

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

PIN #: 0693-83-9959.000

Parcel #:

Application #: SFD2503-0191

Subdivision:

Lot #: Lot 5

Applicant Name: **SALENA CARDENAS**

Address: **1604 YOUNG RD ANGIER, NC 27501**

Type of Facility Served by Well: **SFD 53.8' x 40' 4 -BR**

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

[Signature]

Date 4-17-25

Expiration Date

4-17-30

* 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 #: SFD2503-0191

Well Contractor: _____

Applicant Name: SALENA CARDENAS

Address: 1604 YOUNG RD ANGIER, NC 27501

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 #:

SFD2503-0191

Applicant Name:

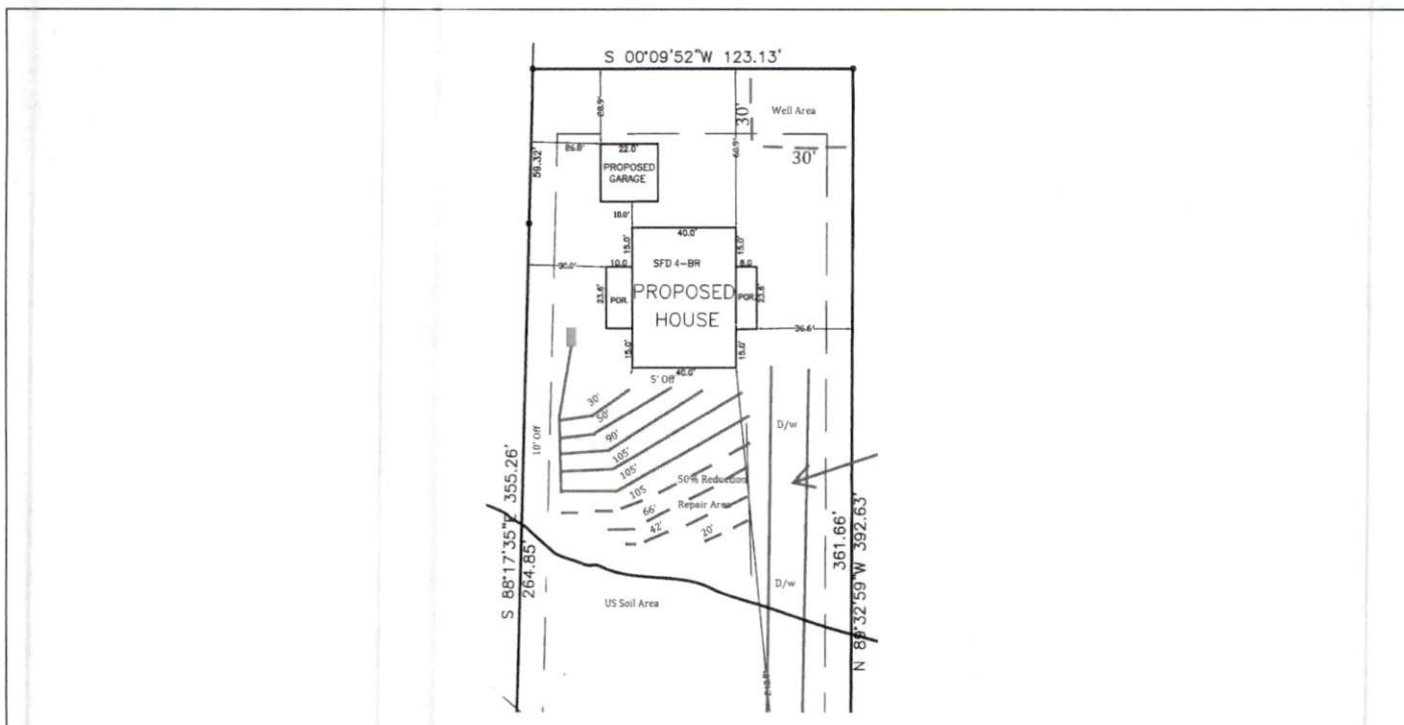
SALENA CARE

Subdivision:

Lot #:

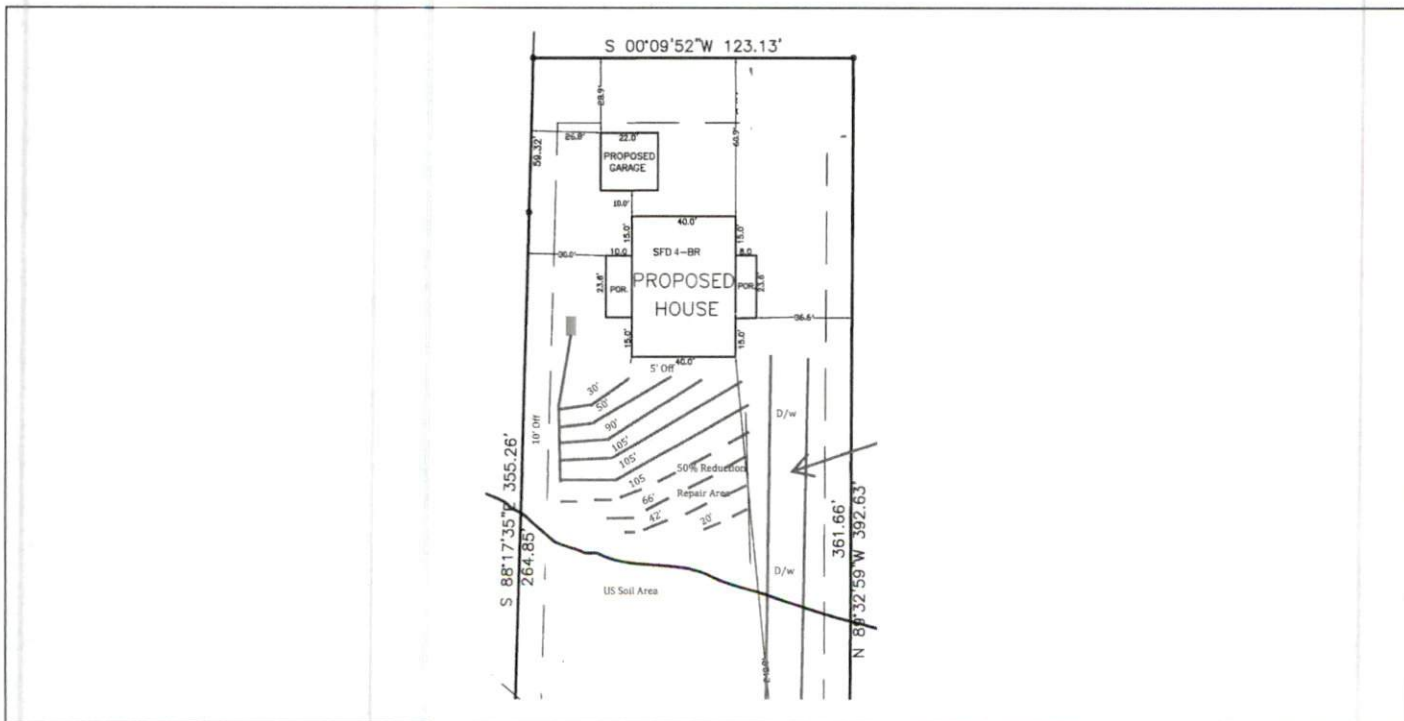
Lot 5

Well Construction Sketch



Young Ad

Well Completion Sketch



Young Rd