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

PIN #: 0683-04-9140.000 Parcel #: Application #: EH2509-0007 Subdivision: Lot #: TR#1

Applicant Name: KUILA NEEL ANJAN & KUILA CAMILLE GILBERT
Address: 649 CAMPBELL ST ANGIER, NC 27501

Type of Facility Served by Well:

Sewage System:

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 REHS **Date** 10-13-25 **Expiration Date** 10-13-30

*** 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 #: EH2509-0007 Well Contractor: _____

Applicant Name: KUILA NEEL ANJAN & KUILA CAMILLE GILBERT
Address: 649 CAMPBELL ST ANGIER, NC 27501
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)
From _____ To _____
From _____ To _____
From _____ To _____

Casing
From _____ To _____
Diameter: _____ Material: _____ Thickness: _____
From _____ To _____
Diameter: _____ Material: _____ Thickness: _____
From _____ To _____
Diameter: _____ Material: _____ Thickness: _____

Grout
From _____ To _____
Material: _____ Method: _____
From _____ To _____
Material: _____ Method: _____
From _____ To _____
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: _____

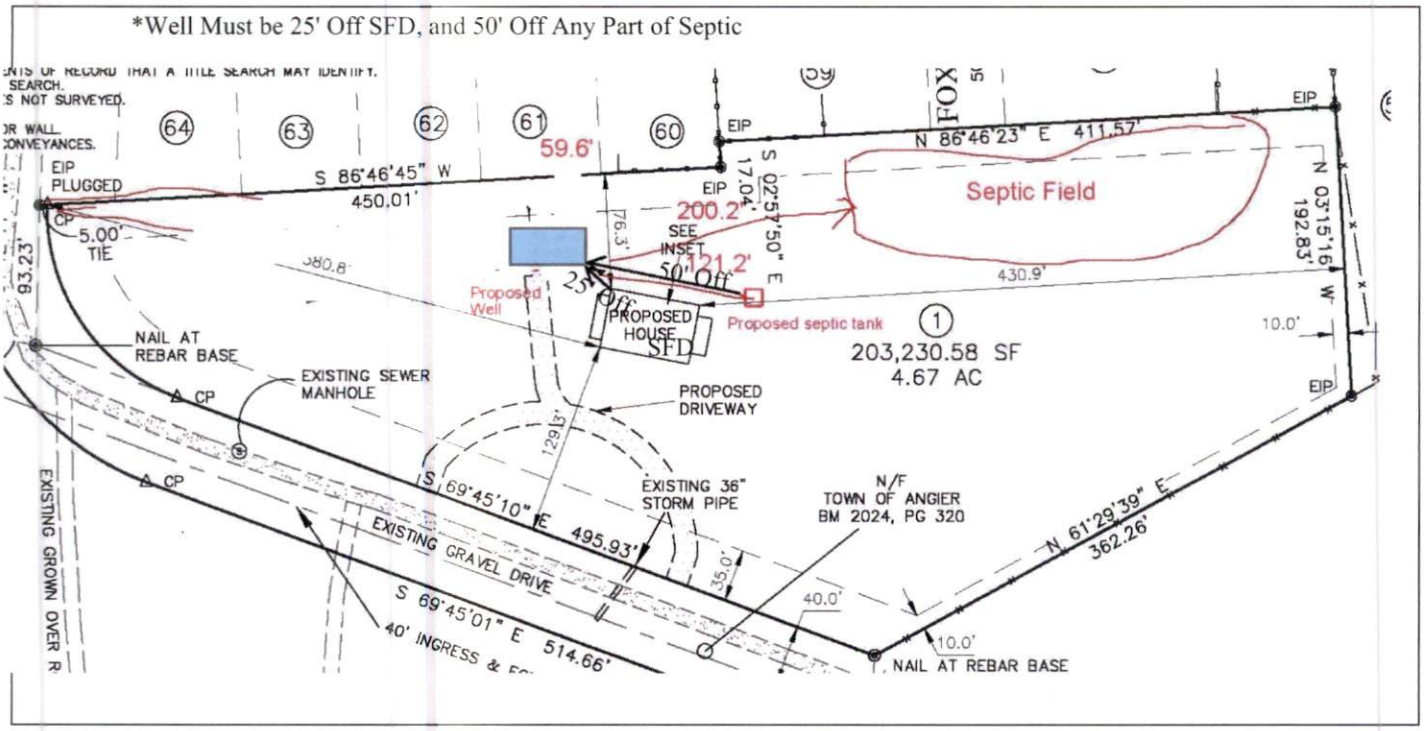
Remarks: _____

Authorized State Agent_____ **Date**_____

See Attachment for completion sketch

Application #:	Applicant Name:	Subdivision:	Lot #:
EH2509-0007	KUILA NEEL		TR#1

Well Construction Sketch



Well Completion Sketch