

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

PIN #: 9680-52-5030

Parcel #:

Application #: EH2401-0028

Subdivision:

Lot #:

Applicant Name: Victor Hurtado

Address: 267 River Bend Ln (SR 1215)

Type of Facility Served by Well: DWMH

Sewage System: Existing GTR

Permit Conditions: Well to be drilled in Well Area

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 5-21-24 Expiration Date 5-21-29
 *Construction Authorization Expires within five years of issue

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 #: EH2401-0028 Well Contractor: _____

Applicant Name: Victor Hurtado
 Address: 267 River Bend Ln (SR 1215)
 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 _____

<u>Water Zone (depth)</u>	<u>Casing</u>	<u>Grout</u>
From _____ To _____	From _____ To _____	From _____ 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

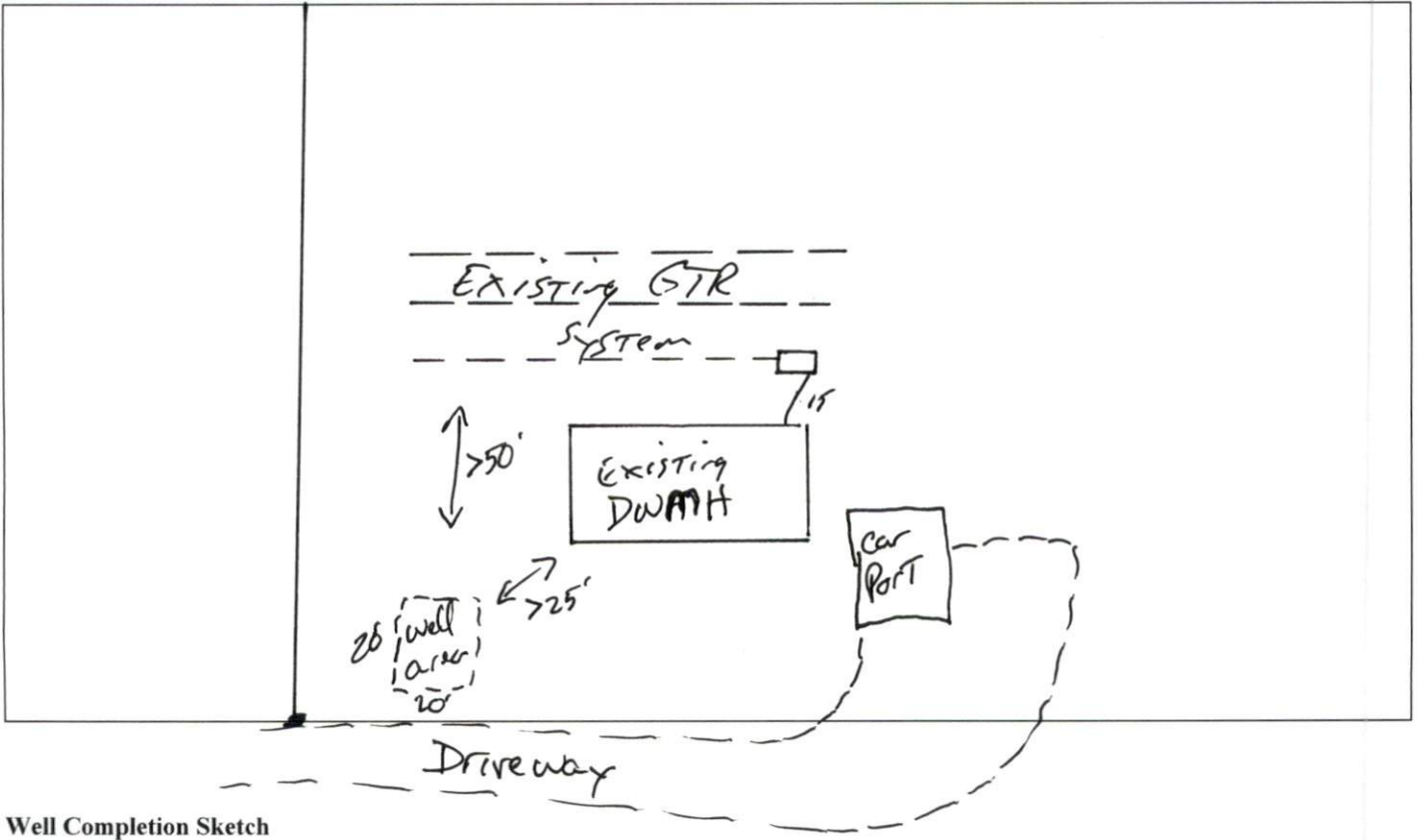
Application #: EH2401-0028

Applicant Name: Victor Hurtado

Subdivision:

Lot #:

Well Construction Sketch



Well Completion Sketch

