

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

PIN #: ⁰⁶⁶⁵⁻¹²⁻4943.000 Parcel #: ⁰⁸⁻⁰⁶⁶³000123 Application #: ¹⁶⁻⁵⁻38433 Subdivision: _____ Lot #: _____

Applicant Name: Zachary + Abigail Schachle
Address: 224 E Spring St F.V. N.C. 2526

Type of Facility Served by Well: SFD

Sewage System: 25% BODUCT

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 4-26-16

Grouting Inspection Witnessed _____ Date _____

Grouting self-certified by driller GW-1 provided? Yes No

See attachment for construction sketch

WELL CERTIFICATE OF COMPLETION

Date: 12-20-16 Application #: ¹⁶⁻⁵⁻38433 Well Contractor: Jackson

Applicant Name: ZACH Schachle
Address: ROGERS RD
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 _____

Water Zone (depth)

From _____ To _____
From _____ To _____
From _____ To _____

Casing

From _____ To _____
Diameter: _____ Material: _____ Thickness: _____
From _____ To _____
Diameter: _____ Material: _____ Thickness: _____
From _____ To _____
Diameter: _____ Material: _____ Thickness: _____

Grout

From 0 To _____
Material: _____ Method: _____
From _____ To _____
Material: _____ Method: _____
From _____ To _____
Material: _____ Method: _____

Inspector: _____ On Hold Date: _____ Release Date: _____

Remarks: _____

Well Head Information

Casing Height: 18" (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 12-20-16

See Attachment for completion sketch

Well Construction Sketch



Well Completion Sketch

