

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

PIN #: Parcel #: Application #: SFD2305-0094 Subdivision: Lot #:

Applicant Name: Thomas Aristide
Address: 1008 Joe Collins Rd (SR 1258)

** Call Day of Drilling for well location approval*
M.A. AETH

Type of Facility Served by Well: SFD
Sewage System: Pump to 25% reduction

Permit Conditions: Well to be drilled in Well Area

** Redrawn because original area keeps collapsing -*

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 *M.A. AETH* Date 02-05-24 Expiration Date 02-05-29
* Construction Authorization Expires within five years of issue

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 #: SFD2305-0094 Well Contractor: _____

Applicant Name: Thomas Aristide
Address: 1008 Joe Collins Rd (SR 1258)
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 _____

Water Zone (depth)	Casing	Grout
From _____ To _____	From _____ To _____	From _____ 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

Application #:

SFD2305-0094

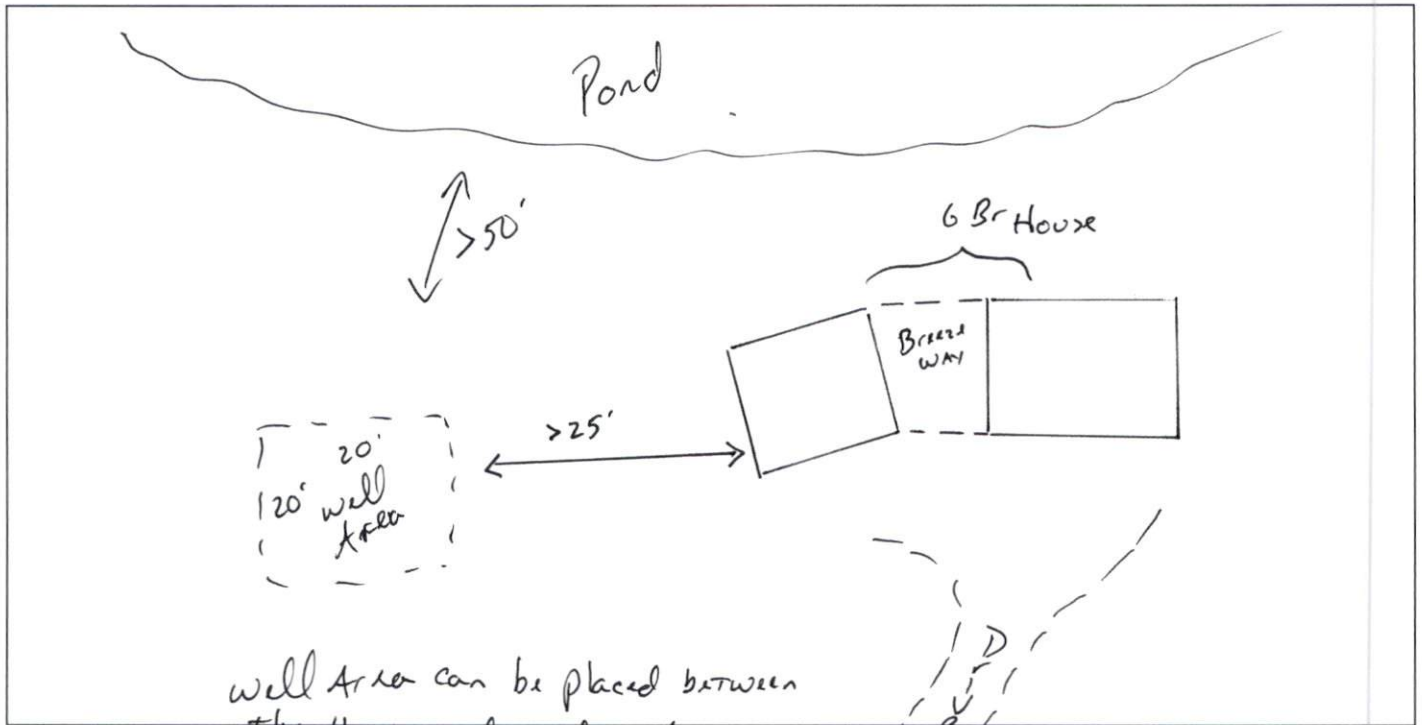
Applicant Name:

Thomas Aristide

Subdivision:

Lot #:

Well Construction Sketch



Well Area can be placed between the house and road, as long as it meets all applicable setbacks from water features + septic systems

Well Completion Sketch

