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

PIN #: Parcel #: Application #: Subdivision: Lot #:
Applicant Name: Ronald DAWES Address: 255 Checkenest CT Angles 27501 Time of Facility Samuel by Walls SED
Type of Facility Served by Well: SFD
Sewage System: 75% Red Systr
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 pro & Mandan Date 11-8-16
Grouting Inspection Witnessed Date Grouting self-certified by driller GW-1 provided? Yes No
See attachment for construction sketch
WELL CERTIFICATE OF COMPLETION
Date: 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
Water Zone (depth) Casing Grout From To From To From 0 To From To Diameter: Material: Thickness: Material: Method: From To Diameter: Material: Thickness: Material: Method: From To Diameter: Material: Thickness: Material: Method:
Inspector: On Hold Date: Release Date:
Remarks:
Well Head Information Casing Height: (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 Date

See Attachment for completion sketch

Application #:	Applicant Name: Subdivision: 6 Lot #: 6
Well Construction Sketc	h [Hote]
	Tool Shirth Tool
	Ponteus Creek SD Lake Pour TO HESS
Wall Completion Sketch	POUT TO HYSE
Well Completion Sketch	