

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

PIN #: Parcel #:            Application #: SFD2305-0085    Subdivision: \_\_\_\_\_    Lot #:

Applicant Name: Abbey Gurkin  
Address: 8213 Old US 421

Type of Facility Served by Well: SFD

Sewage System: 25% Reduction System

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 \_\_\_\_\_ *RGH*            Date 1/17/24

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: \_\_\_\_\_ (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

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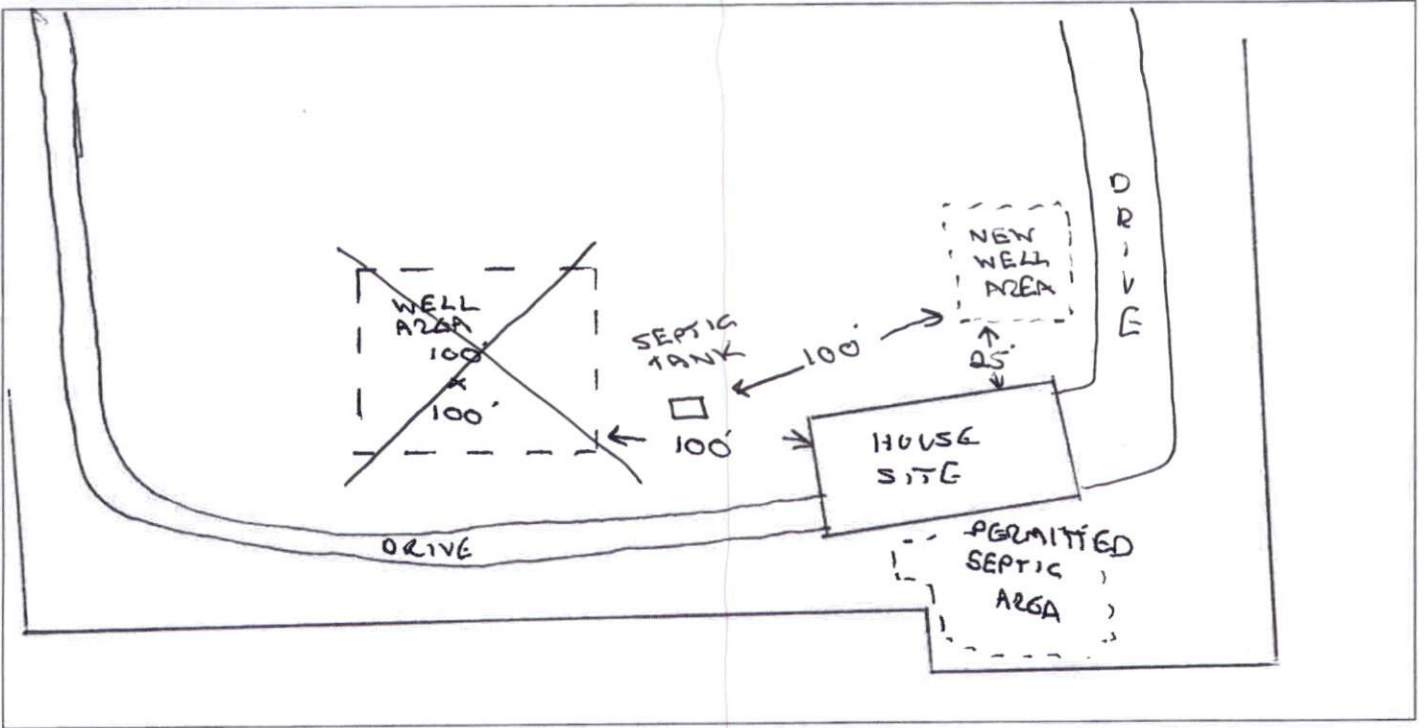
Applicant Name: Abbey Gurkin

Subdivision: \_\_\_\_\_

Lot #:

REVISED  
3/28/24

**Well Construction Sketch**



**Well Completion Sketch**

