

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

PIN #: Parcel #: Application #: Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_

SFD 2312-0170

Applicant Name: Darryl Matthew Melven Jr  
Address: \_\_\_\_\_

Type of Facility Served by Well: SFD

Sewage System: 25% REDUCTION SYSTEM

Permit Conditions: Well to be drilled in Well Area

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 James E. Manhart Jr 2645 Date 5-22-24 Expiration Date 5-22-29  
**\* 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 #: \_\_\_\_\_ 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 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

Application #: Applicant Name:

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

Lot #:

SFD 2312-0170

Darryl Matthew Melvin Jr

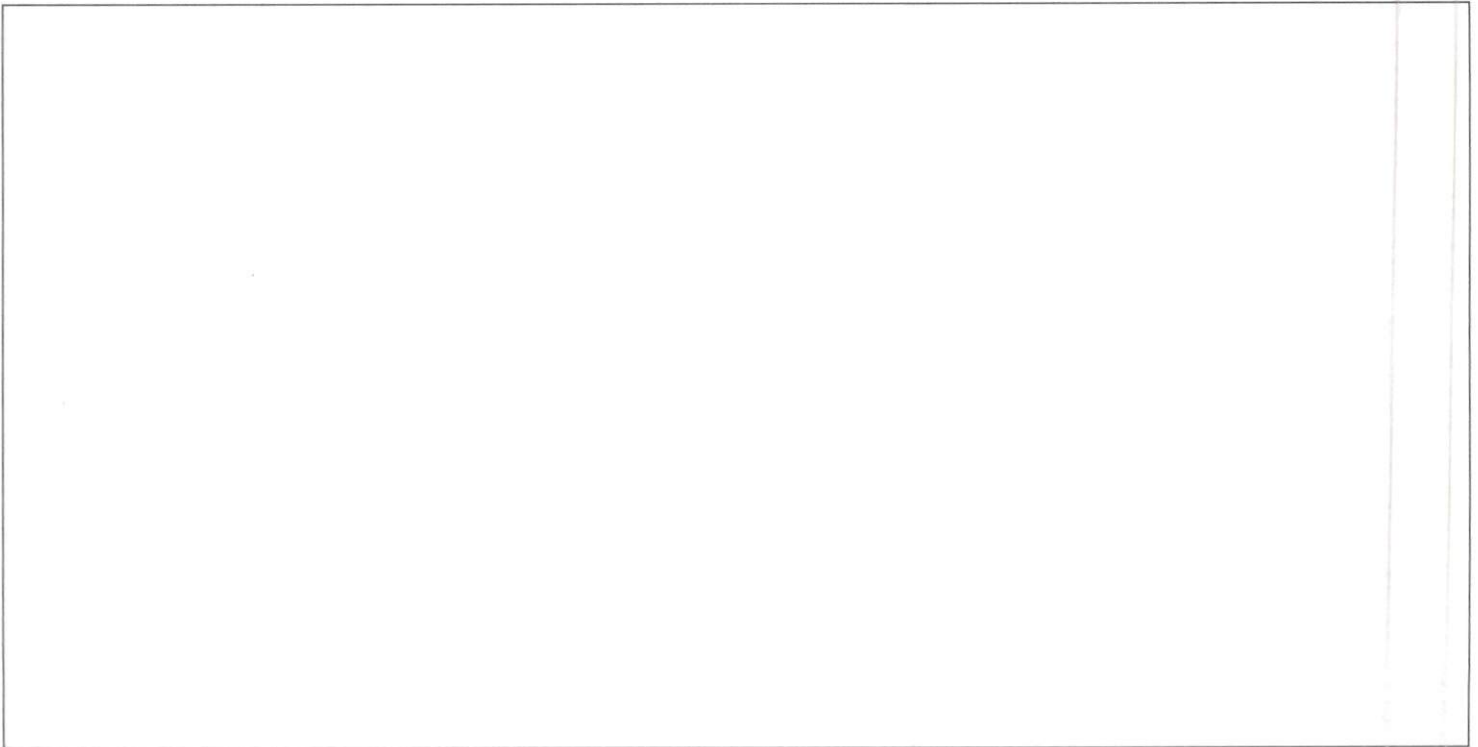
Well Construction Sketch

5-22-24

\* See attached LSS layout WITH NEW Well AREA.  
for placement of Actual Well.

\* AREA IS 50' x 60' THAT NEW Well CAN BE  
Drilled. \*Must Be 25' off Any Foundations.

Well Completion Sketch



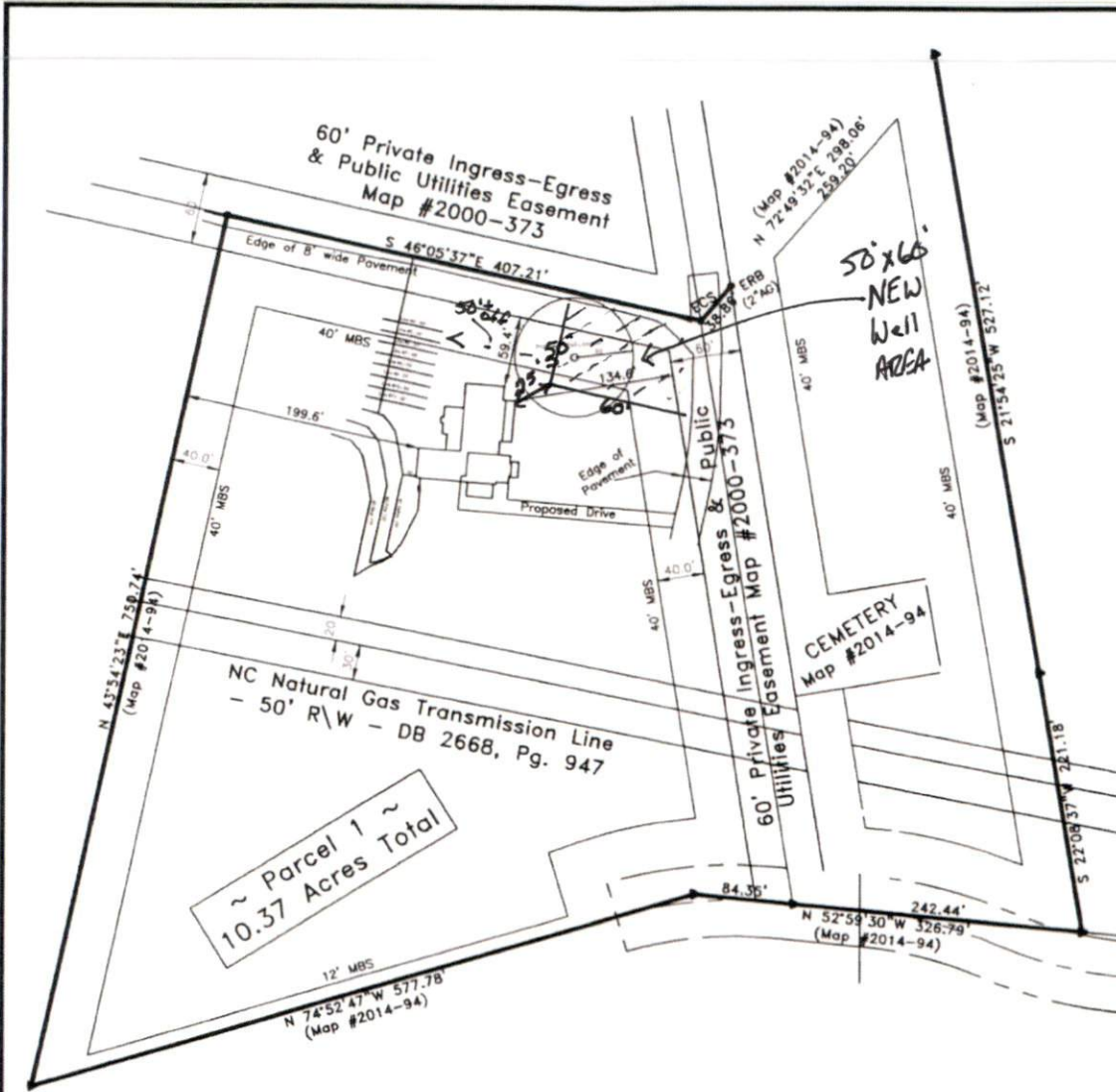
Matthew Melvin, Jr.  
 4-Bedroom - Septic Design  
 4954 NC 55 E Erwin, NC  
 Harnett County PIN: 0598-71-2238

\*Not a Survey  
 Sketched from a plot plan supplied by owner

\*If plumbing is sufficient at time of septic installation then the pump tank may be removed and the septic field may be dosed by gravity dispersal.

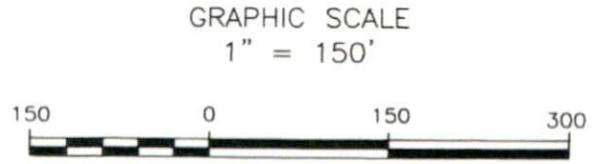
System: Gravity to D-Box  
 Lines: 1-3 (405')  
 0.3 LTAR  
 22" Max Trench Bottom  
 Accepted Status System  
 Repair: Pressure Manifold  
 Lines: 4-11 (400')  
 0.3 LTAR  
 22" Max Trench Bottom  
 Accepted Status

\*\*1000 Gallon Septic and Pump Tank  
 Tank and trenches to be located minimum of 10'  
 from any property line and minimum of 5'  
 from any building foundation.  
 \*Do Not Cut, Fill, or Alter Drainfield or Repair Area  
 \*Comply with all setbacks  
 \*Contact local health dept. and/or Alex Adams prior to  
 or during installation with any questions or concerns.



~ Parcel 1 ~  
 10.37 Acres Total

Adams  
 Soil Consulting  
 919-414-6761  
 Job #1828  
 12-4-23



NC 55 E - 60' Public R/W