

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

PIN #: 9680-10-8725.000 Parcel #: 039589 1046

Application #: 09-5-23006

Subdivision: _____

Lot #: _____

Applicant Name: James Allen

Address: 5423 Broadway Rd Sanford, NC 27332

Type of Facility Served by Well: SFD

Sewage System: conventional

Permit Conditions: Well to be drilled in WELL AREA and must meet all setbacks

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 _____ Date _____

Grouting Inspection Witnessed _____ Date _____

Grouting self-certified by driller GW-1 provided? Yes No

See attachment for construction sketch

WELL CERTIFICATE OF COMPLETION

Date: 1/8/2010 Application #: 09-5-23006

Well Contractor: C&C Wells

Applicant Name: James Allen

Address: 5432 Broadway Rd. Sanford, NC 27332

Directions to Site: 421 towards Sanford turn left on Broadway Rd go 3 mile on left

Use of Well: sfd Date Drilled: 11/25/2009 Total Depth: 69 Replacement Well? Yes No

Static Water Level: 41 ft Top of Casing is 18 in. above surface. Yield: 2 gpm at _____ ft.

Disinfection: Type hth Amount 6 oz

Water Zone (depth)

From 49ft To 51ft

From _____ To _____

From _____ To _____

Casing

From 0 To 69ft

Diameter: 24" Material: concrete Thickness: 2"

From _____ To _____

Diameter: _____ Material: _____ Thickness: _____

From _____ To _____

Diameter: _____ Material: _____ Thickness: _____

Grout

From 0 To 24ft

Material: cement Method: pouring

From _____ To _____

Material: _____ Method: _____

From _____ To _____

Material: _____ Method: _____

Inspector: bm

On Hold Date: _____

Release Date: 1/8/2010

Remarks: _____

Well Head Information

Casing Height: 1.5 ft (above finished grade) Access Port: _____

Vent Stack: _____

Well ID Tag: yes Pump ID Tag: yes

Sampling Tap: _____

Backflow Preventer: _____

Sample Taken? Yes No

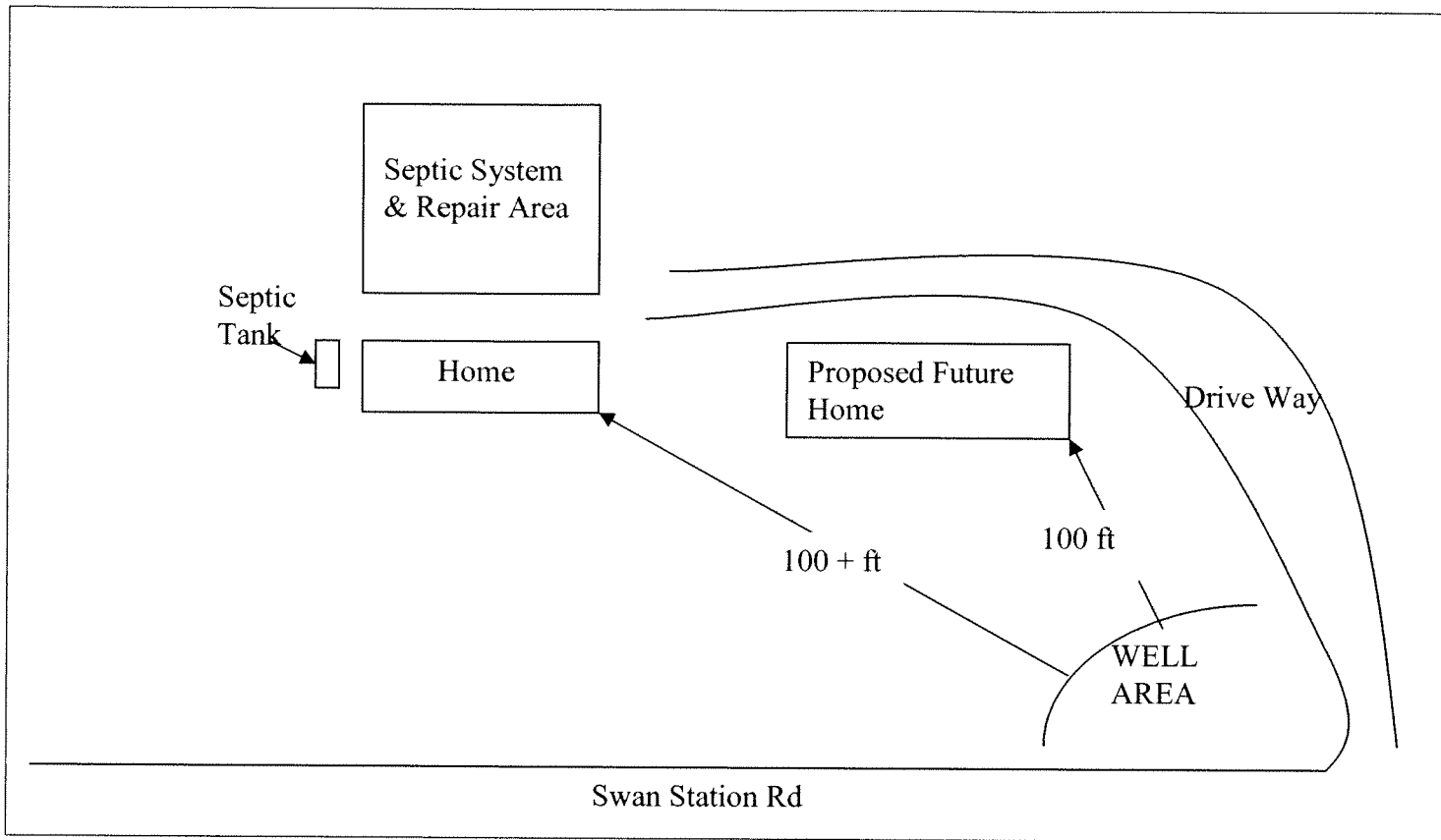
Well Head properly sealed: yes

Remarks: _____

Authorized State Agent Bryana McSwain CEHS Date 1/8/2010

See Attachment for completion sketch

Well Construction Sketch



Well Completion Sketch

