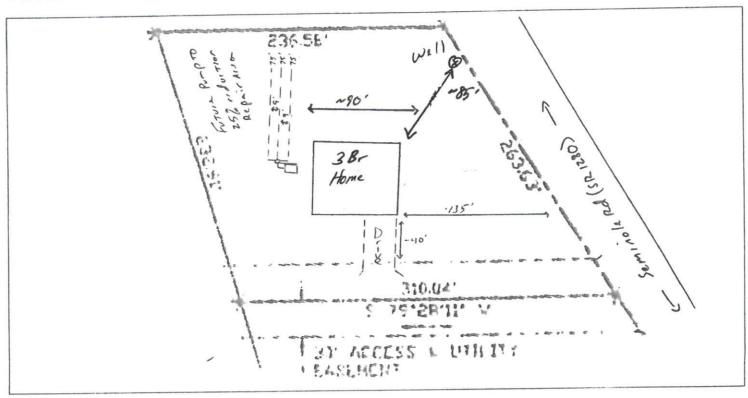
## HARNETT DEPARTMENT OF PUBLIC HEALTH PERMIT TO CONSTRUCT A DRINKING WATER SUPPLY WELL

PIN #: Parcel #: Application #: <u>SFD2104-0075</u> <b>R</b>	Subdivision: Lot #: 1
Applicant Name: Harrington Properties Address: Seminole Rd (SR1280)	
Type of Facility Served by Well: <u>SFD</u>	
Sewage System: 25% reduction	
Permit Conditions:	
subject this Permit to revocation	02C.100 rules ordance with the SITE PLAN of structures and appurtenance) or modification in use of the well, may Date
Grouting Inspection Witnessed Grouting self-certified by driller GW-1 provided? Yes	Date
	☐ NO
See attachment for construction sketch	
WELL CERTIFICAT	TE OF COMPLETION
Date: Application #: Well Contractor:	
Applicant Name: Address: Directions to Site: Use of Well: Date Drilled: Total Depth: Static Water Level: Top of Casing is in. above so Disinfection: Type Amount	Replacement Well? Yes No urface. Yield: gpm at ft.
Water Zone (depth)         Casing           From To To	From To           Thickness: Material: Method:           From To
Inspector: On Hold Date: Release Date:	
Remarks:	
Well Head Information         Casing Height: (above finished grade)       Access Port:         Well ID Tag: Pump ID Tag: Sampling Tap:       Sampling Tap:         Sample Taken? Yes No Well Head properly sealed	Backflow Preventer:
Remarks:	
Authorized State Agent	Date

See Attachment for completion sketch

Application #: SFD2164 - Applicant N	Name Properties Subdivision:	Lot #:
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Well Construction Sketch



Woll	Comp	letion	Sketch
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