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

PIN #:   Parcel #:   Application #: Subdivision: _____   Lot #:
                             SFD 2309-0089

Applicant Name: Robert Pope
Address: 1317 old Hamilton Rd

Type of Facility Served by Well: <u>SFD</u>

Sewage System:

Permit Conditions: <u>Well to be drilled in Well Area</u>

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

                                                    REITS
Authorized State Agent _James E Marshant_   **Date** _10-20-23_   **Expiration Date** _10-20-28_

* 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 #:   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 _____

Water Zone (depth)	**Casing**	**Grout**
From _____ To _____	From _____ To _____	From 0 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: _____
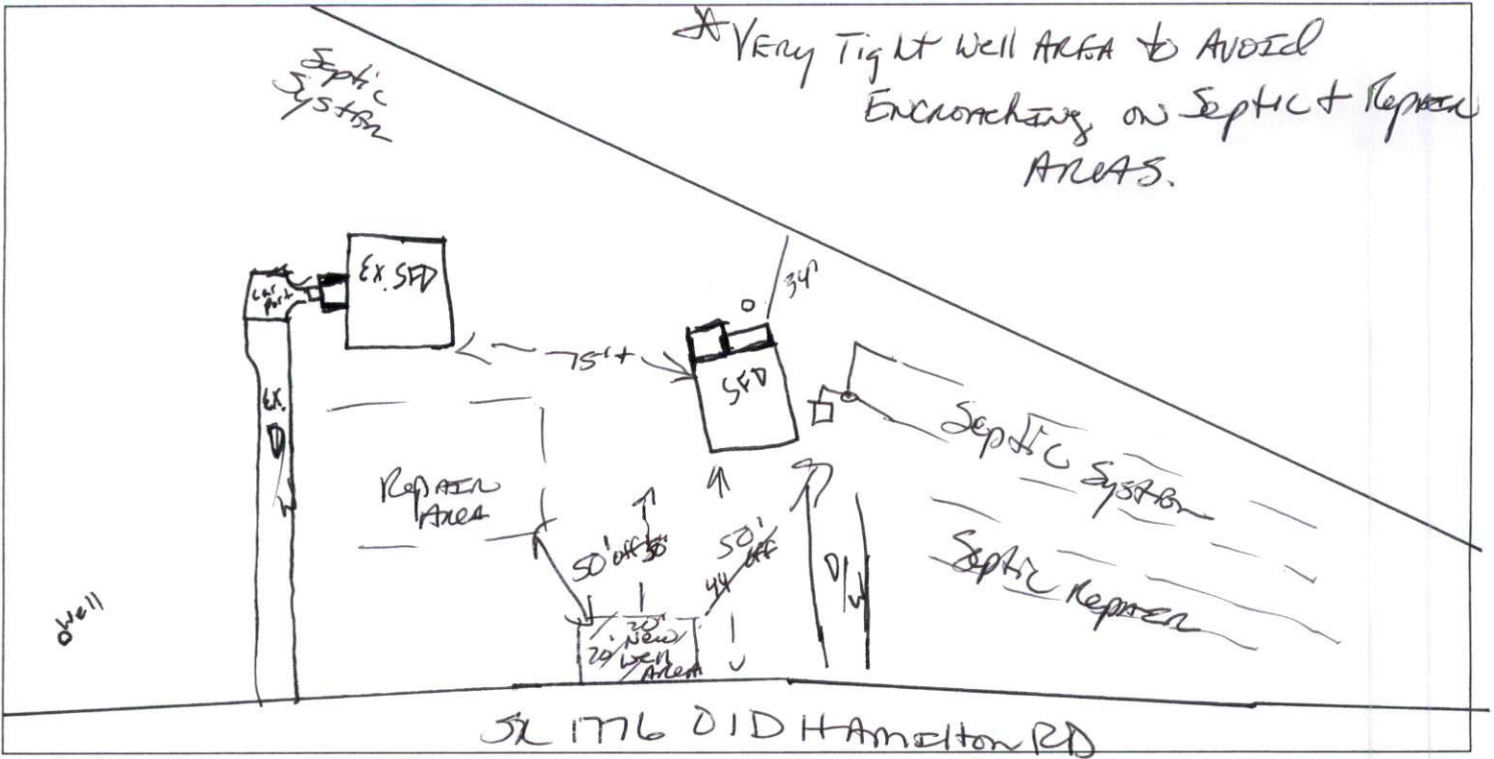Sample Taken? ☐ Yes ☐ No   Well Head properly sealed: _____

Remarks: _____

Authorized State Agent _____   **Date** _____

See Attachment for completion sketch

Well Construction Sketch

A VERY Tight Well AREA to AVOID Encroaching on Septic + Repair AREAS.

Septic System

EX. SFD

Car Port

EX. D

Well

REPAIR AREA

75'+

SFD

34'

50' off

50' off

30' New Well Area

20'

Septic System

Septic Repair

D/W

SL 1716 OLD HAmelton RD

Well Completion Sketch