

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

PIN #: 16-5-40204 Parcel #: Meredith Application #: Duca Britt Ln Subdivision: 1 Lot #: \_\_\_\_\_

Applicant Name: Dana Meredith, Sr.  
Address: Duca Britt Ln (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 [Signature] Date 12/03/2016

Grouting Inspection Witnessed [Signature] Date 05/19/2017  
 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**

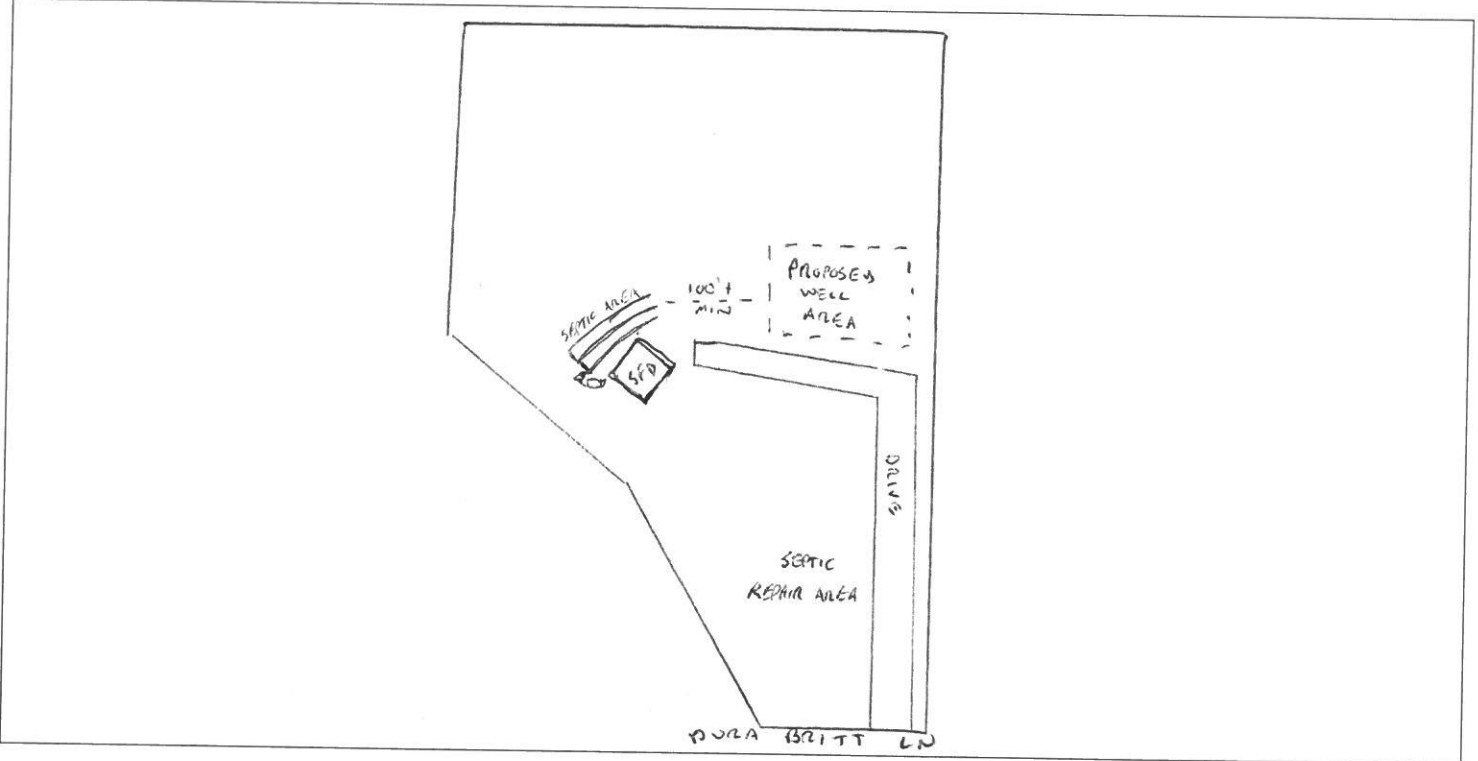
Casing Height: 12 in (above finished grade) Access Port:  Vent Stack:   
Well ID Tag:  Pump ID Tag:  Sampling Tap:  Backflow Preventer:   
Sample Taken?  Yes  No Well Head properly sealed:

Remarks: \_\_\_\_\_

Authorized State Agent [Signature] Date 08/07/17

See Attachment for completion sketch [Signature]

**Well Construction Sketch**



**Well Completion Sketch**

