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

PIN #: Parcel #: Application #: Subdivision:  0692-18-3199.000	Lot #: <b>5</b>
Type of Facility Served by Well: SFD	
Sewage System: Septic	
Permit Conditions: Well to be drilled in Well Area	
<ul> <li>General Permit Conditions:         <ul> <li>Drinking water supply well construction must meet 15A NCAC 02C.100 rules</li> <li>The permitted drinking water supply well shall be located in accordance with the SITE PLAN</li> <li>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</li> </ul> </li> <li>Authorized State Agent         <ul> <li>* Construction Authorization Expires within five years of issue</li> </ul> </li> </ul>	
Grouting Inspection Witnessed Grouting self-certified by driller GW-1 provided? Yes No	
WELL CERTIFICATE OF COMPLETION	
Date: Application #: Well Contractor:	
Applicant Name: Address: Directions to Site:  Use of Well: Date Drilled: Total Depth: Static Water Level: Top of Casing is in. above su Disinfection: Type Amount	Replacement Well? Yes No No Vield: gpm at ft.
Water Zone (depth)         Casing           From To To To	From To  Thickness: Material: Method:  From To
Inspector: On Hold Date: Release Date:	
Remarks:	
Well Head Information         Casing Height: (above finished grade)       Access Port:         Well ID Tag: Pump ID Tag: Sampling Tap:       Sampling Tap:         Sample Taken? Yes No Well Head properly sealed	Backflow Preventer:
Remarks:	
Authorized State Agent	Date

See Attachment for completion sketch

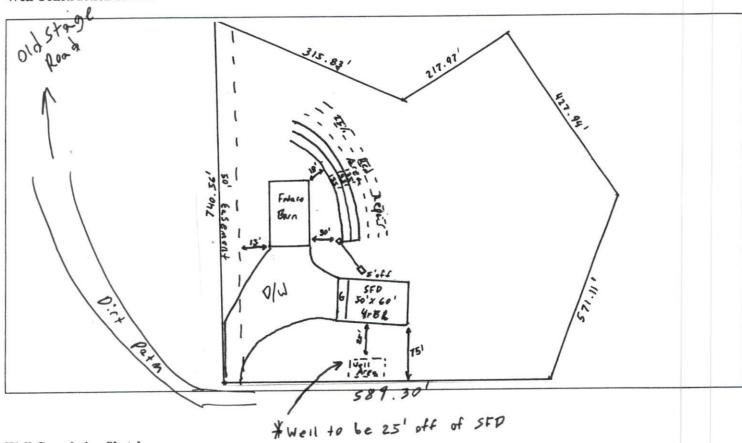
Application #: 5F0 2403-0089

Applicant Name:

Pan:e1 + Lea Johnson

Subdivision: \_\_\_\_ Lot #: 5

Well Construction Sketch



Well Completion Sketch