

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

PIN #: _____ Parcel #: _____ Application #: 13-5-30396 Subdivision: _____ Lot #: _____

Applicant Name: La Rene S. Branch
Address: 160 Peaceful Ln. Spring Lake, NC 28390

Type of Facility Served by Well: SFD

Sewage System: 25 % Reduction System

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 _____ **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: Application #: 13-5-30396 Well Contractor: Jackson Well Co.

Applicant Name: La Rene Branch
Address: 160 Peaceful Ln
Directions to Site: 210 S. to Bethal Baptist Rd. turn left to Peaceful turn left

Use of Well: sfd Date Drilled: 8/1/13 Total Depth: 180 ft Replacement Well? Yes No
Static Water Level: 40 ft Top of Casing is 12 in. above surface. Yield: 40 gpm at _____ ft.
Disinfection: Type hth Amount 16 oz

<u>Water Zone (depth)</u>	<u>Casing</u>	<u>Grout</u>
From <u>146 ft</u> To <u>150 ft</u>	From <u>0</u> To <u>96 ft</u>	From <u>0</u> To <u>20 ft</u>
From _____ To _____	Diameter: <u>6 in</u> Material: <u>pvc</u> Thickness: <u>sr21</u>	Material: <u>sand/cement</u> Method: <u>pour</u>
From _____ To _____	From _____ To _____	From _____ To _____
	Diameter: _____ Material: _____ Thickness: _____	Material: _____ Method: _____
	From _____ To _____	From _____ To _____
	Diameter: _____ Material: _____ Thickness: _____	Material: _____ Method: _____

Inspector: bm On Hold Date: _____ Release Date: 9/24/13

Remarks: _____

Well Head Information

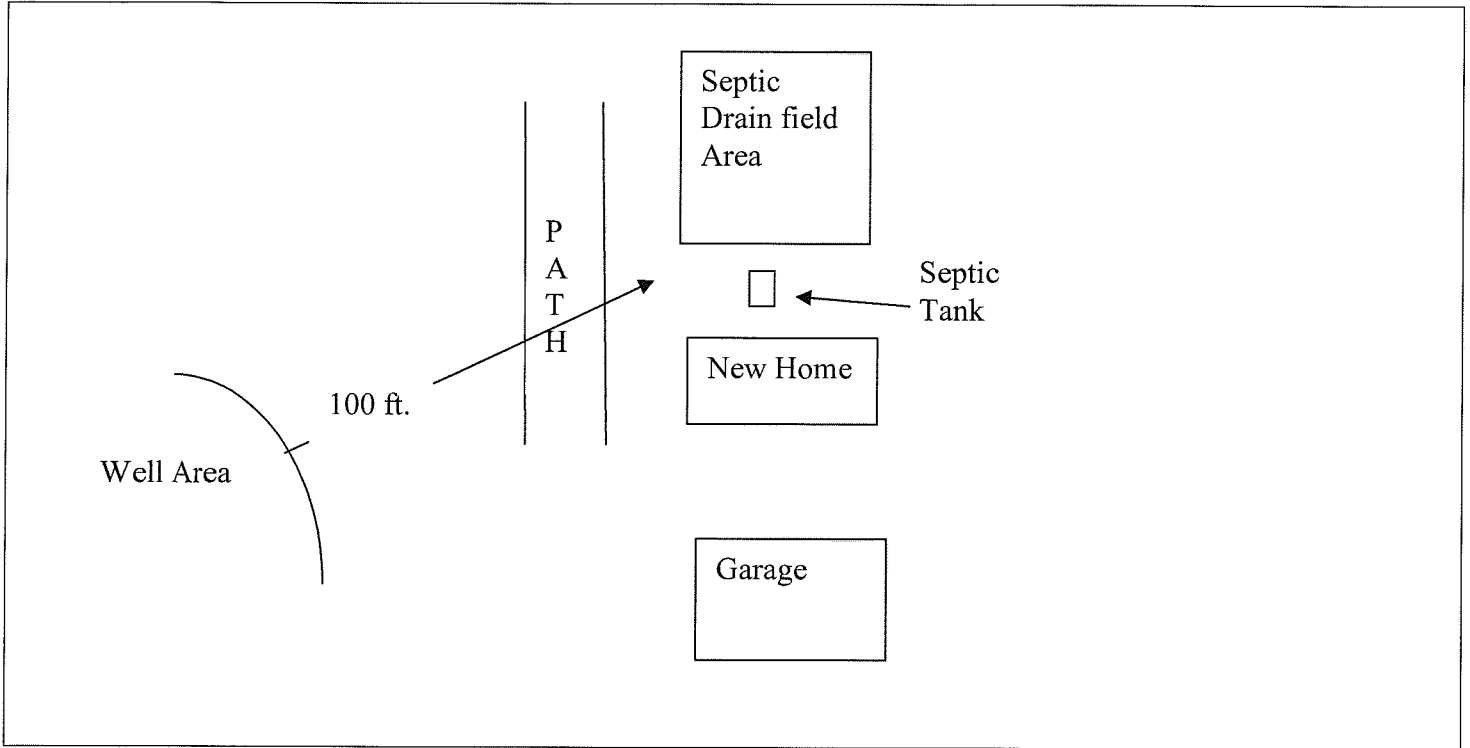
Casing Height: 12 in (above finished grade) Access Port: yes Vent Stack: yes
Well ID Tag: yes Pump ID Tag: yes Sampling Tap: yes Backflow Preventer: _____
Sample Taken? Yes No Well Head properly sealed: yes

Remarks: _____

Authorized State Agent  **Date** 9/24/2013

See Attachment for completion sketch

Well Construction Sketch



Well Completion Sketch

