

HAR T DEPARTMENT OF PUBLIC HEALTH RMIT
TO C STRUCT A DRINKING WATER SUPPL ELL

PIN #: 0598-75-5388 Parcel #: 070598-0128-04 Application #: 16-5-39065 Subdivision: _____ Lot #: 1

Applicant Name: Neil Ellis Jr
Address: Erwin N.C. 28339

Type of Facility Served by Well: DWMH

Sewage System: 25%Red

Permit Conditions: _____

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 James E. Mahan Date 7-19-16

Grouting Inspection Witnessed _____ Date _____
 Grouting self-certified by driller GW-1 provided? Yes No

See attachment for construction sketch

WELL CERTIFICATE OF COMPLETION

Date: 10-26-16 Application #: 16-5-39065 Well Contractor: WELLEN

Applicant Name: NEIL ELLIS JR
Address: Erwin N.C. 28339
Directions to Site: DWLP-10

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 _____

<u>Water Zone (depth)</u>	<u>Casing</u>	<u>Grout</u>
From _____ To _____	From _____ To _____	From <u>0</u> 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

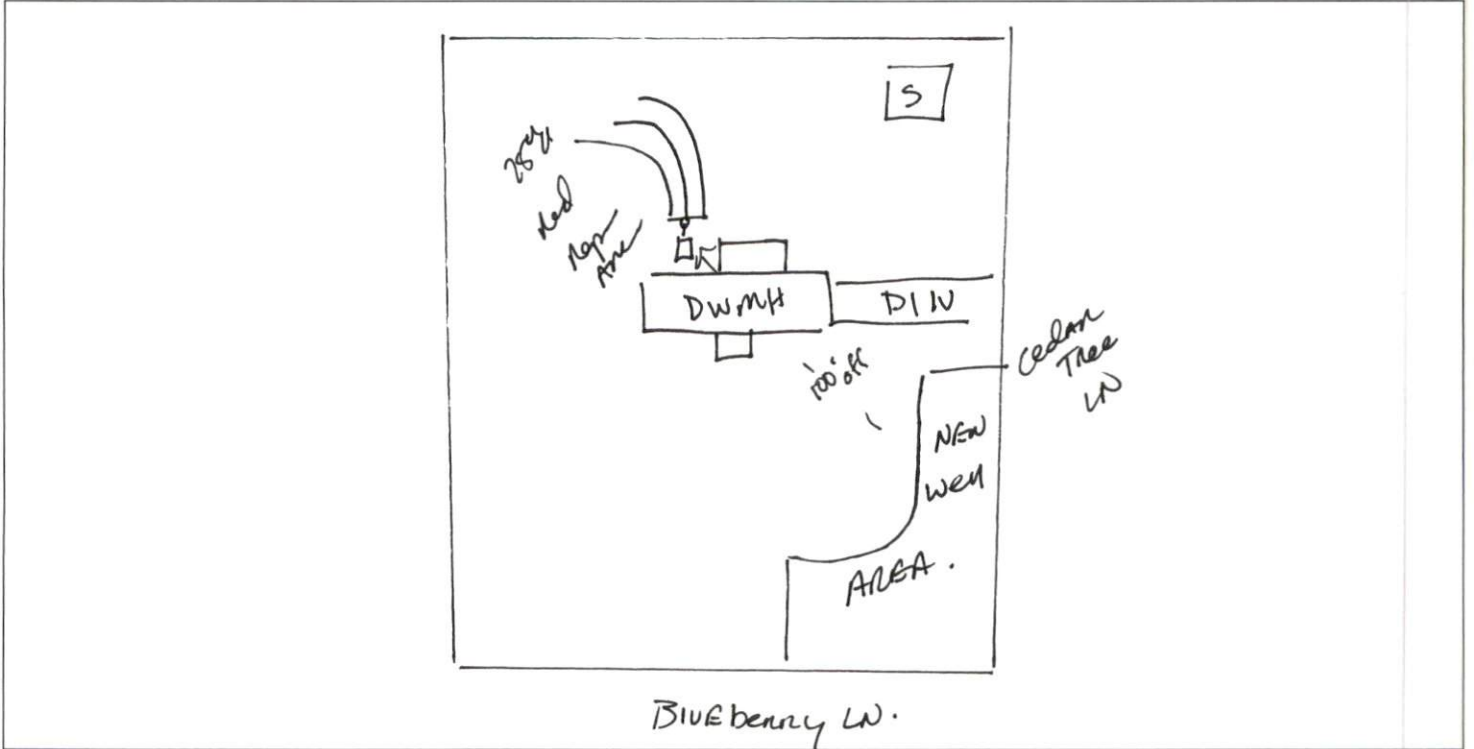
Casing Height: 15 (above finished grade) Access Port: Vent Stack:
Well ID Tag: Pump ID Tag: _____ Sampling Tap: Backflow Preventer: _____
Sample Taken? Yes No Well Head properly sealed:

Remarks: _____

Authorized State Agent James E. Mahan Date 10-26-16

See Attachment for completion sketch

Well Construction Sketch



Well Completion Sketch

