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

PIN #: Parcel #: A	Application #: Subdivision: 5FD 2312 - 0257	Lot #: TR# 4	LY WELL
Applicant Name: Triple Anddress: 718 Tylerstone	for Fuguer Verina		
Type of Facility Served by W	ell: <u>SFD</u>		
Sewage System:			
Permit Conditions: Well to be	e drilled in Well Area		
 The permitted drinking ANY ALTERATION subject this Permit to re 	evocation	accordance with the SIT	E PLAN rtenance) or modification in use of the well, may 24 Expiration Date 3-6-29 rs of issue
Grouting Inspection Witness Grouting self-certified by See attachment for construction	driller GW-1 provided?	Pate Yes No	
Date: Application Applicant Name: Address: Directions to Site:		CATE OF COMPLETIC	ON
Use of Well: Da Static Water Level: Disinfection: Type A	te Drilled: Total Depth: in. above mount in.	Replacement Yield:	at Well? Yes No No gpm at ft.
Water Zone (depth) From To From To From To	Casing From To Diameter: Material: From To		Grout From 0 To Material: Method: From To Material: Method:
	Diameter: Material: From To	I mckness:	From To
	Diameter: Material:	Thickness:	Material: Method:
Inspector: On	Hold Date: Release Date:		
Remarks:			
Well Head Information Casing Height: (above Well ID Tag: Pur Sample Taken? Yes	finished grade) Access Port: _ np ID Tag: Sampling Tap: No Well Head properly sea	Vent Stack: : Bac	ckflow Preventer:
Remarks:			
Authorized State Agent		Date	

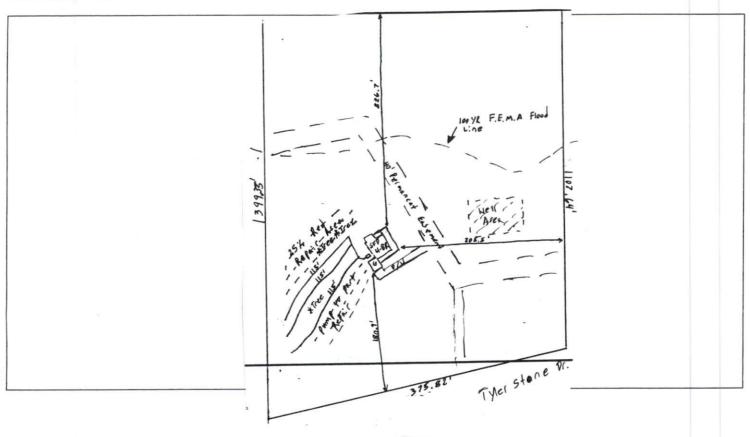
See Attachment for completion sketch

Application #: SFD 2317-025 7

Applicant Name: Tr: ple A Homes

Subdivision: ____ Lot #: TR# 4

Well Construction Sketch



Well Completion Sketch