

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

PIN #: 1538-00-3044.000 Parcel #: 021516 0067 Application #: EH2112-0014 Subdivision: _____ Lot #: _____

Applicant Name: Michael & Betty Robbins
Address: 190 Bernice Tart Ln. Dunn, NC 28334

Type of Facility Served by Well: Farm Buildings

Sewage System: Not Applicable

Permit Conditions: 190 Bernice Tart Ln. (Sadler Road - SR 1835)

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 , SEHS Date 01/05/2022

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 #: EH2112-0014 Well Contractor: _____

Applicant Name: Michael & Betty Robbins
Address: 190 Bernice Tart Ln. Dunn, NC 28334
Directions to Site: 190 Bernice Tart Ln. (Sadler Road - SR 1835)

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 _____

<u>Water Zone (depth)</u>	<u>Casing</u>	<u>Grout</u>
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

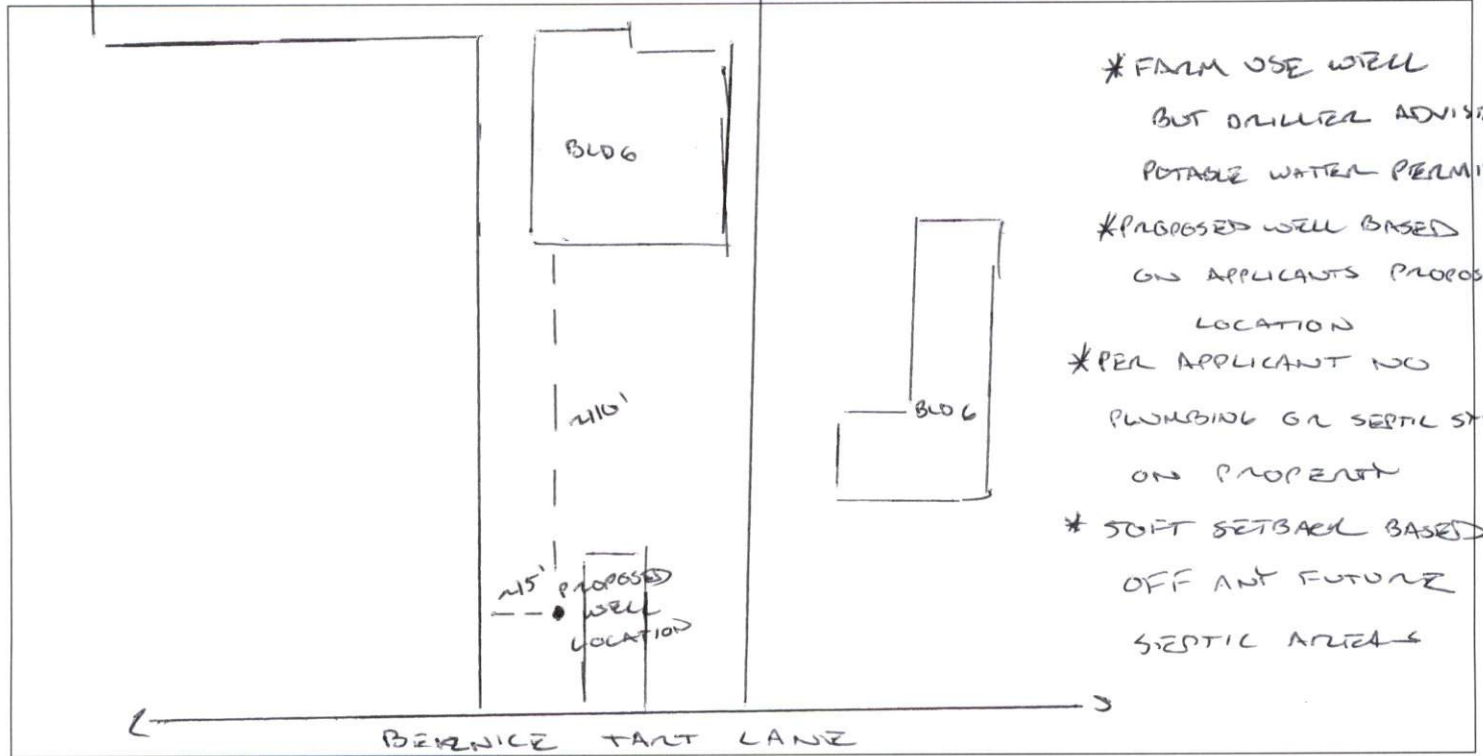
Casing Height: _____ (above finished grade) Access Port: _____ Vent Stack: _____
Well ID Tag: _____ Pump ID Tag: _____ Sampling Tap: _____ Backflow Preventer: _____
Sample Taken? Yes No Well Head properly sealed: _____

Remarks: _____

Authorized State Agent _____ Date _____

See Attachment for completion sketch

Well Construction Sketch



* FARM USE WELL
 BUT DRILLER ADVISED
 POTABLE WATER PERMIT
 * PROPOSED WELL BASED
 ON APPLICANTS PROPOSED
 LOCATION
 * PER APPLICANT NO
 PLUMBING OR SEPTIC SYSTEM
 ON PROPERTY
 * SOIT SETBACK BASED
 OFF ANY FUTURE
 SEPTIC AREAS

Well Completion Sketch

