

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

1528-56-9140 02-1528-093

16-5-40484

PIN #: _____ Parcel #: _____ Application #: _____ Subdivision: _____ Lot #: _____

Applicant Name: JOHNNIE STEWART
Address: 635 BAYAN MELAND LN 28334

Type of Facility Served by Well: SEB SWMHT

Sewage System: 25% Red

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. Manhart Date 1-24-17

Grouting Inspection Witnessed _____ Date _____
 Grouting self-certified by driller GW-1 provided? Yes No

See attachment for construction sketch

WELL CERTIFICATE OF COMPLETION

Date: 2-15-17 Application #: 40485 Well Contractor: WELTSTADL

Applicant Name: JOHNNIE STEWART
Address: Bayan-Meland Ln
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: _____ (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. Manhart Date 2-15-17

See Attachment for completion sketch

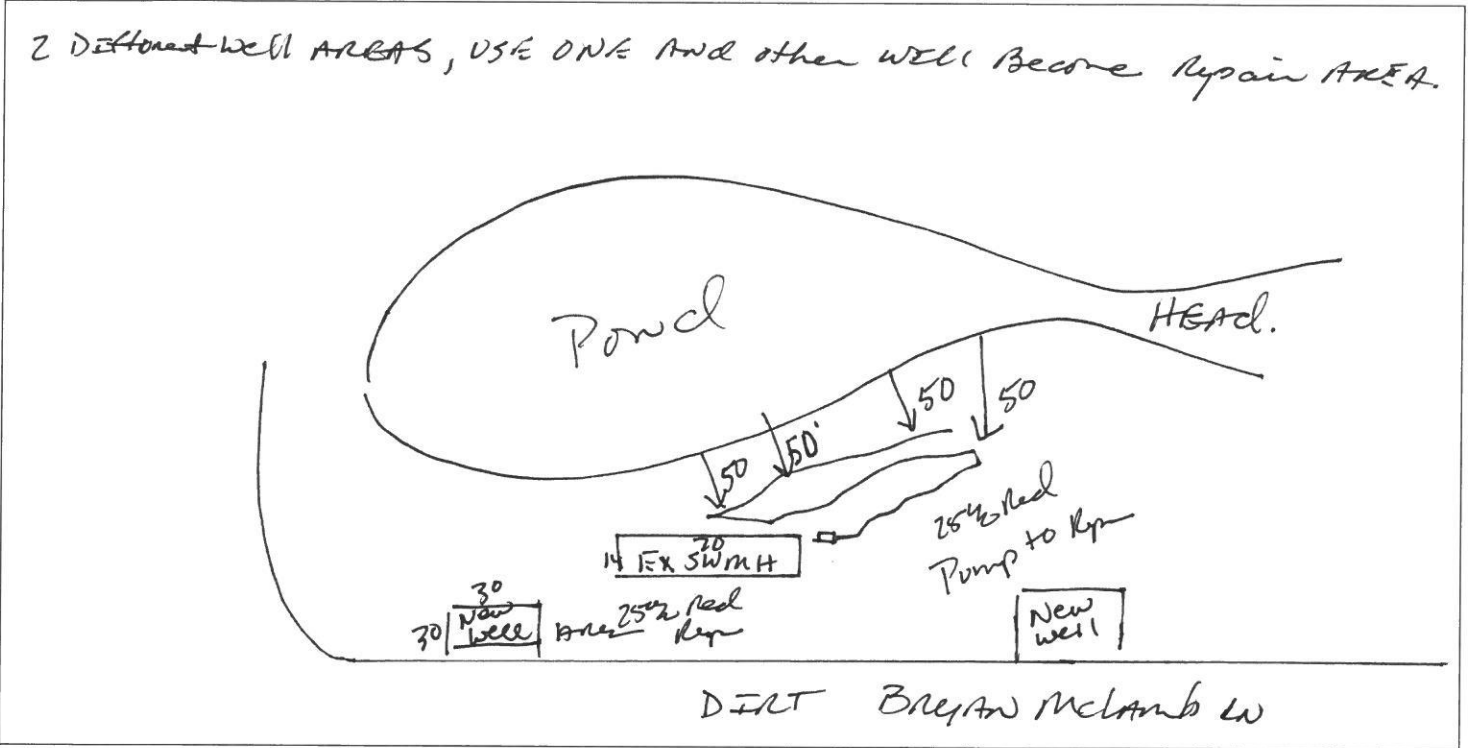
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JOHNNES STEWART
Applicant Name:

Subdivision: _____

Lot #: _____

Well Construction Sketch



Well Completion Sketch

