

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

PIN #: _____ Parcel #: _____ Application #: 11-5-25990 Subdivision: _____ Lot #: _____

Applicant Name: Norman Levon Cameron
Address: P.O. Box 336 Broadway, NC 27505

Type of Facility Served by Well: SFD

Sewage System: conventional

Permit Conditions: Well to be drilled above natural drain

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: 3/18/2011 Application #: 11-5-25990 Well Contractor: Jackson Well Company

Applicant Name: Norman Levon Cameron
Address: P.O. Box 336 Broadway, NC 27505
Directions to Site: old 421 past Boone Trail School to Sloan Rd property on right

Use of Well: sfd Date Drilled: 3-4-2011 Total Depth: 200 ft Replacement Well? Yes No
Static Water Level: 45ft Top of Casing is 12 in. above surface. Yield: 25 gpm at _____ ft.
Disinfection: Type hth Amount 16 oz

Water Zone (depth)

From 194 To 195
From _____ To _____
From _____ To _____

Casing

From 0 To 80
Diameter: 6in Material: pvc Thickness: sr21
From _____ To _____
Diameter: _____ Material: _____ Thickness: _____
From _____ To _____
Diameter: _____ Material: _____ Thickness: _____

Grout

From 0 To 20
Material: sand cement Method: pouring
From _____ To _____
Material: _____ Method: _____
From _____ To _____
Material: _____ Method: _____

Inspector: bm On Hold Date: _____ Release Date: 3/18/2011

Remarks: _____

Well Head Information

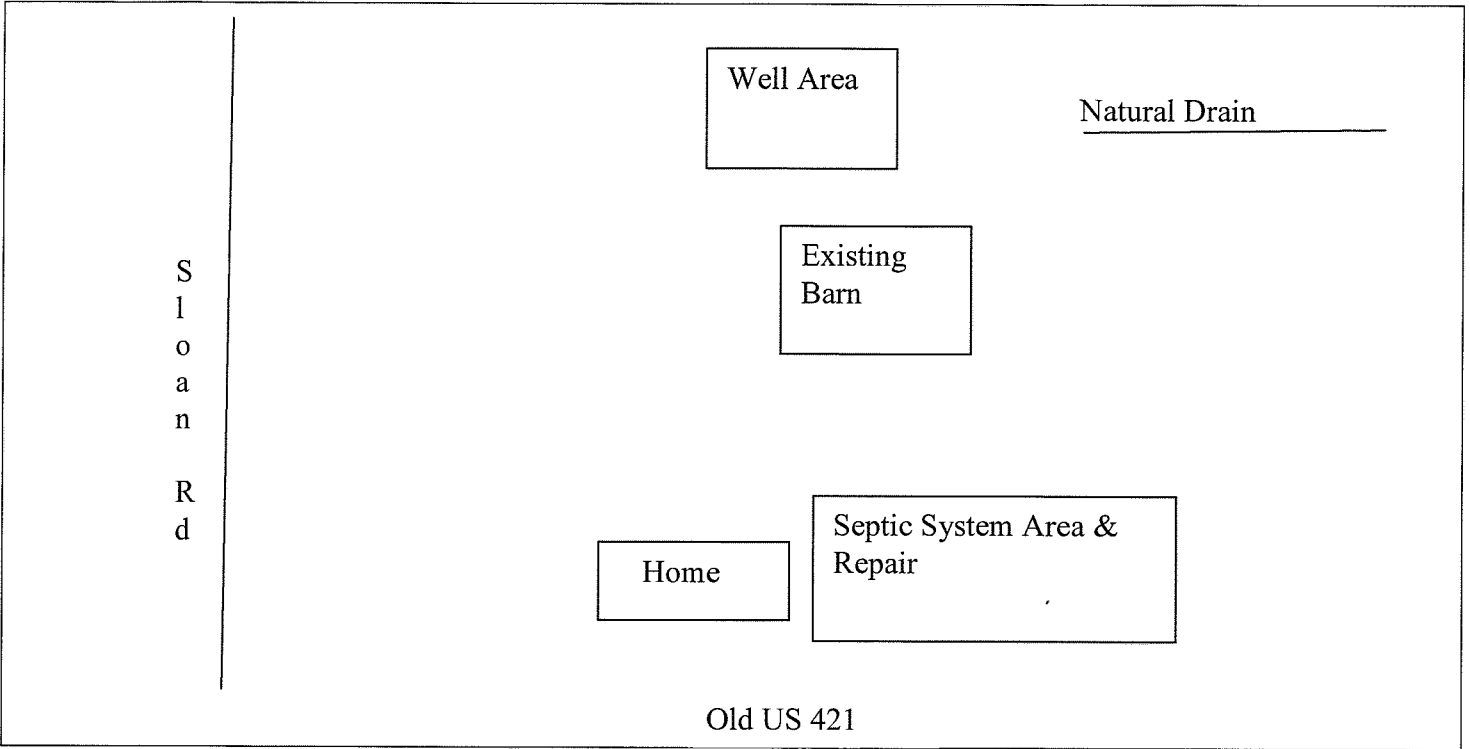
Casing Height: 12in (above finished grade) Access Port: yes Vent Stack: yes
Well ID Tag: yes Pump ID Tag: yes Sampling Tap: yes Backflow Preventer: _____
Sample Taken? Yes No Well Head properly sealed: _____

Remarks: _____

Authorized State Agent Bryan McInnis REHS **Date** 3/18/2011

See Attachment for completion sketch

Well Construction Sketch



Well Completion Sketch

