

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

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

↳ 9555-53-1758 ↳ SFD 2506-0104

Applicant Name: Red Door Homes

Address: TBD McKay Town Rd (SR 1105)

Type of Facility Served by Well: 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

Mah RHEH

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 2506-0104

Applicant Name: Red Door Homes

Address: TBD McKay Town Rd (SR 1105)

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

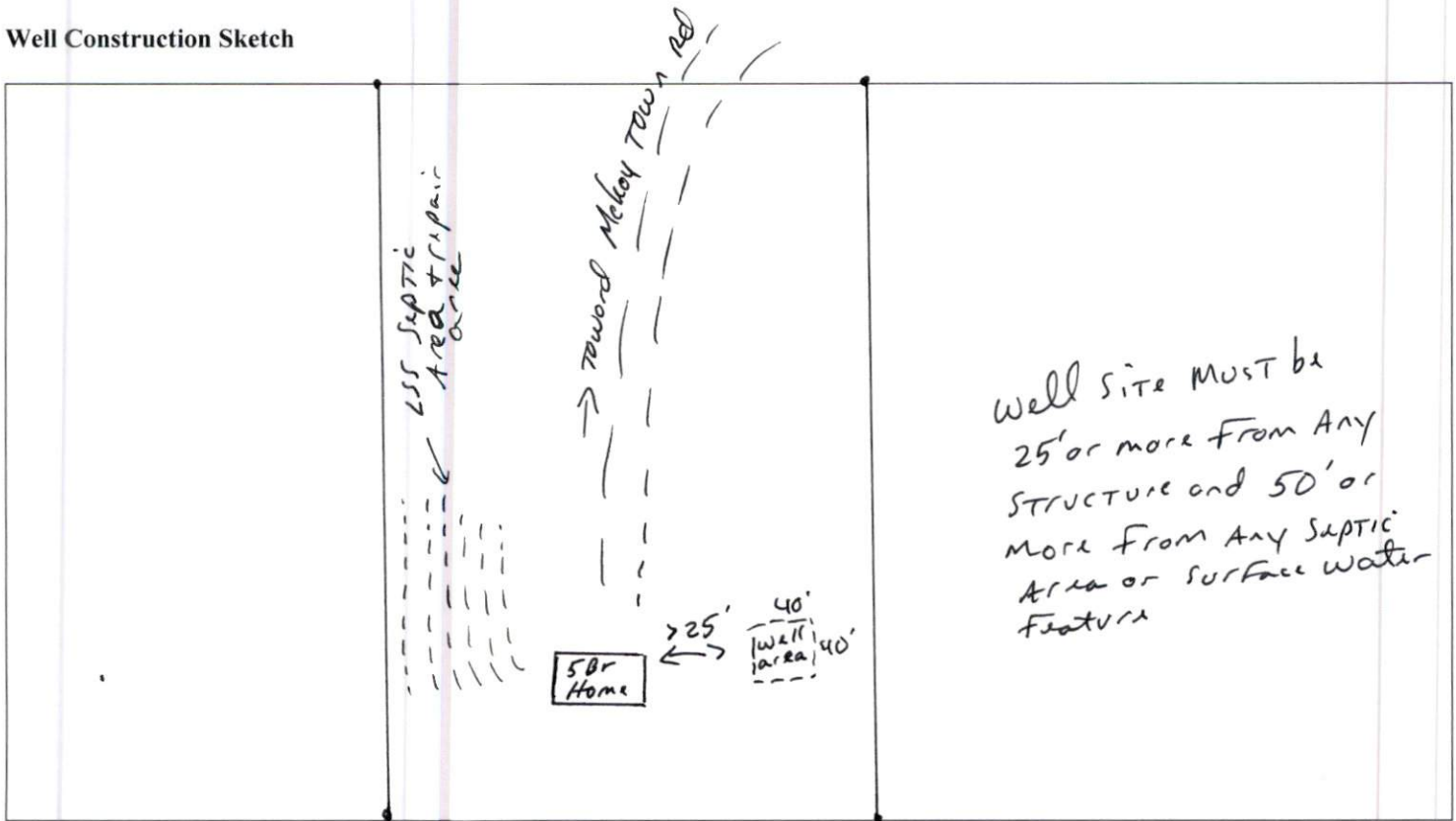
See Attachment for completion sketch

Application #: Applicant Name:

Subdivision: _____

Lot #:

Well Construction Sketch



Well Completion Sketch

