

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

PIN #: 0611-43-4937.000 Parcel #: _____ Application #: 09-5-21862 Subdivision: _____ Lot #: 1A

Applicant Name: David Hubbard
Address: 450 Moonshine Lane Sanford, NC 27332

Type of Facility Served by Well: SFD

Sewage System: Shallow Conventional

Permit Conditions: Well to be 100 ft from any part of septic system

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: 7/16/2009 Application #: 09-5-21862 Well Contractor: Jackson Well Company

Applicant Name: David Hubbard
Address: 450 Moonshine Lane Sanford, NC 27332

Directions to Site: 421 toward Sanford turn right on Cortez Morrison Rd go 1/2 mile on left

Use of Well: sfd Date Drilled: 4/23/09 Total Depth: 200 ft Replacement Well? Yes No
Static Water Level: 48 ft Top of Casing is 12 in. above surface. Yield: 8 gpm at _____ ft.
Disinfection: Type hth Amount 8 oz

<u>Water Zone (depth)</u>	<u>Casing</u>	<u>Grout</u>
From <u>90</u> To <u>92</u>	From <u>0</u> To <u>40</u>	From <u>0</u> To <u>25</u>
From _____ To _____	Diameter: <u>6</u> Material: <u>pcv</u> Thickness: <u>sch 40</u>	Material: <u>sand cement</u> Method: <u>pour</u>
From _____ To _____	From _____ To _____	From _____ To _____
	Diameter: _____ Material: _____ Thickness: _____	Material: _____ Method: _____
	From _____ To _____	From _____ To _____
	Diameter: _____ Material: _____ Thickness: _____	Material: _____ Method: _____

Inspector: bm On Hold Date: _____ Release Date: 7/16/2009

Remarks: _____

Well Head Information

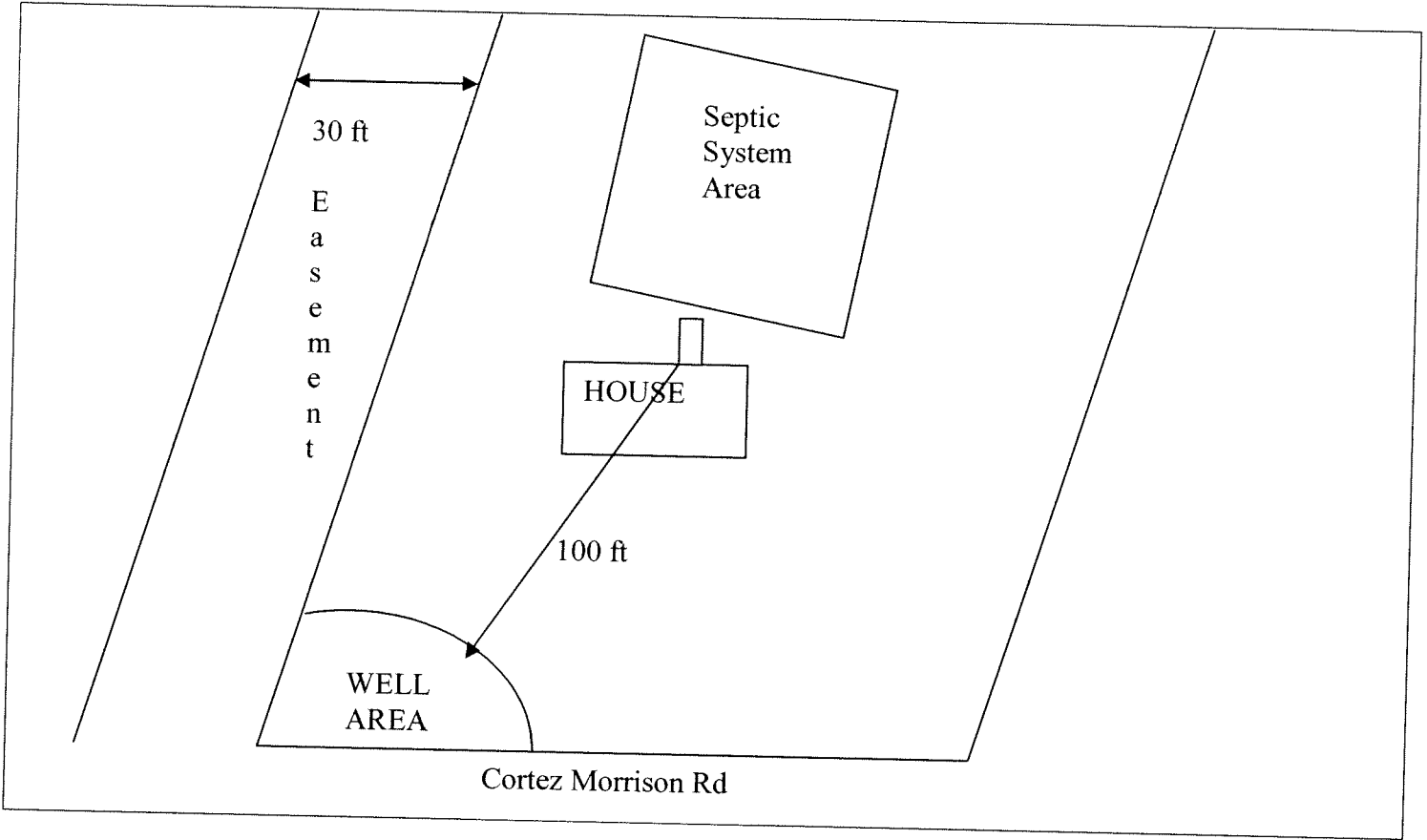
Casing Height: 12 in (above finished grade) Access Port: yes Vent Stack: yes
Well ID Tag: yes Pump ID Tag: yes Sampling Tap: yes Backflow Preventer: _____
Sample Taken? Yes No Well Head properly sealed: yes

Remarks: _____

Authorized State Agent *Samuel R. S.* Date 7/16/2009

See Attachment for completion sketch

Well Construction Sketch



Well Completion Sketch

