

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

PIN #: 0612-49-4726.000 Parcel #: 13 0602 0139 08 Application #: 17-5-40947R Subdivision: River Ridge Lot #: 4B

Applicant Name: Matthew Porter
Address: 103 Mystic Lane Lillington, NC 27546

Type of Facility Served by Well: SFD

Sewage System: 25% Reduction System

Permit Conditions: Location - Lot 4B River Ridge Drive

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 III Date 6-5-17

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

See attachment for construction sketch

WELL CERTIFICATE OF COMPLETION

Date: _____ 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 _____ To _____
Material: _____ Method: _____
From _____ To _____
Material: _____ Method: _____
From _____ To _____
Material: _____ Method: _____

Inspector: _____ On Hold Date: _____ Release Date: _____

Remarks: _____

Well Head Information

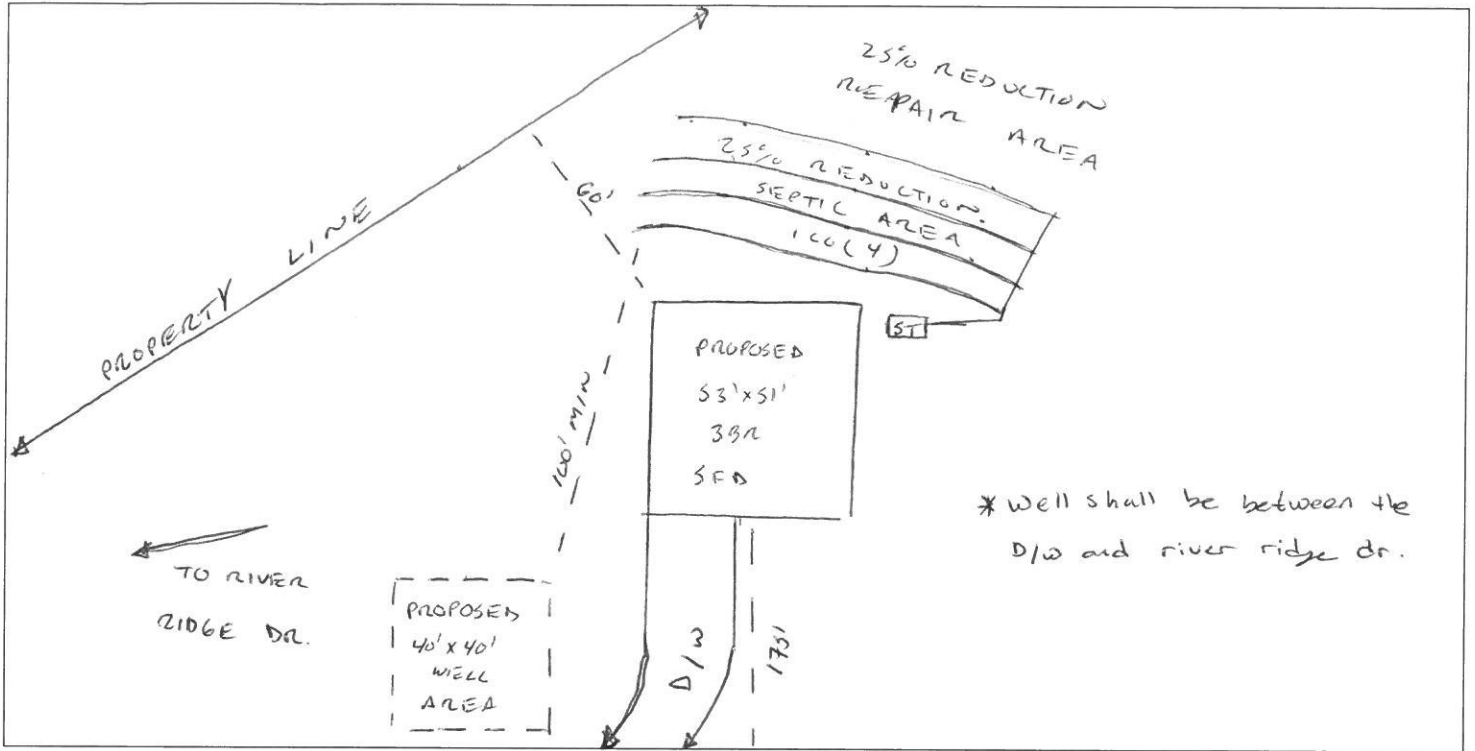
Casing Height: 10 in (above finished grade) Access Port: Vent Stack:
Well ID Tag: Pump ID Tag: _____ Sampling Tap: Backflow Preventer:
Sample Taken? Yes No Well Head properly sealed:

Remarks: _____

Authorized State Agent James E. Manhart III Date 12/01/17

See Attachment for completion sketch James E. Manhart III AIC

Well Construction Sketch



* Ensure well is adequate (100ft min) off rear SFD
 septic area
 * Notify Health Dept with any questions on location

Well Completion Sketch

