

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

PIN #: 1610-02-3196.000 Parcel #: 07-1600-0255-05 Application #: 09-5-22053 Subdivision: _____ Lot #: _____

Applicant Name: Alisa G. Reid
Address: 80 Robbie Street Coats, NC 27521

Type of Facility Served by Well: SFD

Sewage System: 25% Reduction System

Permit Conditions: Well to be 100 ft min from 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 *Debra McLean, C.S.* Date 5/29/2009

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

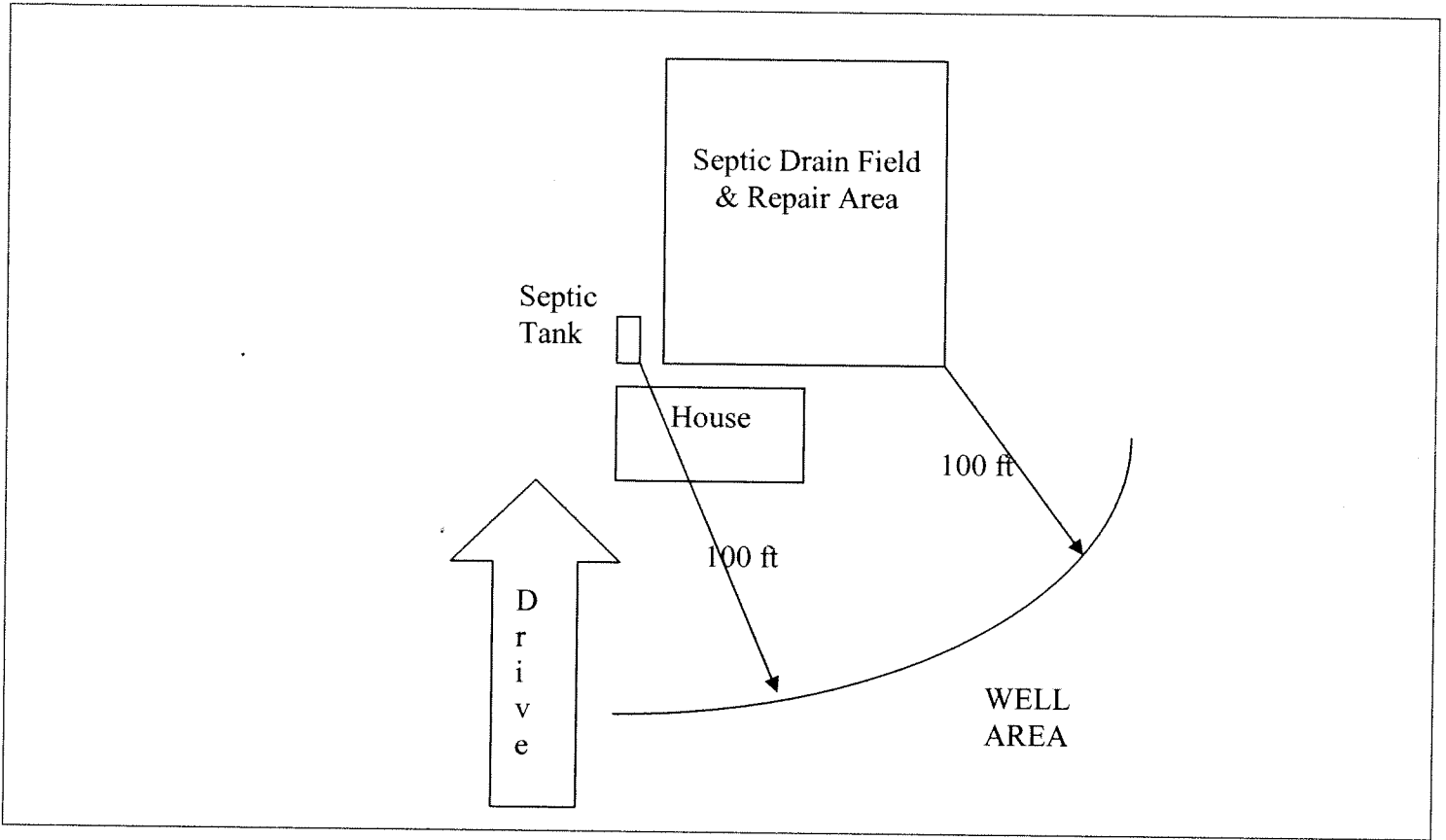
Casing Height: _____ (above finished grade) Access Port: _____ Vent Stack: _____
Well ID Tag: _____ Pump ID Tag: _____ Sampling Tap: _____ Backflow Preventer: _____
Sample Taken? Yes No Well Head properly sealed: _____

Remarks: _____

Authorized State Agent _____ Date _____

See Attachment for completion sketch

Well Construction Sketch



Well Completion Sketch

