

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

PIN #: 1507-38-4961.000 Parcel #: 021537 0110 25 Application #: BRES1810-0034 Subdivision: Walts Crossing Lot #: 3

Applicant Name: Mark Craft (Greenfield Housing Center)

Address: 2117 US-70 BUS, Garner, NC 27529

Type of Facility Served by Well: Man. Home

Sewage System: 25% Reduction Sys.

Permit Conditions: Location - 126 Delany Ct. (Suggs Rd. SR 1727)

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 10/25/18

Grouting Inspection Witnessed [Signature] Date 12/31/18

Grouting self-certified by driller GW-1 provided? Yes No

See attachment for construction sketch

WELL CERTIFICATE OF COMPLETION

Date: 12/31/18 Application #: BRES1810-0034 Well Contractor: John Boyette
252-265-0992

Applicant Name: Mark Craft (Greenfield Housing Center)

Address: 2117 US-70 BUS, Garner, NC 27529

Directions to Site: Location - 126 Delany Ct. (Suggs Rd. SR 1727)

↓ reference GW-1 Form

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

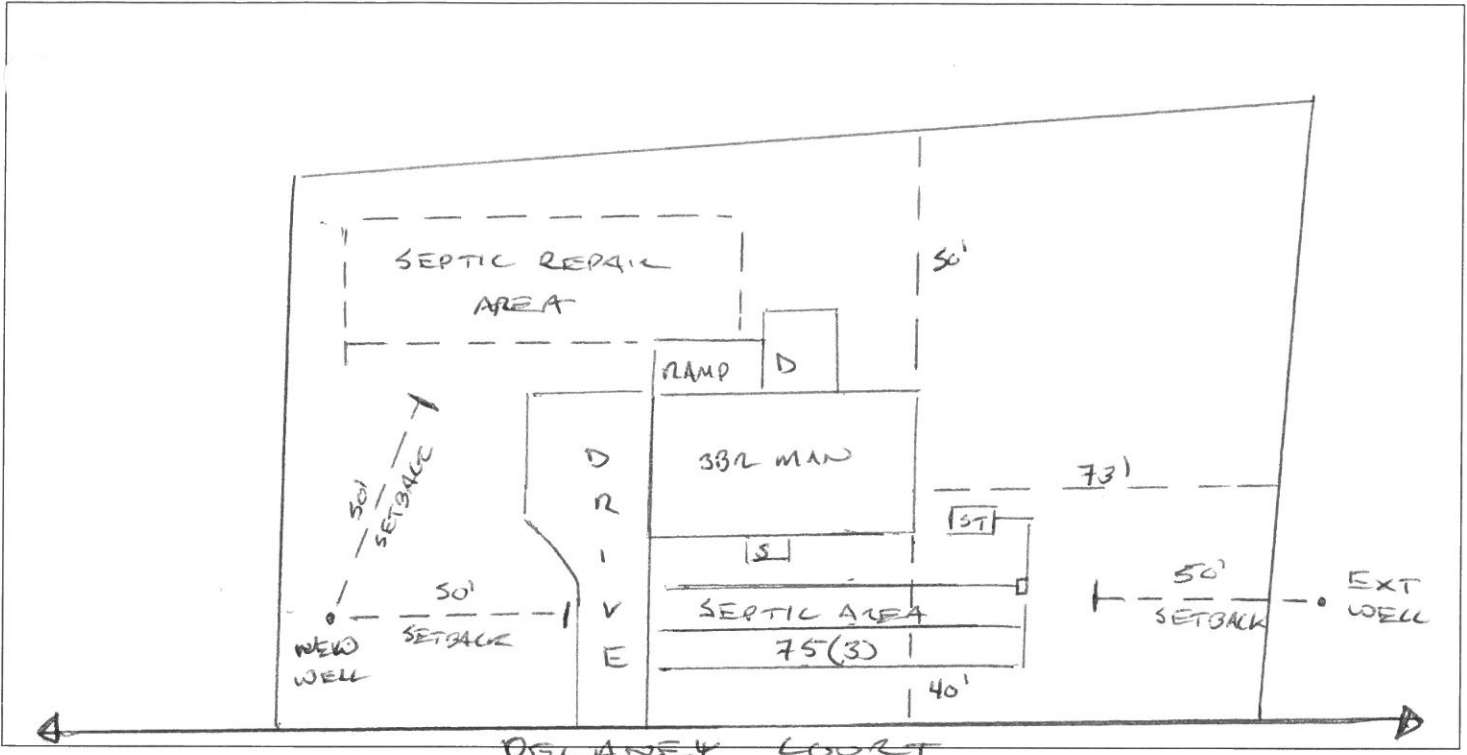
Well Head properly sealed:

Remarks:

Authorized State Agent [Signature] Date 02/12/2019

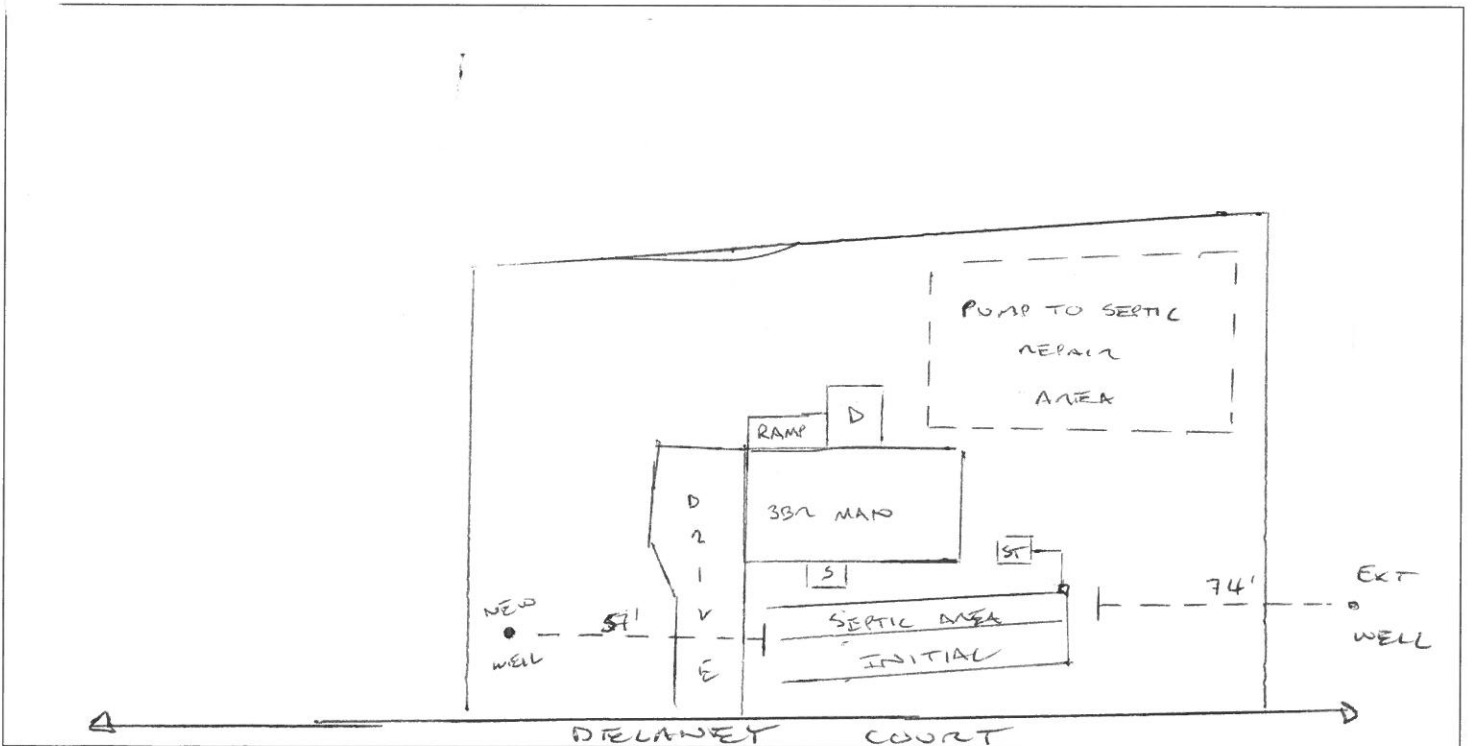
See Attachment for completion sketch

Well Construction Sketch



*CONSULT PRIOR TO INSTALL. TIGHT SEPTIC SETBACK. PREFERRED LOCATION MAY BE NEXT TO POLE NEAR EXT WELL [BASED ON FINAL MAN. HOME LOCATION]

Well Completion Sketch



Print Form

WELL CONSTRUCTION RECORD (GW-1)

1. Well Contractor Information:

John Boyette, Jr
 Well Contractor Name
2505
 NC Well Contractor Certification Number
Boyette Well & Septic, Inc.
 Company Name

2. Well Construction Permit #: **BR ES1810-0034**
 List all applicable well construction permits (i.e. UIC, Comp., State, Variance, etc.)

3. Well Use (check well use):

Water Supply Well:

Agricultural Municipal/Public
 Geothermal (Heating/Cooling Supply) Residential Water Supply (single)
 Industrial/Commercial Residential Water Supply (shared)
 Irrigation

Non-Water Supply Well:

Monitoring Recovery

Injection Well:

Aquifer Recharge Groundwater Remediation
 Aquifer Storage and Recovery Salinity Barrier
 Aquifer Test Streamwater Drainage
 Experimental Technology Subsidence Control
 Geothermal (Closed Loop) Tracer
 Geothermal (Heating/Cooling Return) Other (explain under #21 Remarks)

4. Date Well(s) Completed: **12/31/18** Well ID# _____

5a. Well Location:
Frank Craft
 Facility/Owner Name
176 Delany St. Dunn
 Physical Address, City, and Zip
Hannett
 County
 Parcel Identification No. (PIN) _____

5b. Latitude and longitude in degrees/minutes/seconds or decimal degrees:
 (if well field, one lat/long is sufficient)
35.340425 N 78-652927 W

6. Is (are) the well(s) Permanent or Temporary

7. Is this a repair to an existing well: Yes or No
 If this is a repair, fill out known well construction information and explain the nature of the repair under #21 remarks section or on the back of this form.

8. For Geoprobe/DPT or Closed-Loop Geothermal Wells having the same construction, only 1 GW-1 is needed. Indicate TOTAL NUMBER of wells drilled: _____

9. Total well depth below land surface: **7.75** (ft.)
 For multiple wells list all depths if different (example: 3@200' and 2@100')

10. Static water level below top of casing: **2.5** (ft.)
 If water level is above casing, use "-"

11. Borehole diameter: **6 1/4** (in.)

12. Well construction method: **Rotary**
 (i.e. auger, rotary, cable, direct push, etc.)

For Internal Use Only:

14. WATER ZONES

FROM	TO	DESCRIPTION
220 ft.	224 ft.	

15. OUTER CASING (for multi-cased wells) OR LINER (if applicable)

FROM	TO	DIAMETER	THICKNESS	MATERIAL
ft.	ft.	in.	in.	

16. INNER CASING OR TUBING (conveyance closed-loop)

FROM	TO	DIAMETER	THICKNESS	MATERIAL
4.5 ft.	163 ft.	6.25 in.	SDR 20	PVC
163 ft.	168 ft.	6.25 in.	+88	Galv. Steel

17. SCREEN

FROM	TO	DIAMETER	SLOT SIZE	THICKNESS	MATERIAL
ft.	ft.	in.			

18. GROUT

FROM	TO	MATERIAL	EMPLACEMENT METHOD & AMOUNT
0 ft.	20 ft.	Grout	Pumped

19. SAND/GRAVEL PACK (if applicable)

FROM	TO	MATERIAL	EMPLACEMENT METHOD
ft.	ft.		

20. BUILDING LOG (attach additional sheets if necessary)

FROM	TO	DESCRIPTION (color, hardness, soil/rock type, grain size, etc.)
0 ft.	30 ft.	Clay
30 ft.	40 ft.	Sand
40 ft.	120 ft.	Clay
120 ft.	160 ft.	Sandstone
160 ft.	245 ft.	Shale

21. REMARKS

22. Certification
 Signature of Certified Well Contractor: _____ Date: **1/15/19**

By signing this form, I hereby certify that the well(s) was (were) constructed in accordance with ISA NCAC 02C.0100 or ISA NCAC 02C.0260 Well Construction Standards and that a copy of this record has been provided to the well owner.

23. Site diagram or additional well details:
 You may use the back of this page to provide additional well site details or well construction details. You may also attach additional pages if necessary.

SUBMITTAL INSTRUCTIONS

24a. For All Wells: Submit this form within 30 days of completion of well construction to the following:

Division of Water Resources, Information Processing Unit,
 1617 Mail Service Center, Raleigh, NC 27699-1617

24b. For Injection Wells: In addition to sending the form to the address in 24a above, also submit one copy of this form within 30 days of completion of well construction to the following:

Division of Water Resources, Underground Injection Control Program,
 1636 Mail Service Center, Raleigh, NC 27699-1636

24c. For Water Supply & Injection Wells: In addition to sending the form to the address(es) above, also submit one copy of this form within 30 days of completion of well construction to the county health department of the county where constructed.

FOR WATER SUPPLY WELLS ONLY:

13a. Yield (gpm): **15** Method of test: **Flow**

13b. Disinfection type: **MTHH** Amount: **1 bag**