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

PIN #: <u>9598-11-4357.000</u> Parcel #: <u>03 95489 1004</u>   Application #: <u>10-5-24201</u>   Subdivision: _____   Lot #: <u>12</u>

Applicant Name: <u>Wilma Lee Chupp</u>
Address: <u>42 Freedom Lane Broadway, NC 27505</u>

Type of Facility Served by Well: <u>SFD</u>

Sewage System: <u>conventional</u>

Permit Conditions: <u>New well must be 100 ft from septic system</u>

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 _~~Bryan McLean REHS~~_ **Date** _4/28/240_

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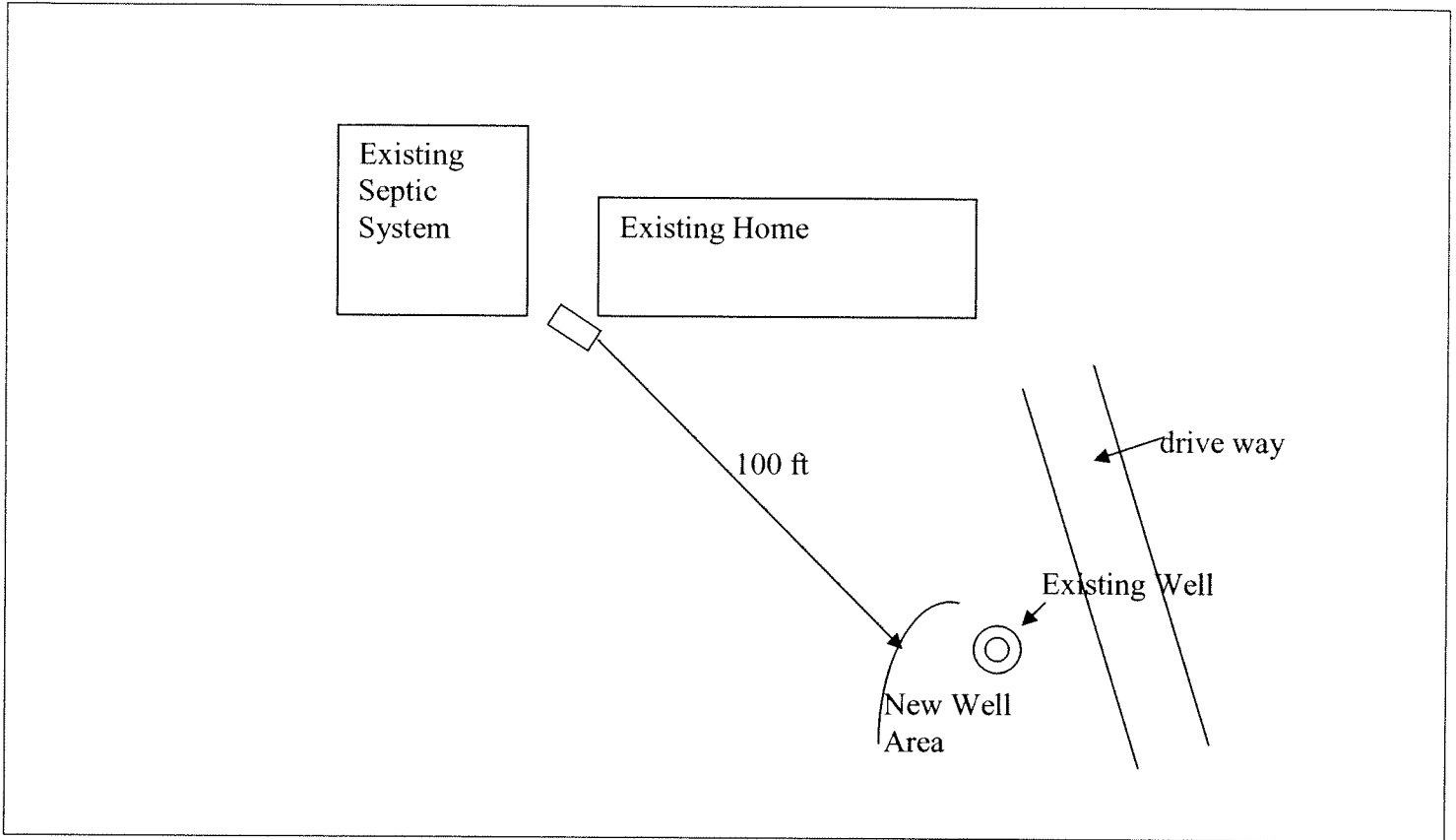Sample Taken? ☐ Yes ☐ No   Well Head properly sealed: _____

Remarks: _____

Authorized State Agent_____ **Date**_____

See Attachment for completion sketch

Well Construction Sketch

Existing
Septic
System

Existing Home

drive way

100 ft

Existing Well

New Well
Area

Well Completion Sketch