

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

PIN #: 9566-75-9854

Parcel #:

Application #: SFD2411-0093, SFD2411-0092 Subdivision:

Lot #:

Applicant Name: Brandon Raines

Address: 755 and 759 Johnsonville School Rd (SR 1202)

Type of Facility Served by Well: (2) SFD

Sewage System: 25% reduction

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

Mah [Signature] REHS

Date 12-12-24

Expiration Date

12-12-29

* 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 #: SFD2411-0093, SFD2411-0092 Well Contractor: _____

Applicant Name: Brandon Raines

Address: 755 and 759 Johnsonville School Rd (SR 1202)

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)

From _____ To _____

From _____ To _____

From _____ To _____

Casing

From _____ To _____

Diameter: _____ Material: _____ Thickness: _____

From _____ To _____

Diameter: _____ Material: _____ Thickness: _____

From _____ To _____

Diameter: _____ Material: _____ Thickness: _____

Grout

From _____ To _____

Material: _____ Method: _____

From _____ To _____

Material: _____ Method: _____

From _____ To _____

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 #:

SFD2411-009

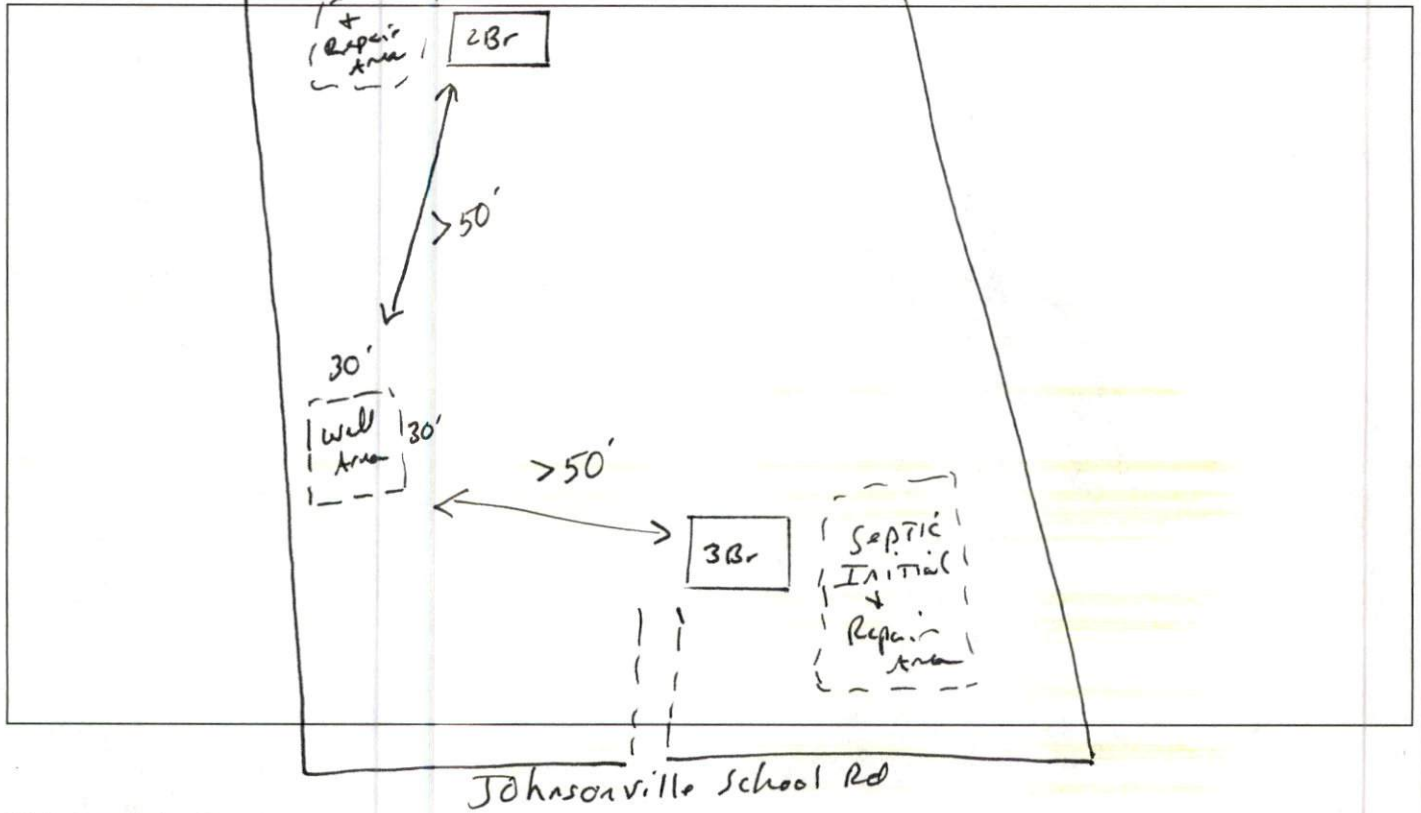
Applicant Name:

Brandon Rain

Subdivision:

Lot #:

Well Construction Sketch



Well Completion Sketch

