

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

PIN #: 1506-47-1735.000 Parcel #: 061506 0067 06 Application #: SFD2102-0075 Subdivision: _____ Lot #: _____

Applicant Name: P.Farms - Steven Pate
Address: P.O. Box 1948 Clayton, NC 27528

Type of Facility Served by Well: SFD

Sewage System: 25% Reduction Sys.

Permit Conditions: Location - 86 Old Hamilton Road (SR 1776)

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 06/21/2021

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

See attachment for construction sketch

WELL CERTIFICATE OF COMPLETION

Date: 10/07/21 Application #: SFD2102-0075 Well Contractor: JOHN BOMETTE JR.

Applicant Name: P.Farms - Steven Pate
Address: P.O. Box 1948 Clayton, NC 27528
Directions to Site: 86 Old Hamilton Road (SR 1776)

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

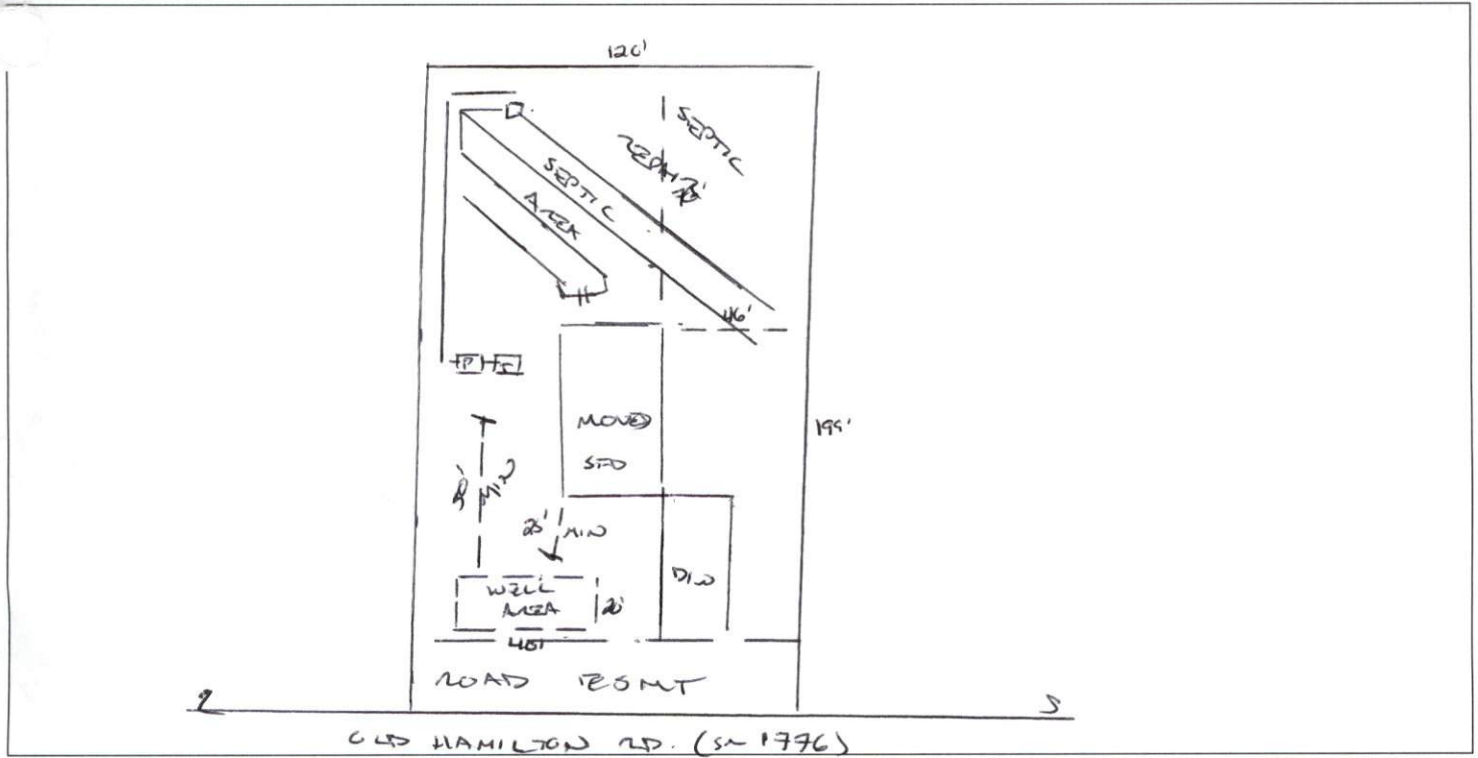
Casing Height: 215 (above finished grade) Access Port: Vent Stack:
Well ID Tag: Pump ID Tag: _____ Sampling Tap: _____ Backflow Preventer: _____
Sample Taken? Yes No Well Head properly sealed:

Remarks: _____

Authorized State Agent [Signature] Date 04/26/2022

See Attachment for completion sketch

Well Construction Sketch



1 Completion Sketch

