

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

PIN #: \_\_\_\_\_ Parcel #: \_\_\_\_\_ Application #: SFD2104-0079 Subdivision: \_\_\_\_\_ Lot #: 5

Applicant Name: Harrington Properties  
Address: Seminole Rd (SR1280)

*123 Seminole Fields*

Type of Facility Served by Well: SFD

Sewage System: 25% reduction

Permit Conditions: \_\_\_\_\_

**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 *Moh A. REHS* Date 10-19-21

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 \_\_\_\_\_

<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**

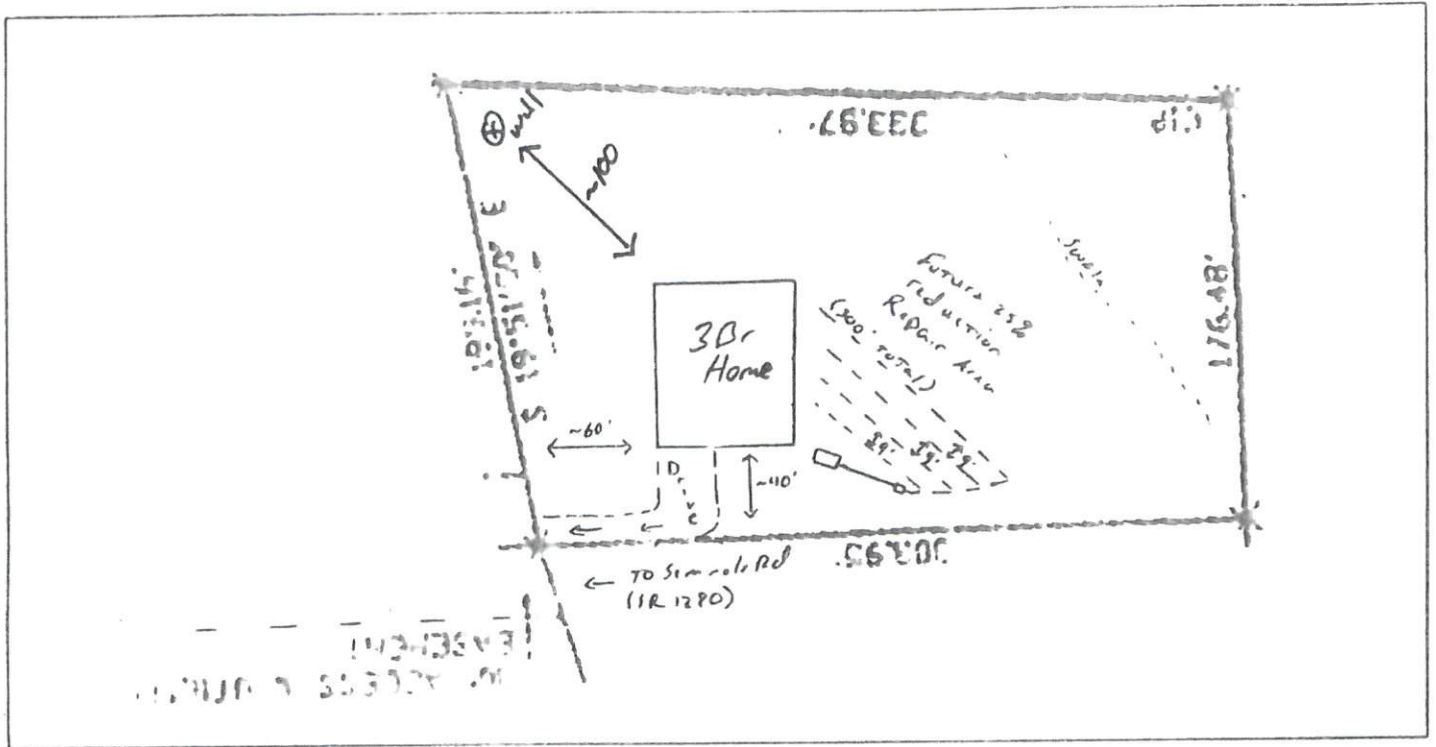
Casing Height: 13 (above finished grade) Access Port:  Vent Stack:   
Well ID Tag:  Pump ID Tag: n/a Sampling Tap:  Backflow Preventer: n/a  
Sample Taken?  Yes  No Well Head properly sealed:

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

Authorized State Agent *Moh A. REHS* Date 2-21-22

See Attachment for completion sketch

**Well Construction Sketch**



**Well Completion Sketch**

