

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

PIN #: Parcel #: Application #: Subdivision: Lot #:

↳ 9564-49-0868

↳ SFD 2502-0110

Applicant Name: MFGC INC.

Address: 398 Tracey Ln (SR 1106)

Type of Facility Served by Well: SFD

4B- 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

*[Signature]* REHS

Date 6-30-25

Expiration Date 6-30-30

\* 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 #: Well Contractor: \_\_\_\_\_

↳ SFD 2502-0110

Applicant Name: MFGC INC

Address: 398 Tracey Ln (SR 1106)

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 0 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

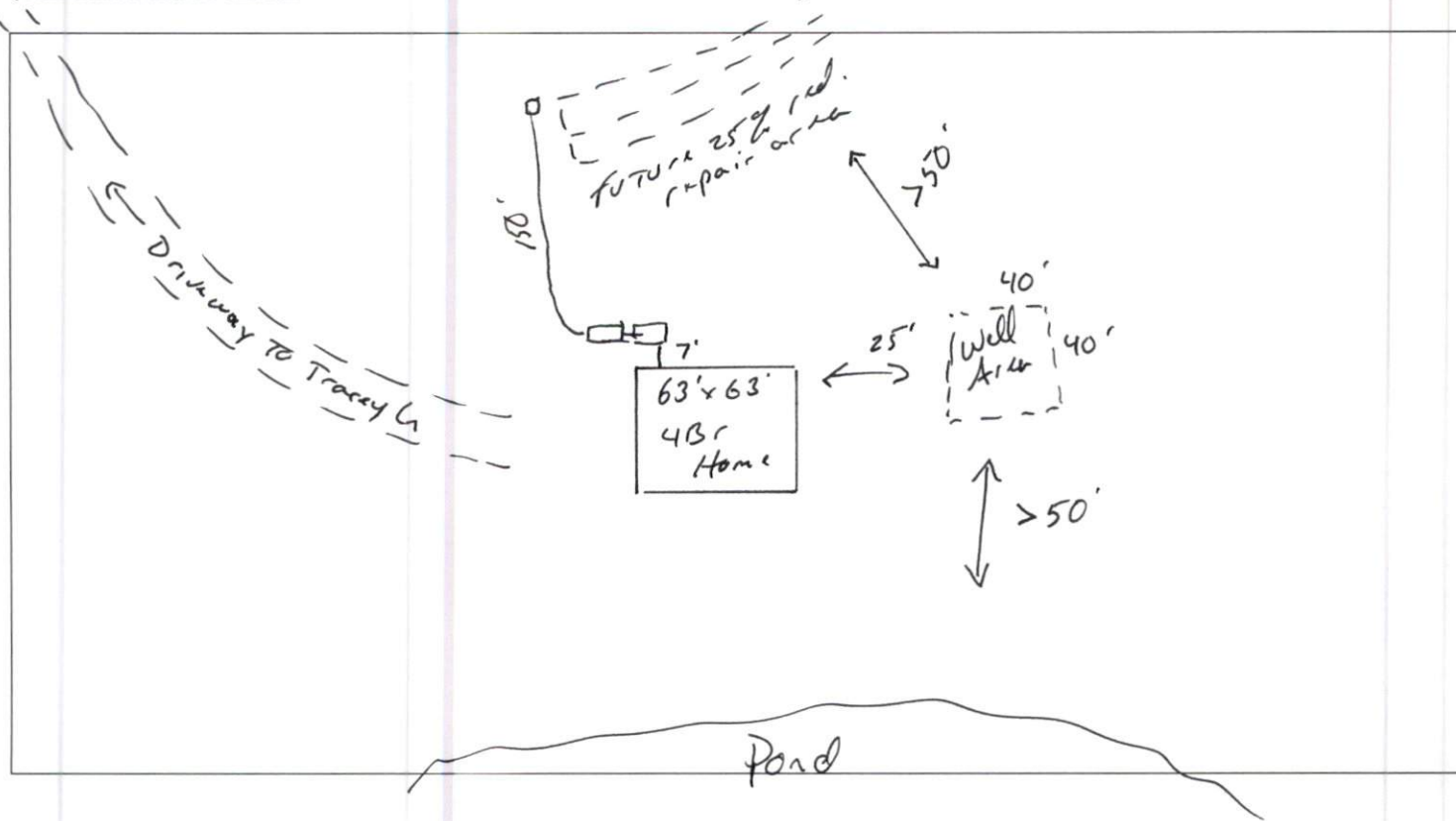
Date

See Attachment for completion sketch

Application #: Applicant Name: Subdivision: Lot #:

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### Well Construction Sketch



### Well Completion Sketch

