

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

PIN #: Parcel #: Application # 15-5-35248: Subdivision: _____ Lot #: 31A

Applicant Name: Randy Nalls
Address: P.O. Box 488 Hope Mills ,NC 28348

Type of Facility Served by Well: SFD

Sewage System: 25 % reduction

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: 6/4/2015 Application #:15-5-35248 Well Contractor: Cape Fear Well & Pump

Applicant Name: Randy Nalls
Address: 805 Loop Rd.
Directions to Site: 210 south to Loop Rd.

Use of Well: sfd Date Drilled: 6/4/2015 Total Depth: 265 ft Replacement Well? Yes No
Static Water Level: 43 ft Top of Casing is 12 in. above surface. Yield: 20 gpm at _____ ft.
Disinfection: Type hth Amount 100 ppm

Water Zone (depth)

From 140 To 160 ft
From _____ To _____
From _____ To _____

Casing

From 0 To 114 ft.
Diameter: 4.5 in Material: pvc Thickness: sdr17
From _____ To _____
Diameter: _____ Material: _____ Thickness: _____
From _____ To _____
Diameter: _____ Material: _____ Thickness: _____

Grout

From 0 To 20
Material: hole plug Method: _____
From _____ To _____
Material: _____ Method: _____
From _____ To _____
Material: _____ Method: _____

Inspector: _____ On Hold Date: _____ Release Date: 7/8/2015

Remarks: _____

Well Head Information

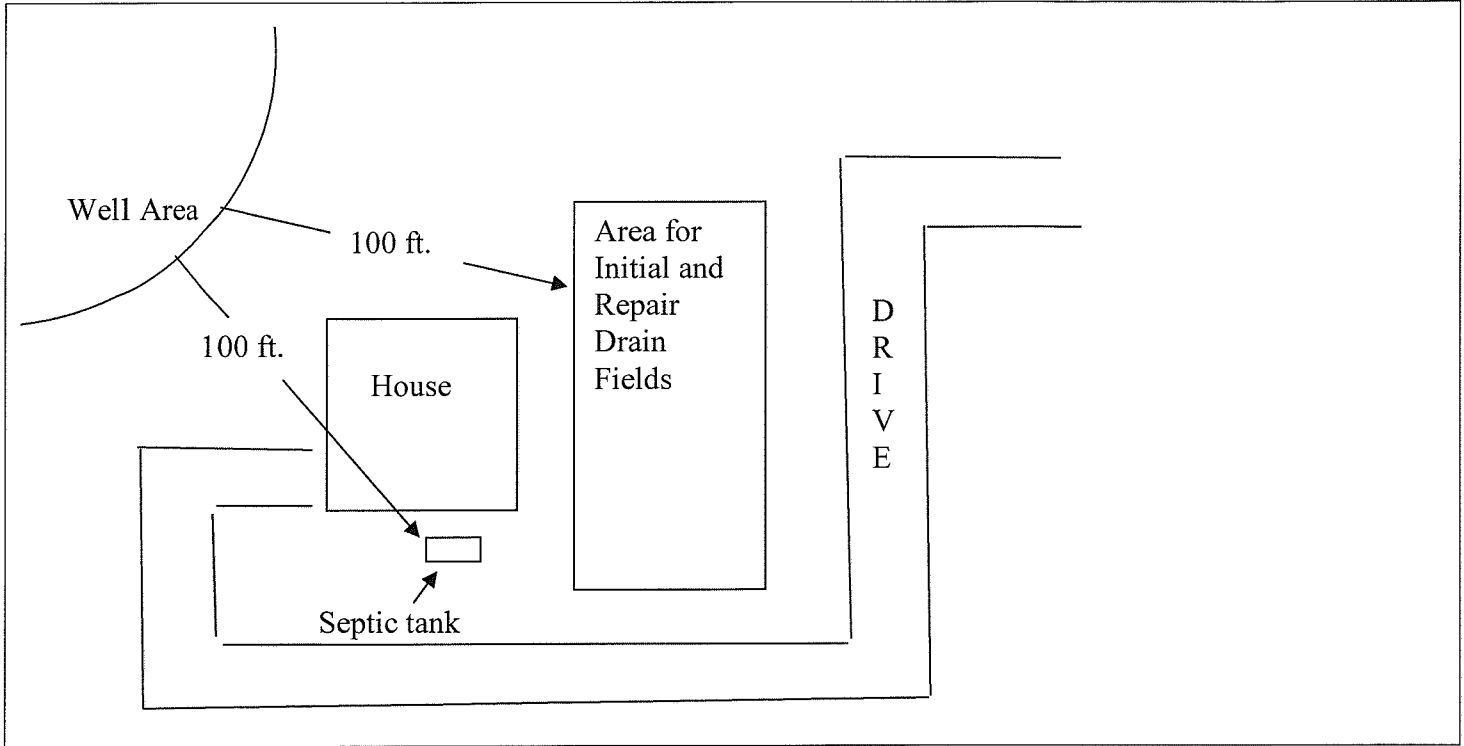
Casing Height: 12 in (above finished grade) Access Port: yes Vent Stack: yes
Well ID Tag: yes Pump ID Tag: yes Sampling Tap: yes Backflow Preventer: _____
Sample Taken? Yes No Well Head properly sealed: yes

Remarks: _____

Authorized State Agent *Byron McIlwain/REHS* Date 7/8/2015

See Attachment for completion sketch

Well Construction Sketch



Well Completion Sketch

