

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

PIN #: 1600-54-2780.000

Parcel #:

Application #: SFD2506-0034

Subdivision:

Lot #: 4

Applicant Name: DOVE HOMES LLC

Address: 197 DELMA GRIMES RD COATS, NC 27521

Type of Facility Served by Well: SFD 36' x 40'

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

7-7-25

Expiration Date

7-7-30

**\* 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 #: SFD2506-0034

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

Applicant Name: DOVE HOMES LLC

Address: 197 DELMA GRIMES 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

SFD2506-0034

Applicant Name:

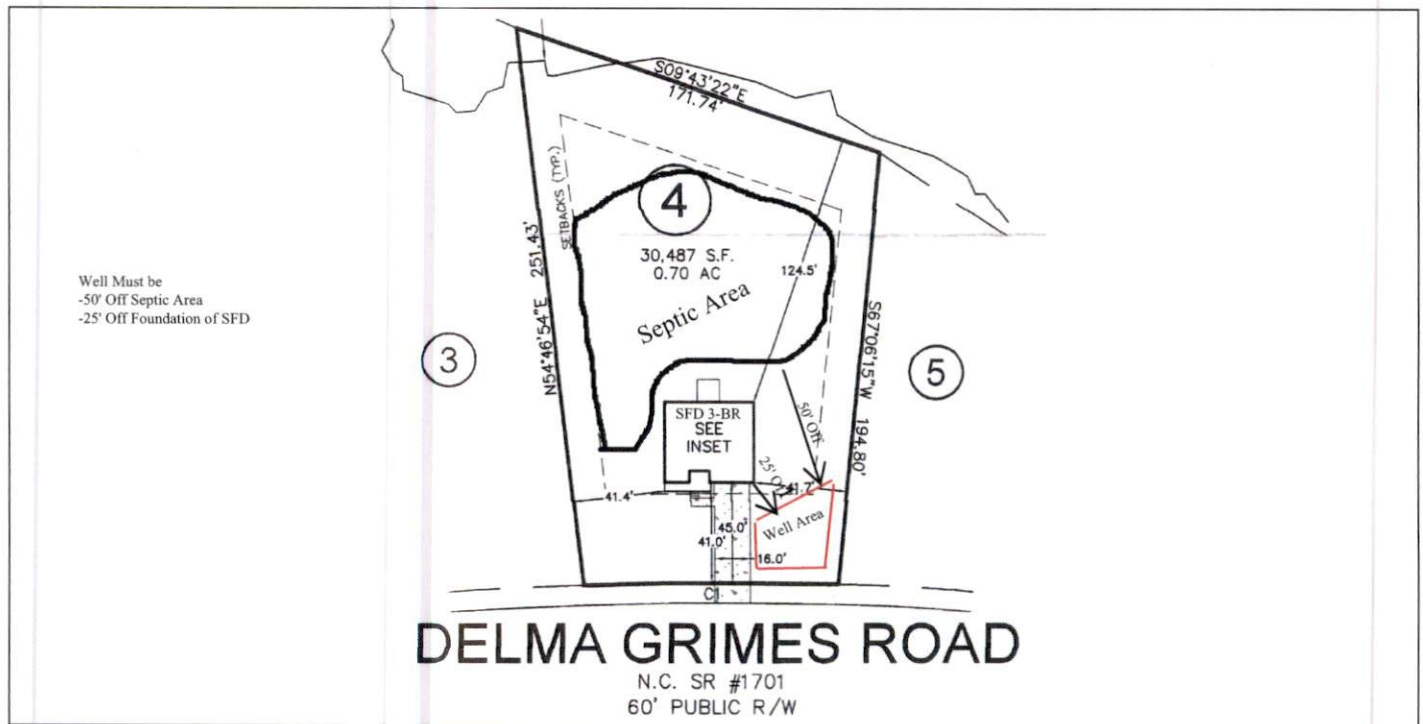
DOVE HOMES+

Subdivision:

Lot #:

4

### Well Construction Sketch



### Well Completion Sketch

