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

PIN #: 9579-52-3028   Parcel #:   Application #: SFD2404-0018   Subdivision: Lot #:

Applicant Name: **Andrew jenkins**
Address: **14652 McDougald Rd (SR 1229)**

Type of Facility Served by Well: **SFD**

Sewage System: **25% reduction**

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

Authorized State Agent _____ REH_____ Date _10-4-24_____ **Expiration Date** _10-4-29_

==* 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 #: SFD2404-0018   Well Contractor: _____

Applicant Name: Andrew jenkins
Address: 14652 McDougald Rd (SR 1229)
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

SFD2404-0018   Andrew jenkins

Well Construction Sketch

← Mcdougald →

Well Completion Sketch