

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

PIN #: 0680-09-7568.000

Parcel #:

Application #: SFD2505-0226

Subdivision:

Lot #: 3

Applicant Name: **Davidson Homes, LLC**

Address: **1356 MAIN ST LILLINGTON, NC 27546**

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

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 6-12-25

Expiration Date

6-12-30

\* 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 #: SFD2505-0226

Well Contractor: \_\_\_\_\_

Applicant Name: Davidson Homes, LLC

Address: 1356 MAIN ST LILLINGTON, NC 27546

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

SFD2505-0226

Applicant Name:

Subdivision:

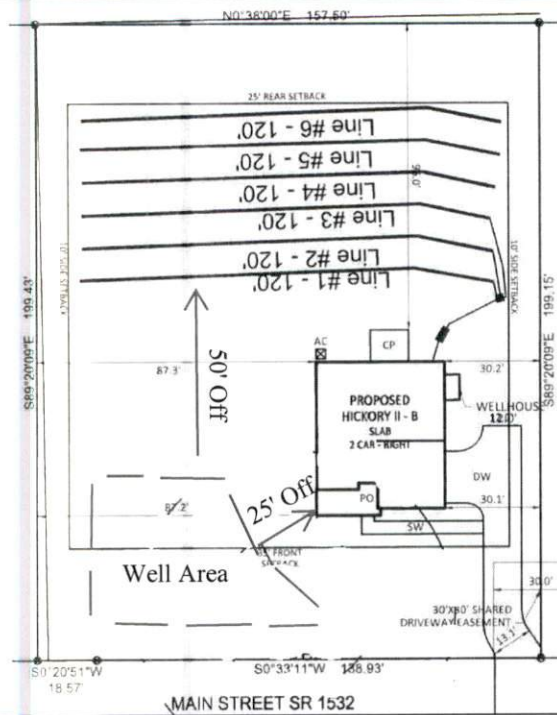
Lot #:

3

Davidson Hom+

### Well Construction Sketch

Well Must be  
\*25' off Foundation of SFD  
\*50' off Septic System.



### Well Completion Sketch

