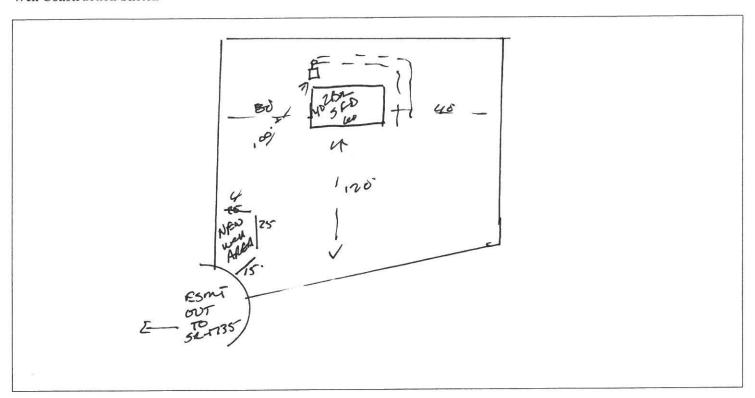
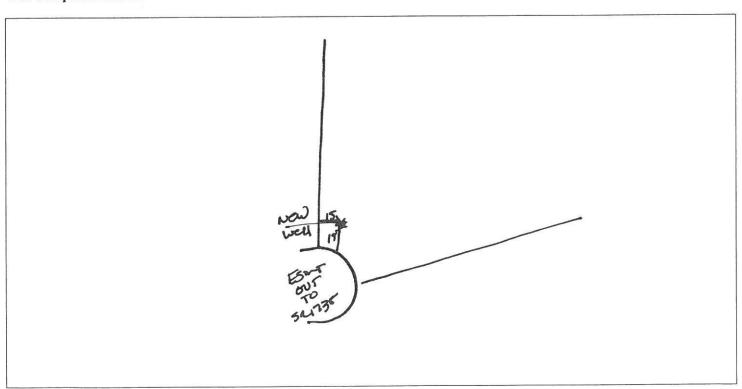
## HARNETT EPARTMENT OF PUBLIC HEALTH PER 'T TO CONS. AUCT A DRINKING WATER SUPPLY WELL

PIN #: <u>0596-97-0689.000</u> Parcel #: <u>061506_0064</u>	Application #: 16-5-38391	Subdivision:	Lot #: <u>4A</u>
Applicant Name: Michael Shean Address: 711 Gardner RD			
Type of Facility Served by Well: <u>SFD</u>			
Sewage System: 25% Reduction System			
Permit Conditions:			
General Permit Conditions:  • Drinking water supply well construction must rown to the permitted drinking water supply well shall • ANY ALTERATION of the site of the site (in subject this Permit to revocation  Authorized State Agent  Grouting Inspection Witnessed  Grouting self-certified by driller  GW-1 processed  See attachment for construction sketch	be located in accordance with the	appurtenance) or modi	fication in use of the well, mag
16-5-		cement Well?	
Water Zone (depth)         Casing           From         To         From         To           From         To         Diameter:         To           From         To         Diameter:         To           From         To         To         To	Material: Thickness:	From Material: From	Method: To Method: To Method:
Inspector: On Hold Date: H	Release Date:		
Remarks:			
Well Head Information Casing Height: 18 (above finished grade) Well ID Tag: Pump ID Tag: Sample Taken? Yes No Well Head	Access Port: Vent S Sampling Tap: d properly sealed:	tack: Backflow Preventer:	
Remarks:	2154		
Authorized State Agent 2 Moht	Date 6-10	676	
See Attachment for completion sketch			

## **Well Construction Sketch**



## Well Completion Sketch



WELL CONSTRUCTION RECORD  This form can be used for single or multiple wells		For internal Use ONLY:						
1. Well Contractor Information:								
Larry willif	ord Jr	FROM	TO	DE	CRIPTION			
Well Contractor Name		2 la.	32A.		Sand	0 9	ravel	
2863-A		60ª	68 A.		tun	Sal	K	
NC Well Contractor Certification Number		to be of the state	ने प्रदेश के उन्हें	1 -11	August 1	fra - F		TERIAL
Williford's We	M Drilliag	FROM	2 LA.	BI	METER in.	THICK N	UU E	VC
Company Name		. T. W. W. T.	-		graditing grad			
2. Well Construction Permit #:	0-5-38391	PROM A.	TO A.	DI	METER in.	THICKNE	SS MAT	TERIAL
TO STATE OF THE ST	t, variance, injection, etc.)	ñ.	A.		in.		STATE OF STA	
3. Well Use (check well use):  Water Supply Well:		PROM J		DIAM		SIZE	THICKNESS	MATERIAL
□Agricultural	□Municipal/Public	21 n.	32n	4	in. , ()	165	SCH40	pre
□Geothermal (Heating/Cooling Supply)	Residential Water Supply (single)	6 Un.	680.	4	in.	16	SCHYC	PVC
□Industrial/Commercial	Residential Water Supply (shared)	PROM	TO	M/	TERIAL	RMPLAC	RMENT MET	HOD & AMOUNT
□ Irrigation	/	D 1.	20 A.		ntonite	-		
Non-Water Supply Well:		n.	A.		114111	1	13	
DMonitoring Injection Well:	□Recovery	n.	n.	Н	-			
□Aquifer Recharge	□Groundwater Remediation	ALK TYRE	2000	N	N. S. S. S. L. L.	ontide is a set		
Aquifer Storage and Recovery	OSalinity Barrier	DR.	68 A.	1	TERIAL	A E	MPLACEMEN	I METHOD
DAquifor Test	DStormwater Drainage	20 K.	60 A.	1	2 Sai	14 0	ourg	rauty
□Experimental Technology	□Subsidence Control	1	istantistas in inci	STATE OF THE PARTY.	densidasion	THE REAL PROPERTY.	r coperators	
□Geothermal (Closed Loop)	□Tracer	FROM	TO	DE	CRIPTION (00)	or, hardness		
□Geothermal (Heating/Cooling Return)	□Other (explain under #21 Remarks)	O A.	A.	Ш	10050	سليت		
4. Date Well(s) Completed 6-2-16	2 Well ID#	/ A.	12 th	H	Tandy	Cla	4_	
Sa. Well Location:		10		H	an cl	AY	T	
Michael Shean		al	20	$\vdash$	Sunu	751	ravel	
Facility/Owner Name	Facility (D# (if applicable)	32 f.	00	$\vdash$	TAN C	19	1	
327 Antiach Church	PU DUNN NC 28334	60n	68 A.	Н	TUN	SUNC	<u>v</u>	
Physical Address, City, and Zip	THE DUTIN WE WESSEY		n. Naska		Ballar			3 3 4
Harnett		The state of the s	asing	^	50	32-	10	M45 property
County	Parcal Identification No. (PIN)		43119	-4	601	+4A	PVC	
5b. Latitude and Longitude in degrees/m			4	-	361	170	,,,,	
(if well field, one lawlong is sufficient)	mutes/section of decimal degrees.	22. Certifice	tion:		. 1		,	- 11
35° 18,506 N	78° 40, 055 w	Ian	y Wa	4	forel 9	$\gamma$	6	-5-16
		Signature of C	edied Well Co	ourus	or O		Dete	
6. Is (are) the well(s): Permanent or	□Temporary	By signing this	form, I hereby	y cer	fy that the well	1(s) was (w	ere) construc	ted in accordance andures and that a
	DYes or Take	copy of this re	curd hus been p	POVE	d to the well or	ener.		
If this is a repair, fill out known well construction repair under #21 remarks section or on the back to		23. Site diag	ram or addit	ion	well details:			
		You may us	e the back of	this	page to provi	de additio		e details or well
8. Number of wells constructed:	DNLS with the same construction, you can		details. You			entour b	18es II DECES	ioniy.
submit one form.	19		L INSTUCT		6			
9. Total well depth below land surface:	ple-3@200' und 2@100') (ft.)		l Wells: Su to the following		this form w	ithin 30 (	lays of com	apletion of well
10. Static water level below top of casing:		Б	ivision of We 1617 Mail S		Resources, Is be Center, Ri			
9	(in )	24b. For In	ection Wells	ON	Y: In addit	ion to sen	ding the for	m to the address
11. Borehole diameter:(in.)		24b. For Injection Wells ONLY. In addition to sending the form to the address in 24a above, also submit a copy of this form within 30 days of completion of we						
12. Well construction method:	ud rotary		to the followi				5 12 800s	72
	,	Division	of Water Re	esou	ces, Under gr ce Center, Re	round Inj	ection Cont	trol Program,
FOR WATER SUPPLY WELLS ONLY:	purposes as Process	A4. F. F.		- 1		PiciR(s' 146	. 21033-103	•
13a, Yield (gpm)	Method of test: pumping		one copy of	-	Charles and the contract of the	30 deve	of completi	on of
13b. Disinfection type: HTH	AMOUNT: 1/2 CUP		ction to the c					