

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

PIN #: _____ Parcel #: _____ Application #: BRES1910-0019 Subdivision: _____ Lot #: _____

Applicant Name: LEROY JUDD
Address: 914 JESSE RD., BROADWAY (914)

Type of Facility Served by Well: SFD SWMH 14'X76' 2br

Sewage System: 25 % REDUCTION

Permit Conditions: _____

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 10-25-19

Grouting Inspection Witnessed [Signature] Date _____

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

See attachment for construction sketch

WELL CERTIFICATE OF COMPLETION

Date: _____ Application #: _____ Well Contractor: _____

Applicant Name: _____

Address: _____

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: 13 (above finished grade)

Well ID Tag: Yes No

Sample Taken? Yes No

Access Port:

Pump ID Tag:

Well Head properly sealed:

Vent Stack:

Sampling Tap:

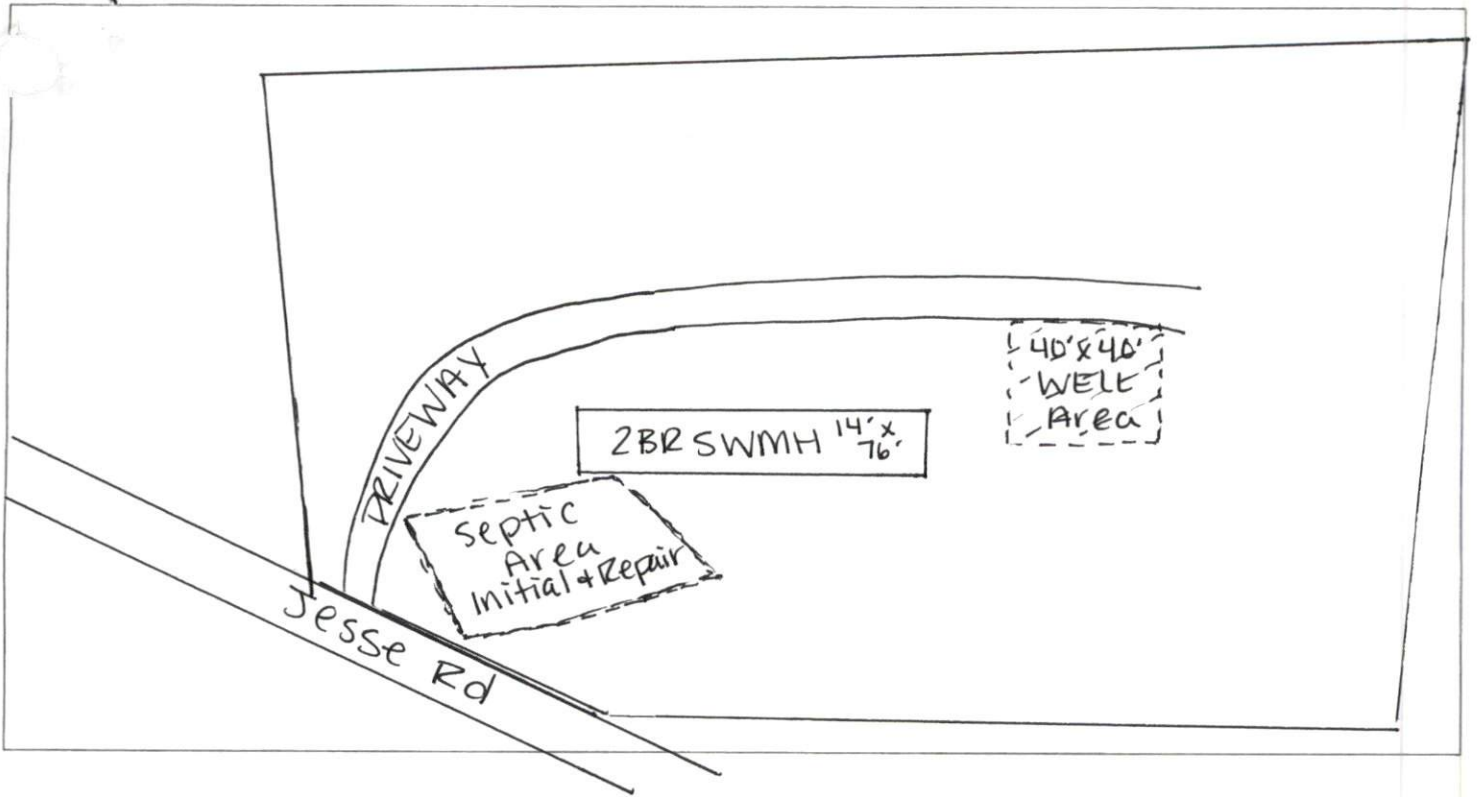
Backflow Preventer: NI

Remarks: _____

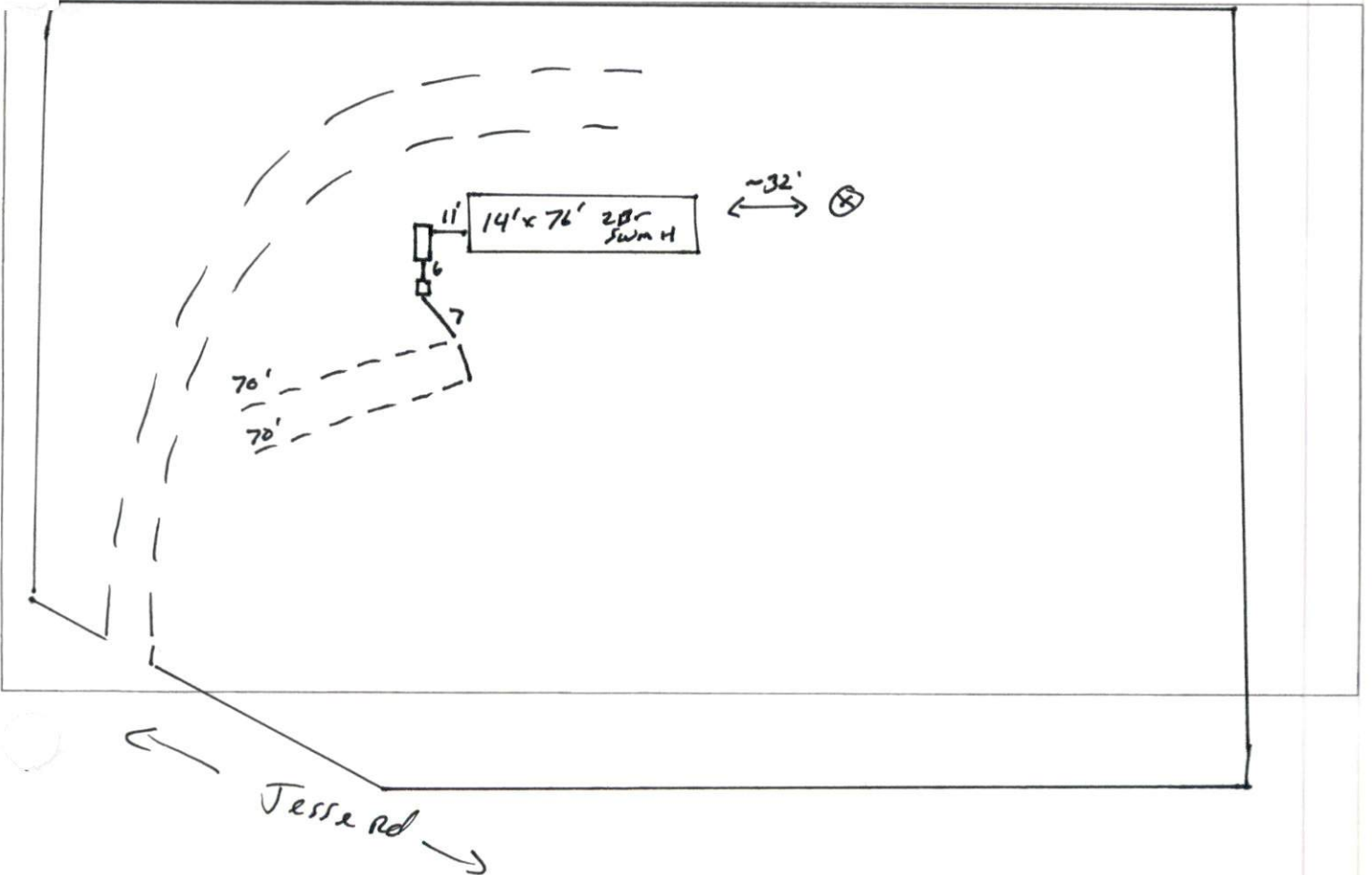
Authorized State Agent [Signature] Date 5-2-24

See Attachment for completion sketch

Well Construction Sketch



Completion Sketch



Boyette Well, Inc.

Company Name Septic

2. Well Construction Permit #: _____

List all applicable well construction permits (i.e. UIC, County, State, Variance, etc.)

3. Well Use (check well use):

Water Supply Well:

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

Non-Water Supply Well:

- Monitoring
- Recovery

Injection Well:

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

4. Date Well(s) Completed: 11/27/19 Well ID# _____

5a. Well Location:

Facility/Owner Name Roger Jackson
 Facility ID# (if applicable) _____
 Physical Address, City, and Zip 914 Jesse Rd, Broadway, NC
Harnett
 County _____ Parcel Identification No. (PIN) _____

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

_____ N _____ 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: 1

9. Total well depth below land surface: 205 (ft.)
 For multiple wells list all depths if different (example- 3@200' and 2@100')

10. Static water level below top of casing: 20 (ft.)
 If water level is above casing, use "+"

11. Borehole diameter: 6.25 (in.)

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

FOR WATER SUPPLY WELLS ONLY:

13a. Yield (gpm) 20 Method of test: flow

15. OUTER CASING (for multi-cased wells) OR LINER (if applicable)					
FROM	TO	DIAMETER	THICKNESS	MATERIAL	
ft.	ft.	in.			
16. INNER CASING OR TUBING (geothermal closed-loop)					
FROM	TO	DIAMETER	THICKNESS	MATERIAL	
ft.	ft.	in.			
+1.5	74	6.25	SDR21	PVC	
74	79	6.25	.188	galv. steel	
17. SCREEN					
FROM	TO	DIAMETER	SLOT SIZE	THICKNESS	MATERIAL
ft.	ft.	in.			
18. GROUT					
FROM	TO	MATERIAL	EMPLACEMENT METHOD & AMOUNT		
ft.	ft.				
0	25	bentonite	pumped		
19. SAND/GRAVEL PACK (if applicable)					
FROM	TO	MATERIAL	EMPLACEMENT METHOD		
ft.	ft.				
20. DRILLING LOG (attach additional sheets if necessary)					
FROM	TO	DESCRIPTION (color, hardness, soil/rock type, grain size, etc.)			
ft.	ft.				
0	30	clay			
30	80	sapprolite			
80	205	granite			
21. REMARKS					

22. Certification:

Signature of Certified Well Contractor John H. Boyette, Jr. Date 12-15-19

By signing this form, I hereby certify that the well(s) was (were) constructed in accordance with 15A NCAC 02C .0100 or 15A NCAC 02C .0200 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: