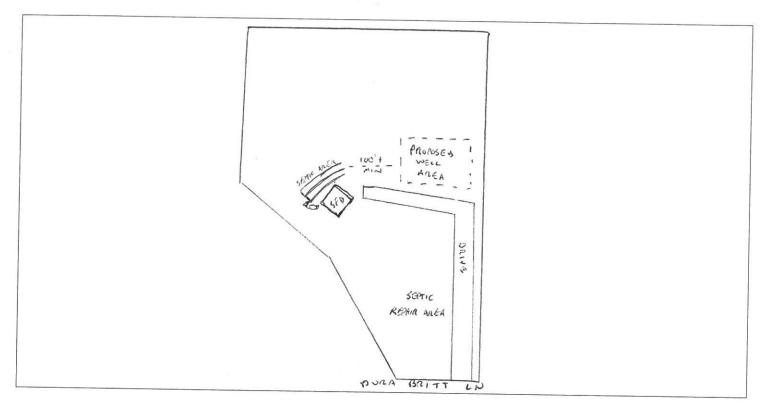
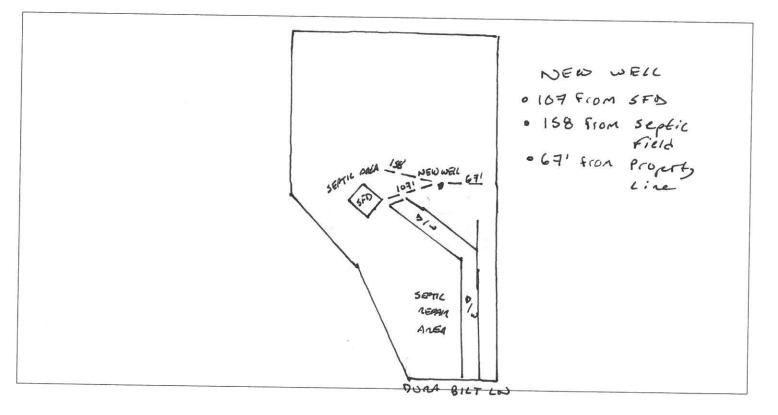
HARNETT DEPARTMENT OF PUBLIC HEALTH PERMIT TO CO TRUCT A DRINKING WATER SUPPLY LL
PIN #: $\frac{16-5}{4020}$ Parcel #: $\frac{16-5}{4020}$ Application #: $\frac{1}{400}$ Subdivision: $\frac{1}{400}$ Lot #:
Applicant Name: Ocna Meredith, Sr. Address: Dura Britt LA (NC 55)
Type of Facility Served by Well: SFD
Sewage System: 25% Reduction System
Permit Conditions: Well 100' + OFF septic System
 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 Jan Manhan Date 12/05/2016
Grouting Inspection Witnessed GW-1 provided? Date 05/19/2017 Grouting self-certified by driller GW-1 provided? See No
See attachment for construction sketch
WELL CERTIFICATE OF COMPLETION
Date: Application #: Well Contractor:
Applicant Name:
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 ft.
Water Zone (depth) Casing Grout From To From To From 0 To From To Diameter: Material: Thickness: Material: Method: From To To From To From To From To To Material: Thickness: Material: Method: From To To Thickness: Material: Method: Diameter: Material: Thickness: Material: Method: To Diameter: Material: Thickness: Material: Method: Material:
Inspector: On Hold Date: Release Date:
Remarks:
Well Head Information Casing Height: Image: Casing Height: Image: Casing Height: Image: Casing Height: Vent Stack: Well ID Tag: Pump ID Tag: Sampling Tap: Height: Sampling Tap: Height: Vent Stack: Height: Sample Taken? Image: No Well Head properly sealed: Image: Casing Height: Height:
Remarks:
Authorized State Agent Anhant Date 08/07/17
See Attachment for completion sketch

Application #: 6-5-46204 Applicant Name: Subdivision: Lot #: 1

Well Construction Sketch



Well Completion Sketch





RESIDENTIAL WELL CONSTRUCTION RECORD

North Carolina Department of Environment and Natural Resources- Division of Water Quality

WELL CONTRACTOR CERTIFICATION # 2179

1. WELL CONTRACTOR:	
	g. WATER ZONES (depth):
Roger W. Jackson	From 180 To 181 From To
Well Contractor (Individual) Name	From 194 To 196 From To
Jackson Well Company	FromToToTo
Wall Contractor Company Name	6. CASING: Thickness/
STREET ADDRESS 5660 McDougald Road	Depth Diameter Weight Material
Lillington, North Carolina 27546	From 0 To 200 F1, 44 54 40 PUC
City or Town State Zip Code	FromToFt
(910)-893-2372	
Area code- Phone number	7. GROUFT: Depth Material Method
2. WELL INFORMATION:	From & TO 25 PLSTANDACEMENT POUR
SITE WELL ID #(If applicable) # 29253	FromToFt
1-0110	
STATE WELL PERMITAL applicable) 11-715 16-5-40204	Diameter Stot Size Material
DWQ or OTHER PERMIT #(# applicable)	FromToPtininin.
WELL USE (Check Amplicable Box): Residential Water Supply	FromToFtinin
DATE DRILLED_5-19-17	FromToFtin in
TIME COMPLETED 3100 AMD PMO	9. SAND/GRAVEL PACK: Depth Size Material
S. WELL LOCATION:	FromToFI
CITY: COATS COUNTY HAMMETT	FromToFt
Danala Liff I martiner	FromToFt
(Street Name, Numbers, Community, Subdivision, Lot No., Parcel, Zip Code)	-
TOPOGRAPHIC / LAND SETTING;	10. DRILLING LOG
	From To Formation Description
Check appropriate body	G 110 CLAY
LATITUDE 2 5 1 (17) May be in degrees.	110 200 SLAFE
Tonnuics, seconds or	· · · · · · · · · · · · · · · · · · ·
Latitude/longitude source: DOPS DTopographic map	
(location of well must be shown on a USGS topo map and attached to this form if not using GPS)	
4. WELL OWNER	
OWNER'S NAME ALAA MENE dith Sp	······
STREET ADDRESS DONA BUIT IN 620	
Contra 110, 27,521	
City or Town State Zip Code	
17/0- 8972472	
Area code- Phone number	11. REMARKS:
5. WELL DETAILS;	
a. TOTAL DEPTH: 200'	
6. DOES WELL REPLACE EXISTING WELL? YESD NOP	
	100 HEREBY CERTIFY THAT THIS WELL WAS CONSTRUCTED IN ACCORDANCE WITH
a. WATER LEVEL Below Top of Casing: 40 FT. (Use "+" if Above Top of Casing)	15A NCAC 2C, WELL CONSTRUCTION STANDARDS, AND THAT A COPY OF THIS RECORD HAS BEEN PROVIDED TO THE WELL OWNER.
d. TOP OF CASING IS FT. Above Land Surface*	DIAD
Ton of agains townload all a late to the total of the office	Hazar W. Cor Raman 5-22.19
a variance in accordence with 15A NCAC 2C .0118.	SIGNATURE OF CERTIFIED WELL CONTRACTOR DATE
e. YIELD (gpm): 20 METHOD OF TEST ///	Roger W. Jackson
L DIBINFECTION: Type 14/17 Amount 10 62	PRINTED NAME OF PERSON CONSTRUCTING THE WELL

Submit the original to the Division of Water Quality within 30 days. Attn: Information Mgt.,