

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

PIN #: 1537-41-0643.000 Parcel #: 021537 0124 07 Application #: SFD2008-0006 Subdivision: Travis Ray Adams Lot #: 8

Applicant Name: Bobby Thomas
Address: W. Strickland Road (SR 1789)

Type of Facility Served by Well: SFD

Sewage System: 25% Reduction System

Permit Conditions: Location - W. Strickland Road (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 08/25/2020

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 #: SFD2008-0006 Well Contractor: _____

Applicant Name: Bobby Thomas
Address: W. Strickland Road (SR 1789)
Directions to Site: W. Strickland Road (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 _____

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

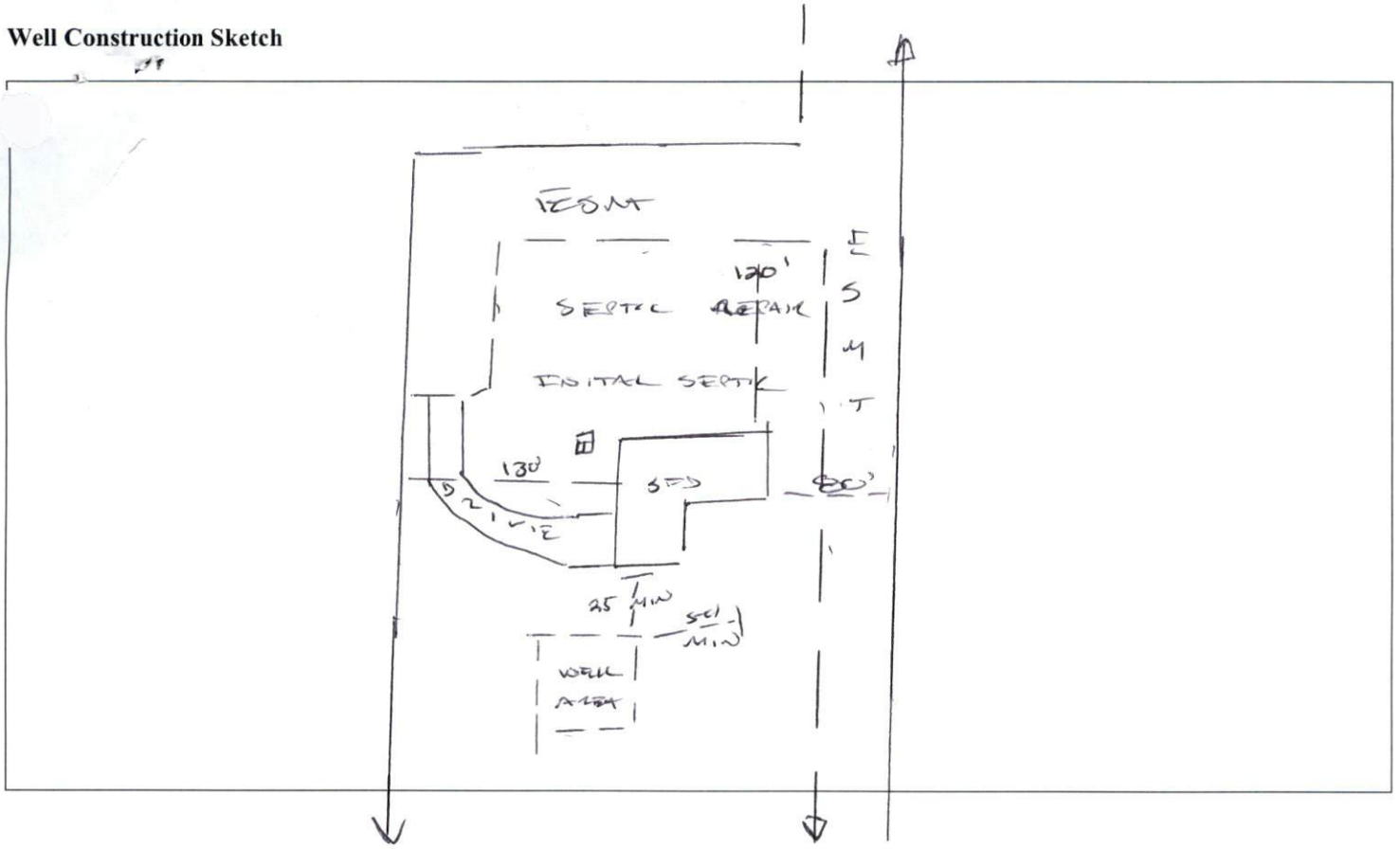
Casing Height: 2.0+ (above finished grade) Access Port: _____ Vent Stack: _____
Well ID Tag: NA Pump ID Tag: NA Sampling Tap: ✓ Backflow Preventer: ✓
Sample Taken? Yes No Well Head properly sealed: ✓

Remarks: WATER SAMPLE COLLECTED 07/19/21 REFERRED TO WATER DATE

Authorized State Agent [Signature] Date 07/21/2021

See Attachment for completion sketch

Well Construction Sketch



Completion Sketch

