

HARNETT DEPARTMENT OF PUBLIC HEALTH PERMIT

SFA 1105-0009 TO CONSTRUCT A DRINKING WATER SUPPLY WELL

PIN #: Parcel #: Application #: Subdivision: Lot #: 4

Applicant Name: Kathleen Dewo
Address: 764 TruLove RD Holly Springs N.C. 27540

Type of Facility Served by Well: SFD

Sewage System: 25% REDUCTION

Permit Conditions: Well to be drilled in Well 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 [Signature] Date 5-30-19 Expiration Date 5-30-24
\* Construction Authorization Expires within five years of issue

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 \_\_\_\_\_

Table with 3 columns: Water Zone (depth), Casing, Grout. Each column has three rows of data for different depth intervals, including From/To, Diameter, Material, and Thickness.

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

SIP 1705-0009

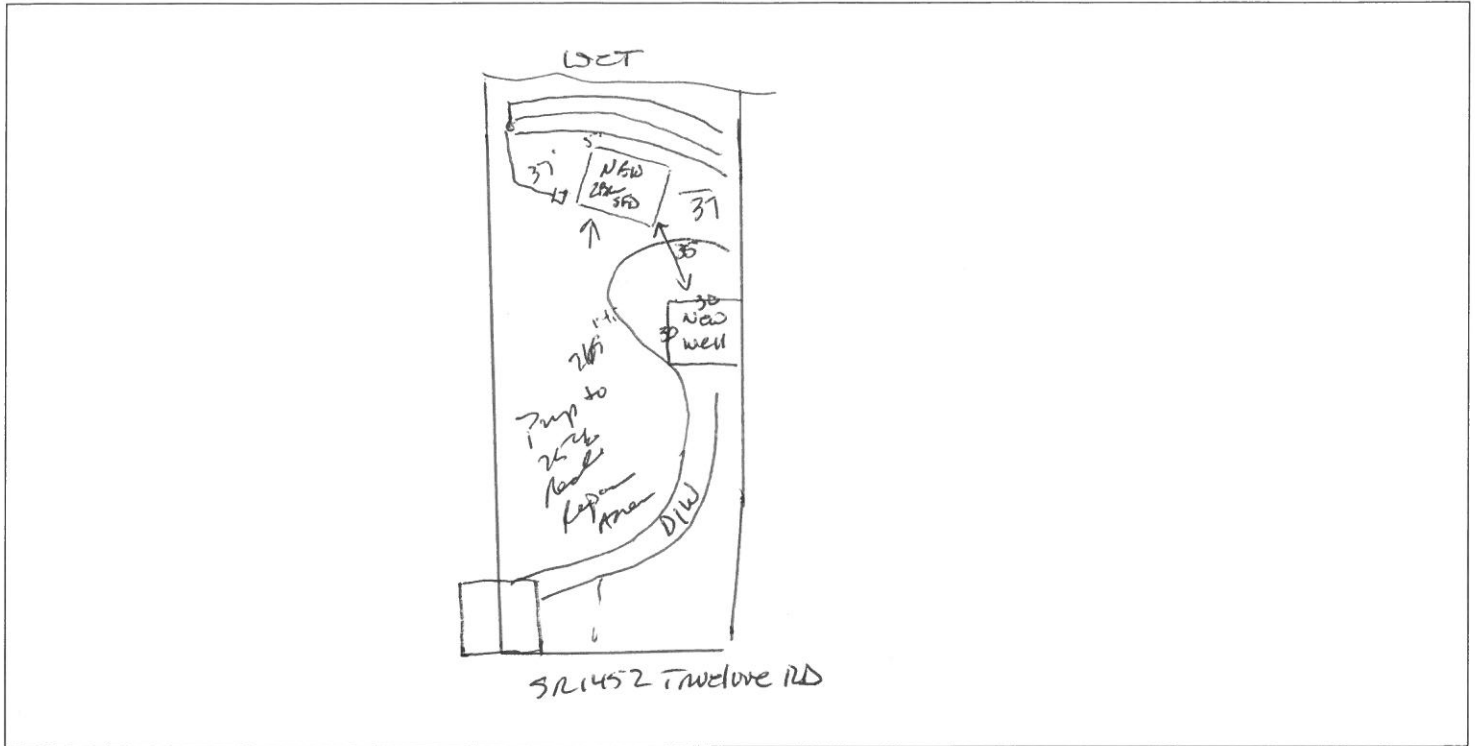
Application #: Applicant Name:

Subdivision: \_\_\_\_\_

Lot #: 4

Kathleen DIACO

### Well Construction Sketch



### Well Completion Sketch

