

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

PIN #: _____ Parcel #: _____ Application #: 09-5-23309RR Subdivision: _____ Lot #: 1

Applicant Name: David & Cindy Songs
Address: 603 Davis Avenue Dunn, NC 28334

Type of Facility Served by Well: SFD

Sewage System: conventional

Permit Conditions: Well to be drilled in permitted 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 _____ 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: 4/20/2010 Application #: 09-5-23309RR Well Contractor: Bill's Well Drilling

Applicant Name: David & Cindy Songs
Address: 603 Davis Avenue Dunn, NC 28334

Directions to Site: 421 to Dunn turn right on 301 then left on Pope Rd turn right on Bud Hawkins then left on Ruffin about 2miles

Use of Well: sfd Date Drilled: 3/19/2010 Total Depth: 220 ft Replacement Well? Yes No
Static Water Level: 140 ft Top of Casing is 24 in. above surface. Yield: 18 gpm at _____ ft.
Disinfection: Type hth Amount 1 Oz

Water Zone (depth)

From 185 To 205 ft
From _____ To _____
From _____ To _____

Casing

From 2 To 160 ft
Diameter: 4.5 in Material: pvc Thickness: sdr17
From _____ To _____
Diameter: _____ Material: _____ Thickness: _____
From _____ To _____
Diameter: _____ Material: _____ Thickness: _____

Grout

From 0 To 25 ft
Material: cement Method: pump
From _____ To _____
Material: _____ Method: _____
From _____ To _____
Material: _____ Method: _____

Inspector: bm On Hold Date: _____ Release Date: 4/20/2010

Remarks: _____

Well Head Information

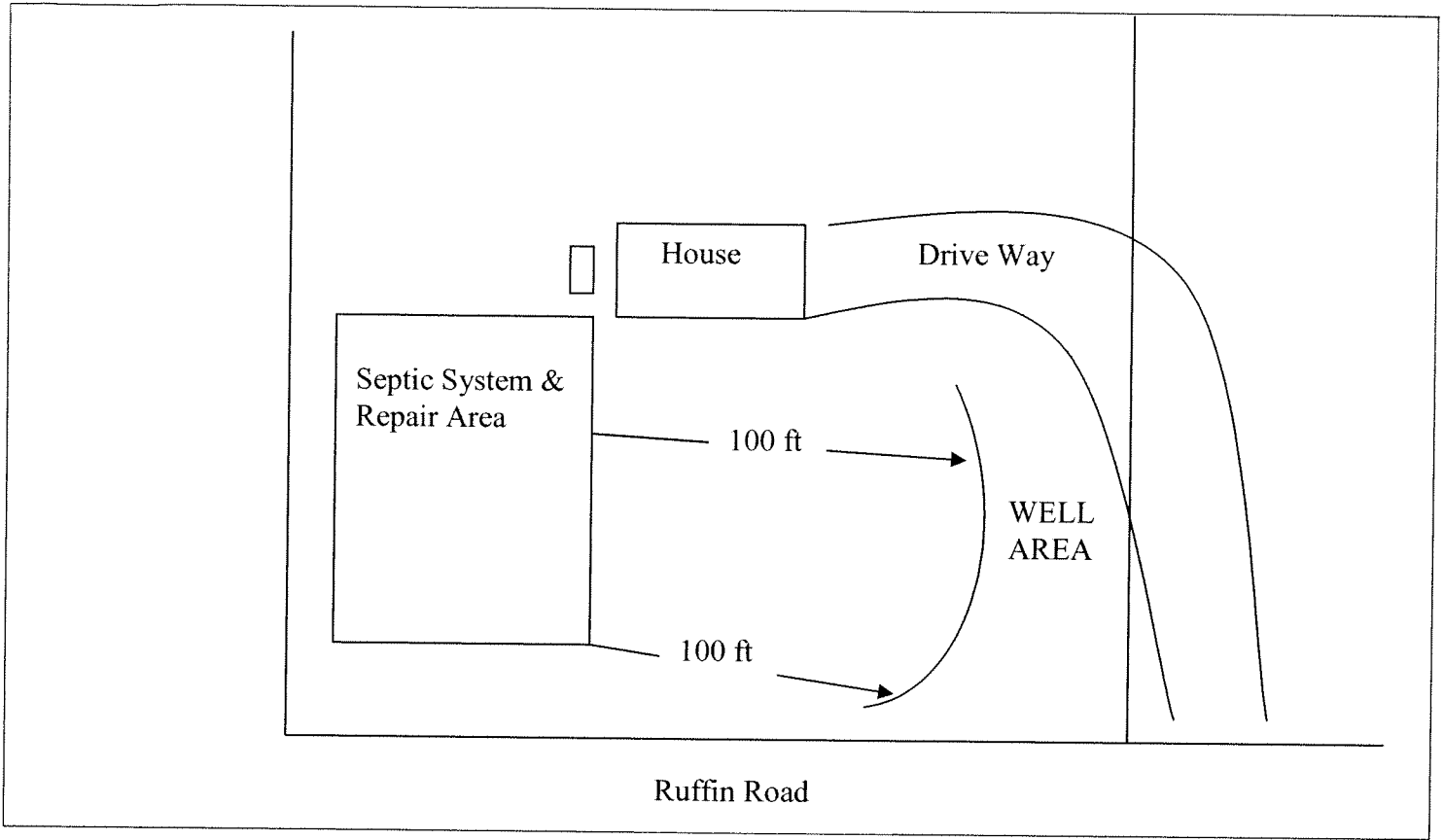
Casing Height: 24 in (above finished grade) Access Port: yes Vent Stack: yes
Well ID Tag: yes Pump ID Tag: yes Sampling Tap: yes Backflow Preventer: _____
Sample Taken? Yes No Well Head properly sealed: yes

Remarks: _____

Authorized State Agent Benjamin McJin REHS Date 4/20/2010

See Attachment for completion sketch

Well Construction Sketch



Well Completion Sketch

