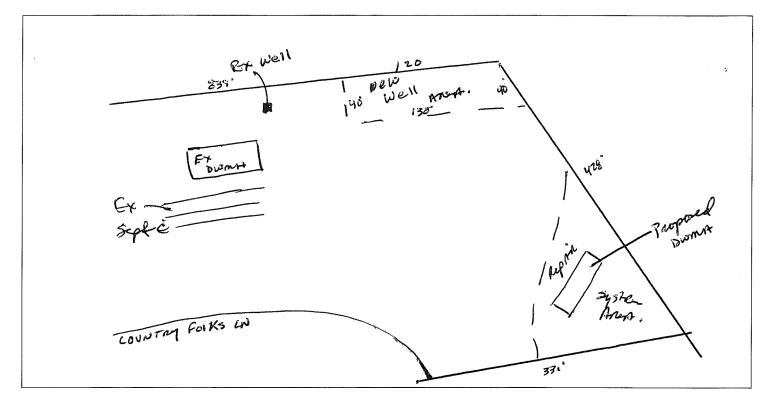# HARNETT DEPARTMENT OF PUBLIC HEALTH PERMIT
TO CONSTRUCT A DRINKING WATER SUPPLY WELL

PIN #: 0636-71-5084 000 Parcel #: 05-0626-0207   Application #: 12-5-30132   Subdivision: _____   Lot #: _____

Applicant Name: Stanley Cotten
Address: 237 Country Folks LN Holly Springs N.C. 27540

Type of Facility Served by Well: SFD

Sewage System: 25% Reduction System

Permit Conditions: 100' off existing well and septic

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 _~~Jones E Manham~~_ Date _12-11-12_

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)	**Casing**				**Grout**	
From _____ To _____	From _____ To _____				From 0 To _____	
From _____ To _____	Diameter: _____ Material: _____		Thickness: _____		Material: _____ Method: _____	
From _____ To _____	From _____ To _____				From _____ To _____	
	Diameter: _____ Material: _____		Thickness: _____		Material: _____ Method: _____	
	From _____ To _____				From _____ To _____	
	Diameter: _____ Material: _____		Thickness: _____		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