

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

PIN #: 9599 02 1119.000 Parcel #: 039589 0152 04 Application #: 17-5-41135 Subdivision: NA Lot #: NA

Applicant Name: Brad D. Cummings
Address: 3001 Bella Bridge Rd. Broadway, NC

Type of Facility Served by Well: SFD

Sewage System: 25% Reduction

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 [Signature] Date 4-28-17

Grouting Inspection Witnessed [Signature] Date 9-11-17

Grouting self-certified by driller GW-1 provided? Yes No

See attachment for construction sketch

WELL CERTIFICATE OF COMPLETION

Date: 09/29/17 Application #: 17-5-41135 Well Contractor: Roger Jackson

Applicant Name: Brad Cummings
Address: 3001 Bella Bridge Rd. Broadway
Directions to Site: _____

↓ Reference GW-1 [Signature]

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

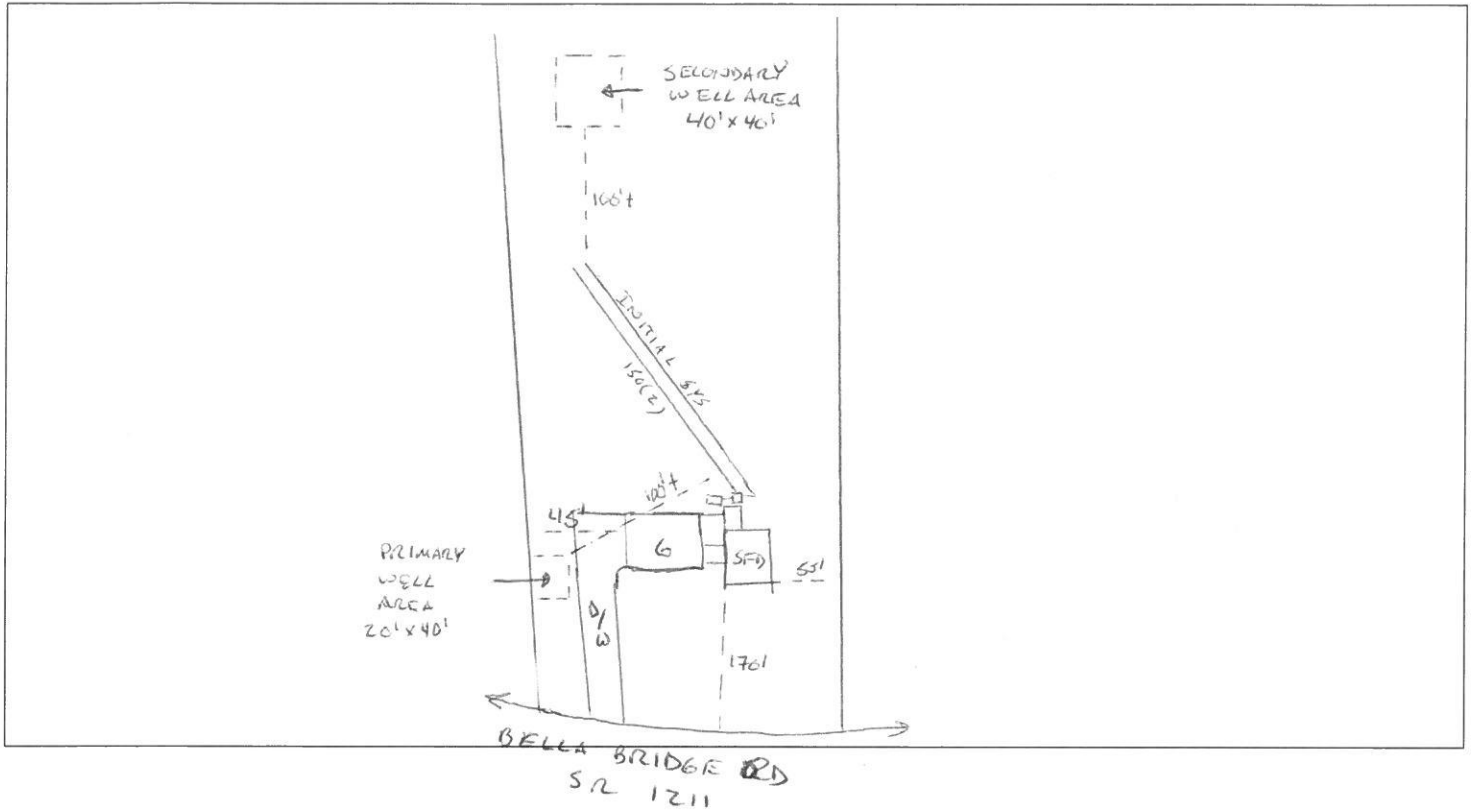
Casing Height: 12.0 (above finished grade) Access Port: Vent Stack:
Well ID Tag: Pump ID Tag: Sampling Tap: Backflow Preventer:
Sample Taken? Yes No Well Head properly sealed:

Remarks: _____

Authorized State Agent [Signature] Date 11/29/2017

See Attachment for completion sketch

Well Construction Sketch



Well Completion Sketch

