

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

PIN #: 1600-27-3108.000

Parcel #:

Application #: SFD2501-0106

Subdivision:

Lot #: TR#3

Applicant Name: **STS CONSTRUCTION, LLC**

Address: **280 EBENEZER CHURCH RD COATS, NC 27521**

Type of Facility Served by Well: **SFD 73' x 60'**

Sewage System: **Septic**

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



Date 3-20-25

Expiration Date 3-20-30

* Construction Authorization Expires within five years of issue

Grouting Inspection Witnessed

☐ Grouting self-certified by driller

GW-1 provided? ☐ Yes ☐ No

Date _____

See attachment for construction sketch

WELL CERTIFICATE OF COMPLETION

Date:

Application #: SFD2501-0106

Well Contractor: _____

Applicant Name: **STS CONSTRUCTION, LLC**

Address: **280 EBENEZER CHURCH RD COATS, NC 27521**

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 #:

SFD2501-0106

Applicant Name:

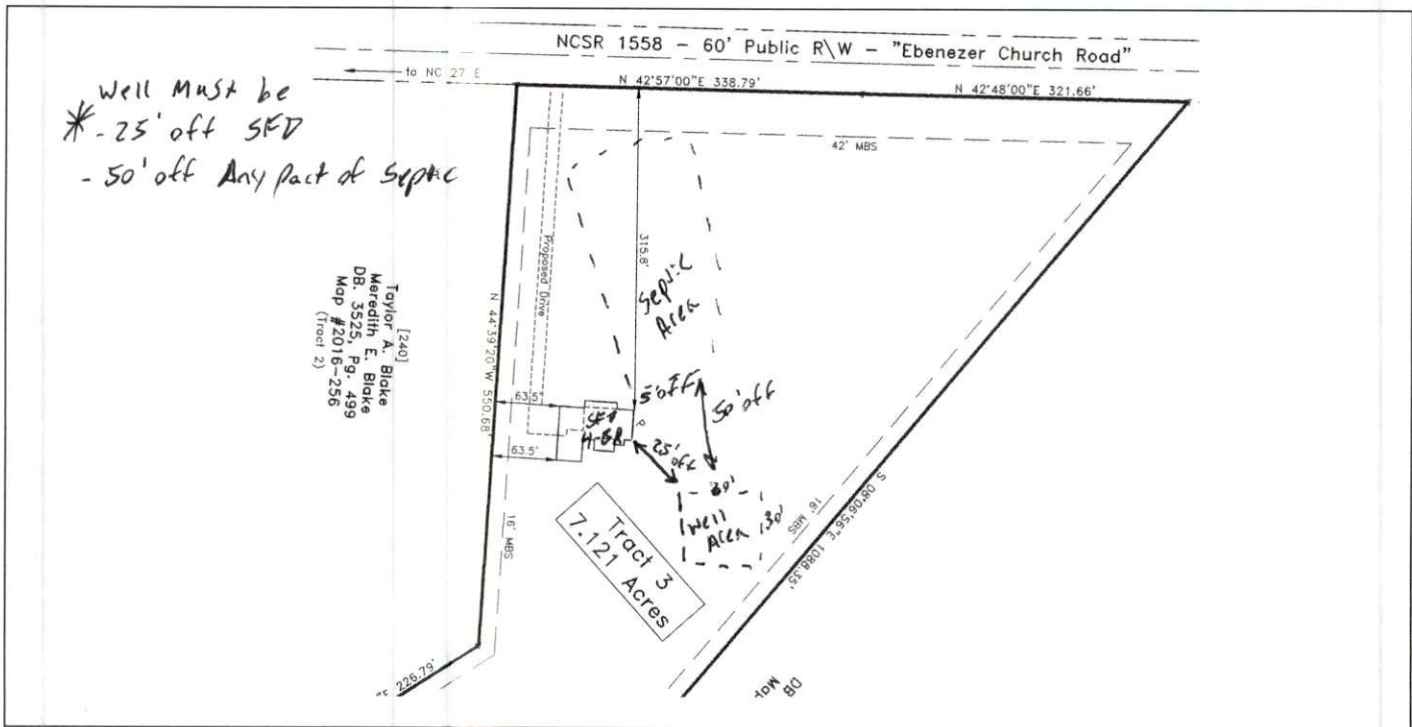
STS CONSTR

Subdivision:

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Well Construction Sketch



Well Completion Sketch

