _____ Date _____
 Grouting self-certified by driller GW-1 provided? Yes No

See attachment for construction sketch

WELL CERTIFICATE OF COMPLETION

Date: 2-6-15 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 _____

<u>Water Zone (depth)</u>	<u>Casing</u>	<u>Grout</u>
From _____ To _____	From _____ To _____	From <u>0</u> 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

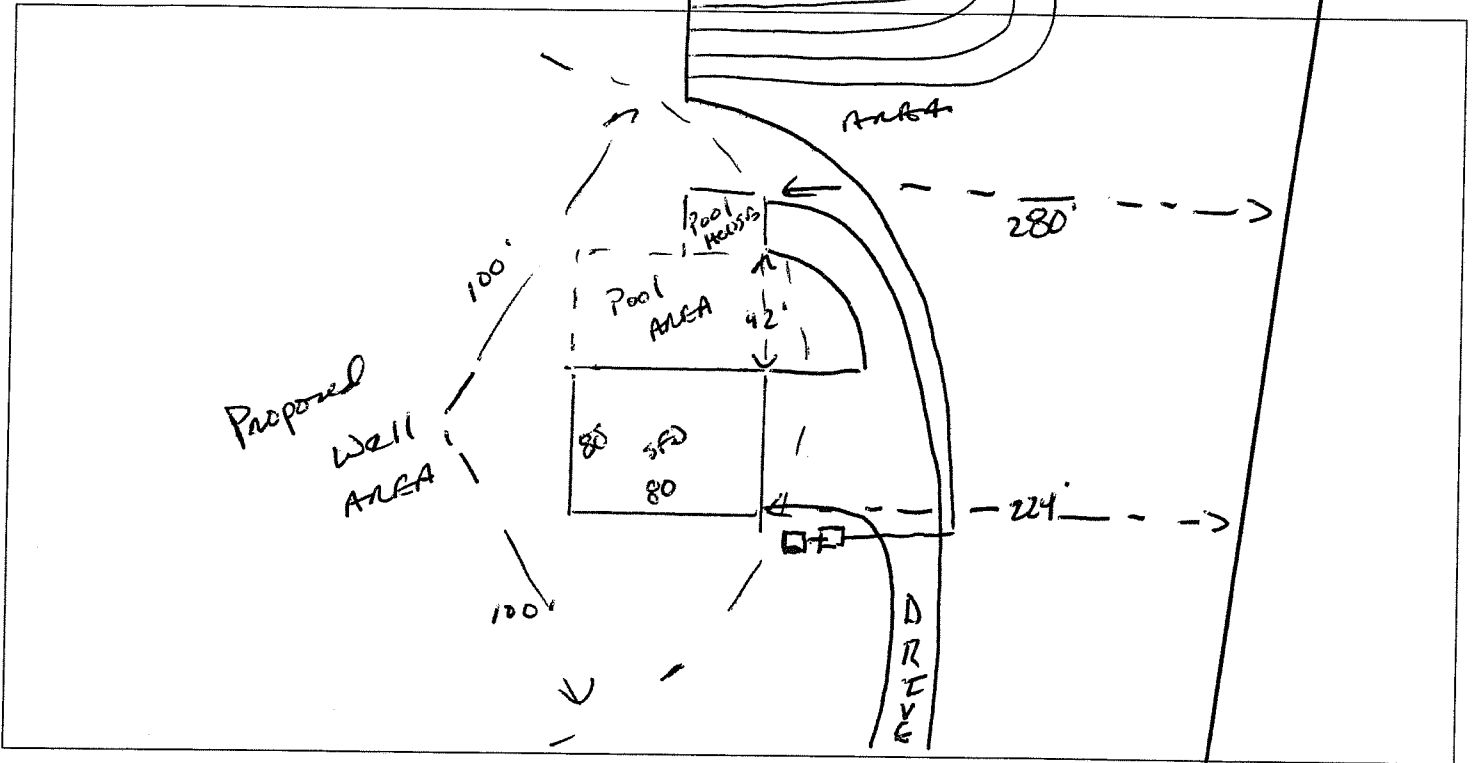
Casing Height: 12' (above finished grade) Access Port: / Vent Stack: /
Well ID Tag: / Pump ID Tag: / Sampling Tap: / Backflow Preventer: /
Sample Taken? Yes No Well Head properly sealed: /

Remarks: _____

Authorized State Agent *James E Markham* Date 2-6-15

See Attachment for completion sketch

Well Construction Sketch



Well Completion Sketch

