

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

0632-56- PIN #: 8360 Parcel #: 050632 002 Application # 16-5- 39821 Subdivision: Lot #:

Applicant Name: JACK CLAYTON
Address: 2404 Ridge RD Raleigh N.C. 27612

Type of Facility Served by Well: SFD

Sewage System: 25% REDUCTION

Permit Conditions: Pump to Accepted

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 Jane S. Markant ^{RBNS} Date 10-26-16

Grouting Inspection Witnessed [Signature] ^{RBNS} 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)

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: 11 (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:

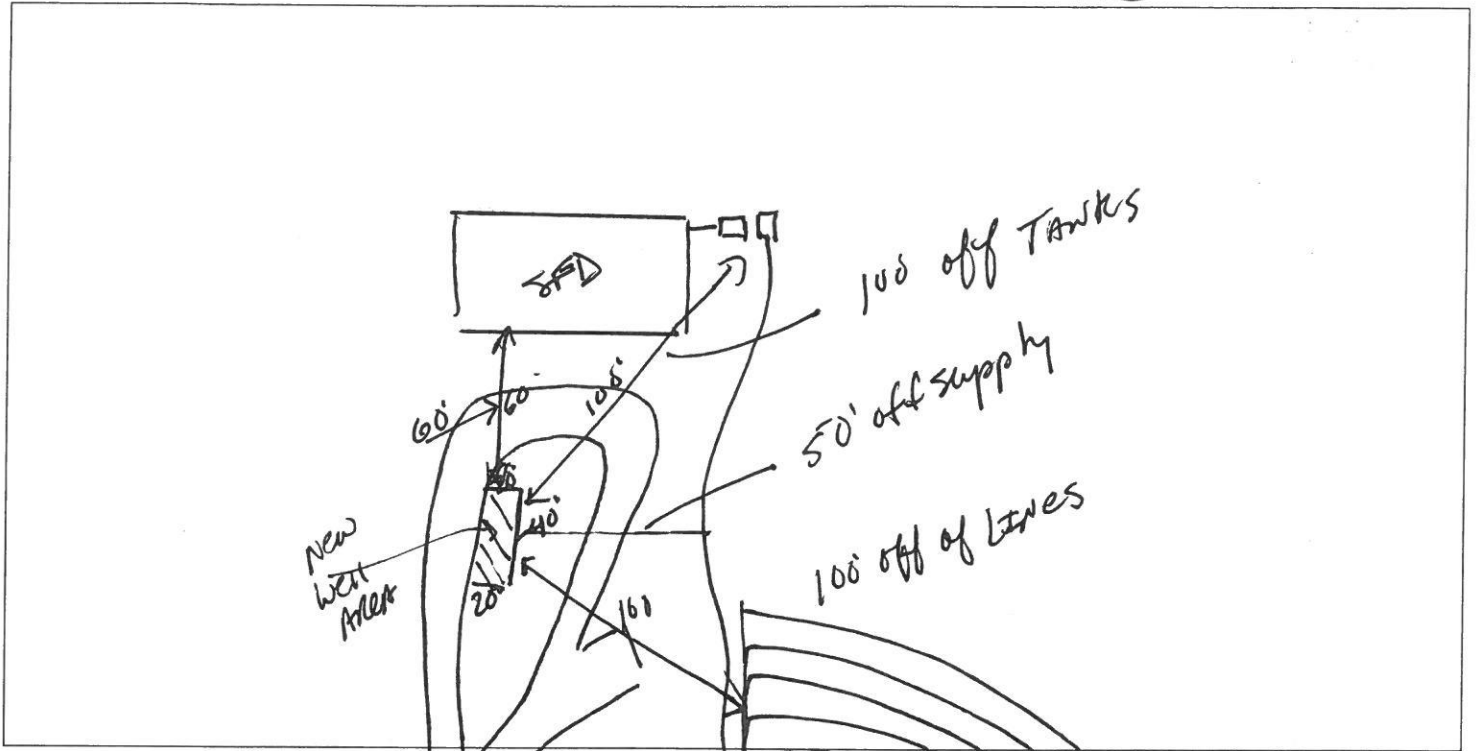
Remarks: _____

Authorized State Agent [Signature] ^{RBNS} Date 7/2/18

See Attachment for completion sketch

Rever

Well Construction Sketch



Well Completion Sketch

OUT TO
SL419
Rever
RD

