

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

PIN #: _____ Parcel #: _____ Application #: 16-5-39963 Subdivision: _____ Lot #: _____

Applicant Name: DAVID L JACKSON JR
Address: 857 MAIN RD COATS N.C.

Type of Facility Served by Well: SFD

Sewage System: 25% Reduction

Permit Conditions: 100 off of septic & Repair

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 ^{DEHS} Date 1-5-17

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

See attachment for construction sketch

WELL CERTIFICATE OF COMPLETION

Date: _____ Application #: _____ Well Contractor: Barefoot's well drilling

Applicant Name: _____
Address: _____
Directions to Site: _____

Use of Well: R Date Drilled 3-17-17 Total Depth: 245' Replacement Well? Yes No
Static Water Level: 55' Top of Casing is 1 1/2 in. above surface. Yield: 10 gpm at _____ ft.
Disinfection Type: Chlorine Amount 1 pound

<u>Water Zone (depth)</u>	<u>Casing</u>	<u>Grout</u>
From _____ To _____	From <u>0</u> To <u>105'</u>	From <u>0</u> To <u>25'</u>
From _____ To _____	Diameter: <u>6 1/4</u> Material: <u>galv</u> Thickness: <u>40</u>	Material: <u>Hot Set</u> Method: <u>gravity</u>
From _____ To _____	From <u>0</u> To <u>105'</u>	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 James E. Manhart Date 5-8-17

See attachment for completion sketch

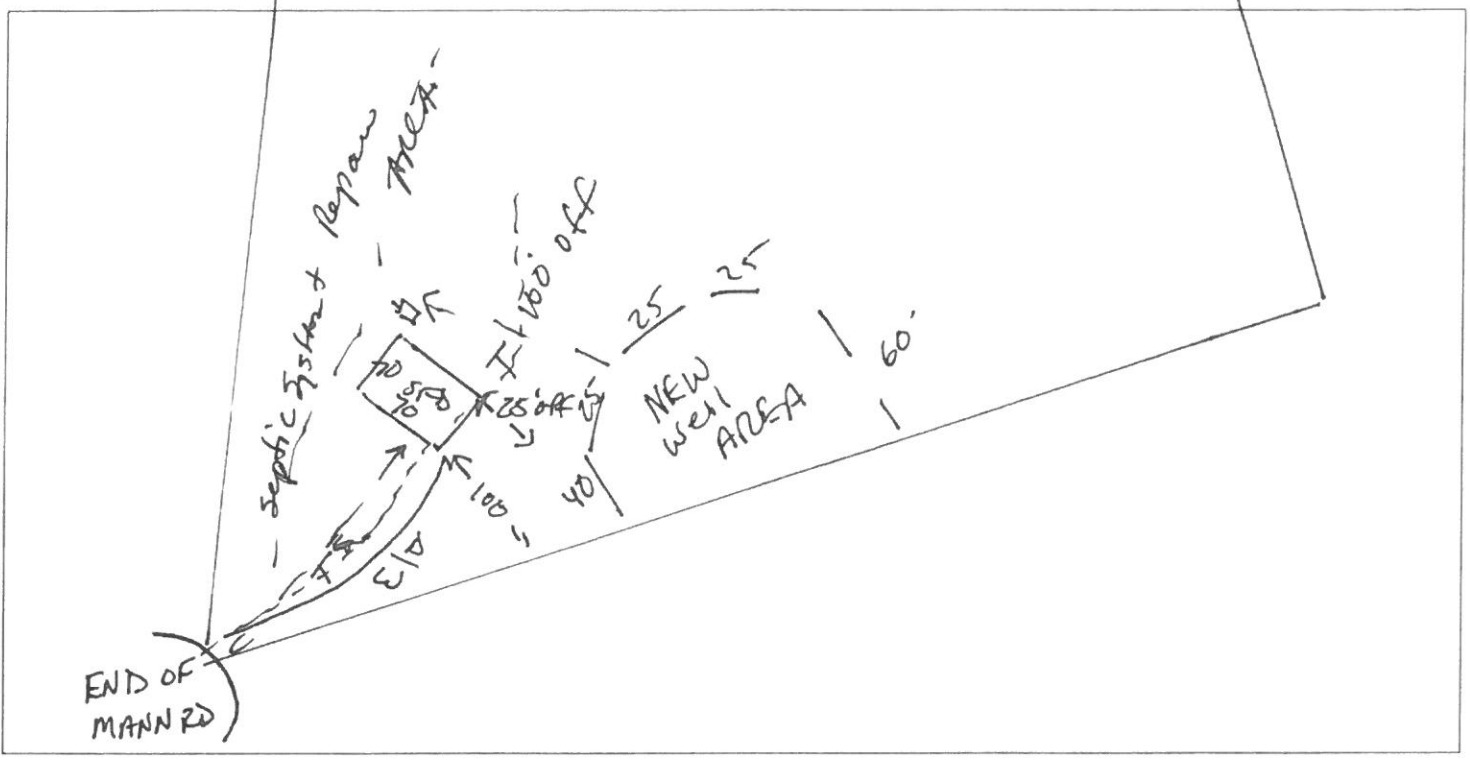
Application #: 16-2-5116

Applicant Name: [unclear]

Subdivision: [unclear]

Lot #: [unclear]

Well Construction Sketch



Well Completion Sketch

