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

PIN #: <u>0577-73-0530.000</u> Parcel #: <u>120577-0062</u>   Application #: <u>11-5-26363</u>   Subdivision: _____   Lot #: _____

Applicant Name: <u>Carl Temple</u>
Address: <u>699 Ball Park Lane</u>

Type of Facility Served by Well: <u>SFD</u>

Sewage System: <u>conventional</u>

Permit Conditions: <u>Well to drilled 100 ft. away from any part of the septic system</u>

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)~~ McLin REHS_ **Date** _4/19/2011_

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 #: _____   Well Contractor: _____

Applicant Name: _____
Address: _____
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 0 To _____
Material: _____ Method: _____
From _____ To _____
Material: _____ Method: _____
From _____ To _____
Material: _____ Method: _____

Inspector: _____   On Hold Date: _____   Release Date: _____

Remarks: _____

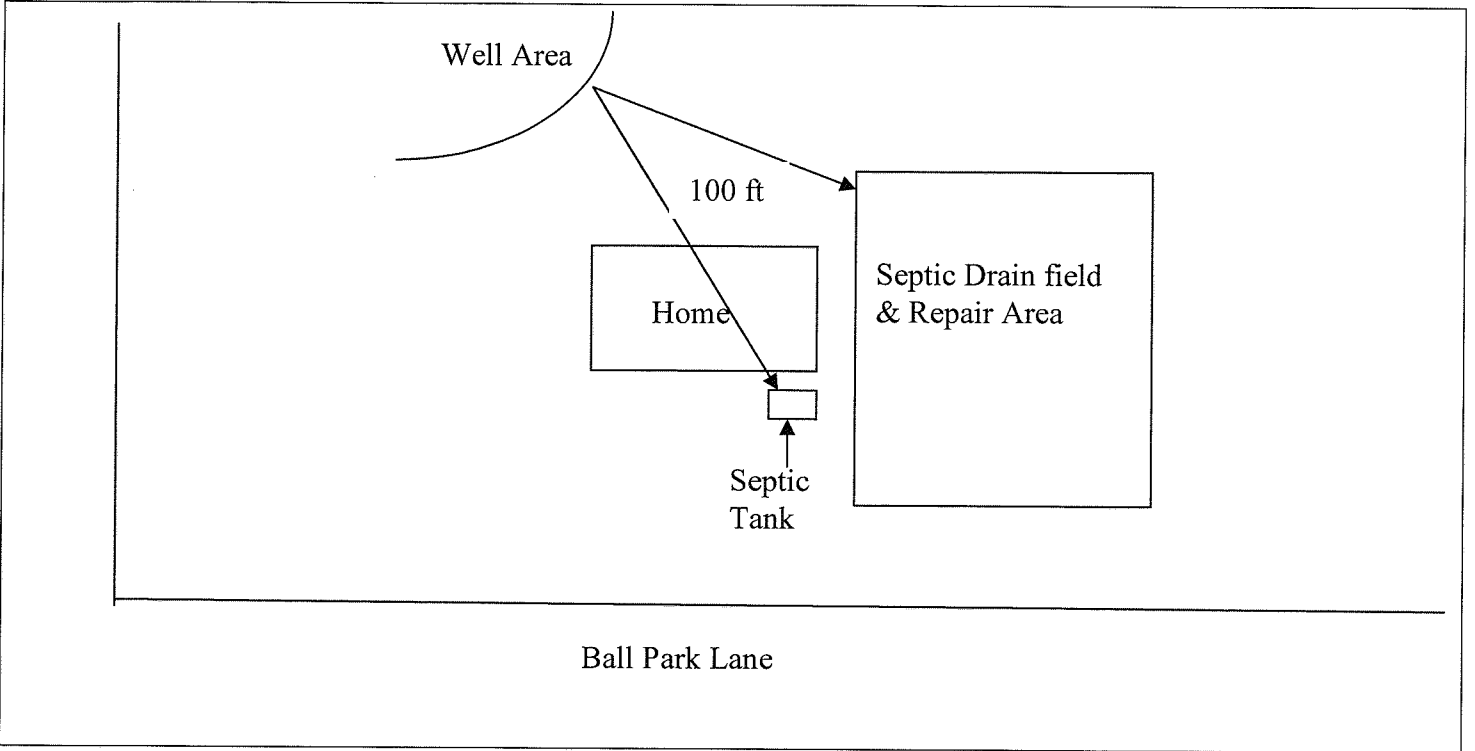**Well Head Information**
Casing Height: _____ (above finished grade)   Access Port: _____   Vent Stack: _____
Well ID Tag: _____   Pump ID Tag: _____   Sampling Tap: _____   Backflow Preventer: _____
Sample Taken? ☐ Yes ☐ No   Well Head properly sealed: _____

Remarks: _____

Authorized State Agent _____ **Date** _____

See Attachment for completion sketch

Well Construction Sketch

Well Area

100 ft

Home

Septic Drain field
& Repair Area

Septic
Tank

Ball Park Lane

Well Completion Sketch