

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

PIN #: 0636-04-6035.000 Parcel #: 050636 0067 01 Application #: 18-5-43830 Subdivision: _____ Lot #: 1

Applicant Name: Perry & Lori Carlyle
Address: 2086 Wade Stephenson Road Holly Springs. NC 27540

Type of Facility Served by Well: SFD

Sewage System: 25% Reduction System

Permit Conditions: Location - 2086 Wade Stephenson Road Holly Springs. NC 27540

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 03/14/2019

Grouting Inspection Witnessed _____ Date _____

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

See attachment for construction sketch

WELL CERTIFICATE OF COMPLETION

Date: 04/25/19 Application #: 18-5-43830 Well Contractor: FELTON JACOBS

Applicant Name: Perry & Lori Carlyle
Address: 2086 Wade Stephenson Road Holly Springs. NC 27540
Directions to Site: 2086 Wade Stephenson Road Holly Springs. NC 27540

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)	Casing	Grout
From _____ To _____	From _____ To _____	From <u>0</u> To _____
From _____ To _____	Diameter: _____ Material: _____ Thickness: _____	Material: _____ Method: _____
From _____ To _____	From _____ To _____	From _____ To _____
	Diameter: _____ Material: _____ Thickness: _____	Material: _____ Method: _____
	From _____ To _____	From _____ To _____
	Diameter: _____ Material: _____ Thickness: _____	Material: _____ Method: _____

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

Remarks: _____

Well Head Information

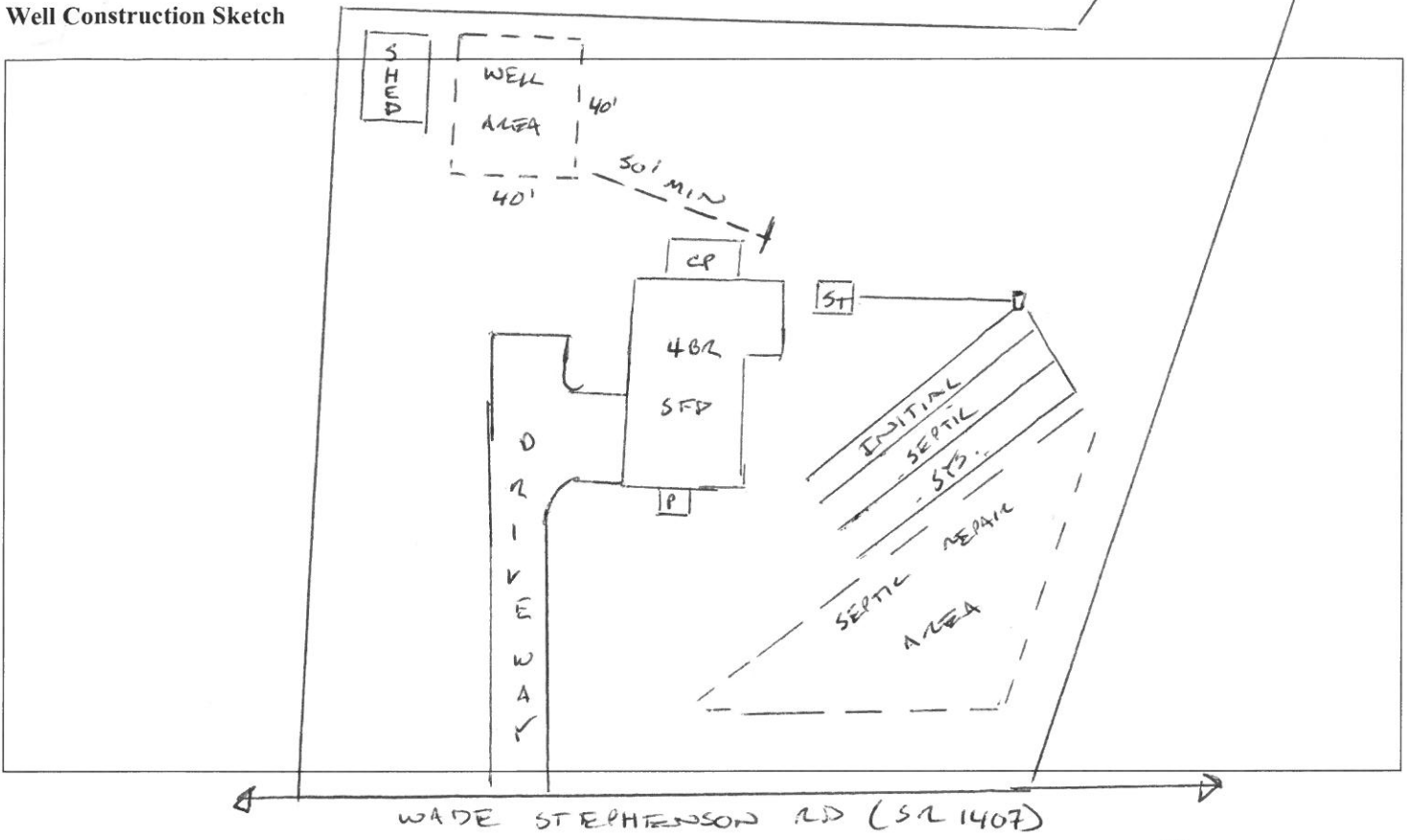
Casing Height: 12ft (above finished grade) Access Port: Vent Stack:
Well ID Tag: Pump ID Tag: _____ Sampling Tap: Backflow Preventer: _____
Sample Taken? Yes No Well Head properly sealed:

Remarks: _____

Authorized State Agent [Signature] Date 05/06/19
ANDREW CURRIN

See Attachment for completion sketch

Well Construction Sketch



Well Completion Sketch

