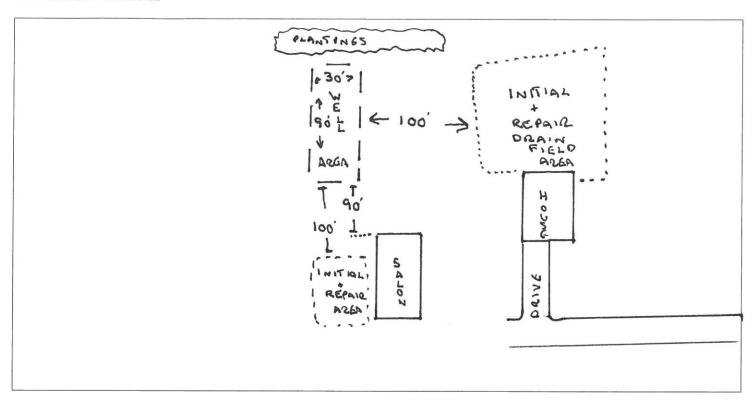
HARNETT DEPARTMENT OF PUBLIC HEALTH PERMIT TO CONSTRUCT A DRINKING WATER SUPPLY WELL

PIN #:0633-62-7522000	Parcel #:	Application #:EH1812-	0015 Su	bdivision:	Lot #:			
Applicant Name: Aaron Wa Address: 3710 Christian Li		ina NC 27526						
Type of Facility Served by	Well: Hair Salon							
Sewage System: Convention	onal							
Permit Conditions:								
 The permitted drinki ANY ALTERATIO subject this Permit to 	ly well construction ng water supply we N of the site of the		cordance with of structures a	the SITE PLA	Nce) or modification in use of the w	vell, may		
Authorized State Agent		SEM		•				
Grouting Inspection Witnessed Grouting self-certified by driller GW-1 provided? No								
See attachment for construc	etion sketch							
Applicant Name: Address: Directions to Site: Use of Well: Static Water Level: Disinfection: Type Water Zone (depth) From To From To From To From To	Date Drilled: Top of Casi Amount Casing From Diameter: _ From Diameter: _ From From	Total Depth: ng is in. above so To Material: To Material: To Material: Material: To Material: Material:	Repurface. Yie Thickness:	olacement Well' ld: gpm F N F	? ☐ Yes ☐ No at ft. Grout From 0 To Material: Method: From To Material: Method: Material: Method:			
Inspector:	On Hold Date:	Release Date:						
Remarks:								
Well Head Information Casing Height: (above the second seco	ump ID Tag:	Sampling Tap:			Preventer:			
Authorized State Agent			Date					

See Attachment for completion sketch

Well Construction Sketch



Well	Comp	letion	Sketc	h