

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

PIN #: 1537-31-7069.000 Parcel #: 021537 0124 06 Application #: SFD2005-0036 Subdivision: TRAVIS RAY ADAMS Lot #: 7

Applicant Name: Shane and Amanda Gaugh  
Address: 113 Sycamore Ct Benson, NC 27504

Type of Facility Served by Well: SFD

Sewage System: 25% Reduction System

Permit Conditions: Location - 972 W Strickland Rd. (SR 1789)

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 07/10/2020  
[Signature] REHS-I 05/29/2020

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 #: SFD2005-0036 Well Contractor: \_\_\_\_\_

Applicant Name: Shane and Amanda Gaugh  
Address: 113 Sycamore Ct Benson, NC 27504  
Directions to Site: 972 W Strickland Rd. (SR 1789)

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**

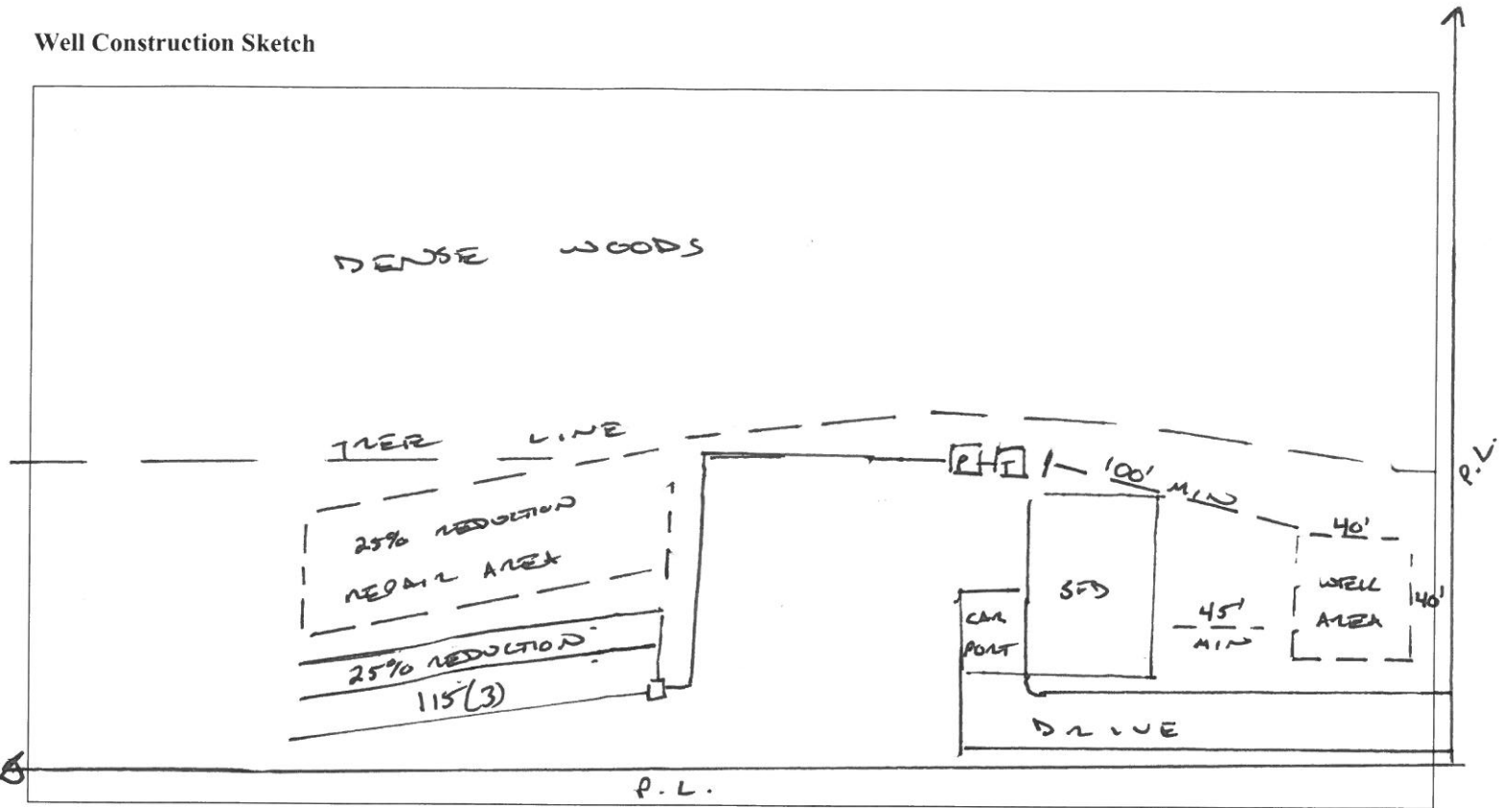
Casing Height: \_\_\_\_\_ (above finished grade) Access Port: \_\_\_\_\_ Vent Stack: \_\_\_\_\_  
Well ID Tag: \_\_\_\_\_ Pump ID Tag: \_\_\_\_\_ Sampling Tap: \_\_\_\_\_ Backflow Preventer: \_\_\_\_\_  
Sample Taken?  Yes  No Well Head properly sealed: \_\_\_\_\_

Remarks: \_\_\_\_\_

Authorized State Agent \_\_\_\_\_ Date \_\_\_\_\_

See Attachment for completion sketch

Well Construction Sketch



Well Completion Sketch

