

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

PIN #: 0682-81-8721.000 Parcel #: 040682 0224 Application #: BRES2002-0047 Subdivision: SHC HOLDINGS Lot #: TR#8

Applicant Name: Morton Buildings, Inc.  
Address: 3042-C Forest Hills Rd Wilson, NC 27893

Type of Facility Served by Well: 42'x12'x60' Farm Storage Building

Sewage System: Conventional or 25% Reduction

Permit Conditions: Location - 170 Pointer Creek Dr. (NC 55 W.)

**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 04/15/2020

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 #: BRES2002-0047 Well Contractor: \_\_\_\_\_

Applicant Name: Morton Buildings, Inc.  
Address: 3042-C Forest Hills Rd Wilson, NC 27893  
Directions to Site: 170 Pointer Creek Dr. (NC 55 W.)

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 \_\_\_\_\_

| <u>Water Zone (depth)</u> | <u>Casing</u>                                    | <u>Grout</u>                  |
|---------------------------|--|-------------------------------|
| From _____ To _____       | From _____ To _____                              | From <u>0</u> To _____        |
| From _____ To _____       | Diameter: _____ Material: _____ Thickness: _____ | Material: _____ Method: _____ |
| From _____ To _____       | From _____ To _____                              | From _____ To _____           |
|                           | Diameter: _____ Material: _____ Thickness: _____ | Material: _____ Method: _____ |
|                           | From _____ To _____                              | From _____ To _____           |
|                           | Diameter: _____ Material: _____ Thickness: _____ | Material: _____ Method: _____ |

Inspector: \_\_\_\_\_ On Hold Date: \_\_\_\_\_ Release Date: \_\_\_\_\_

Remarks: \_\_\_\_\_

**Well Head Information**

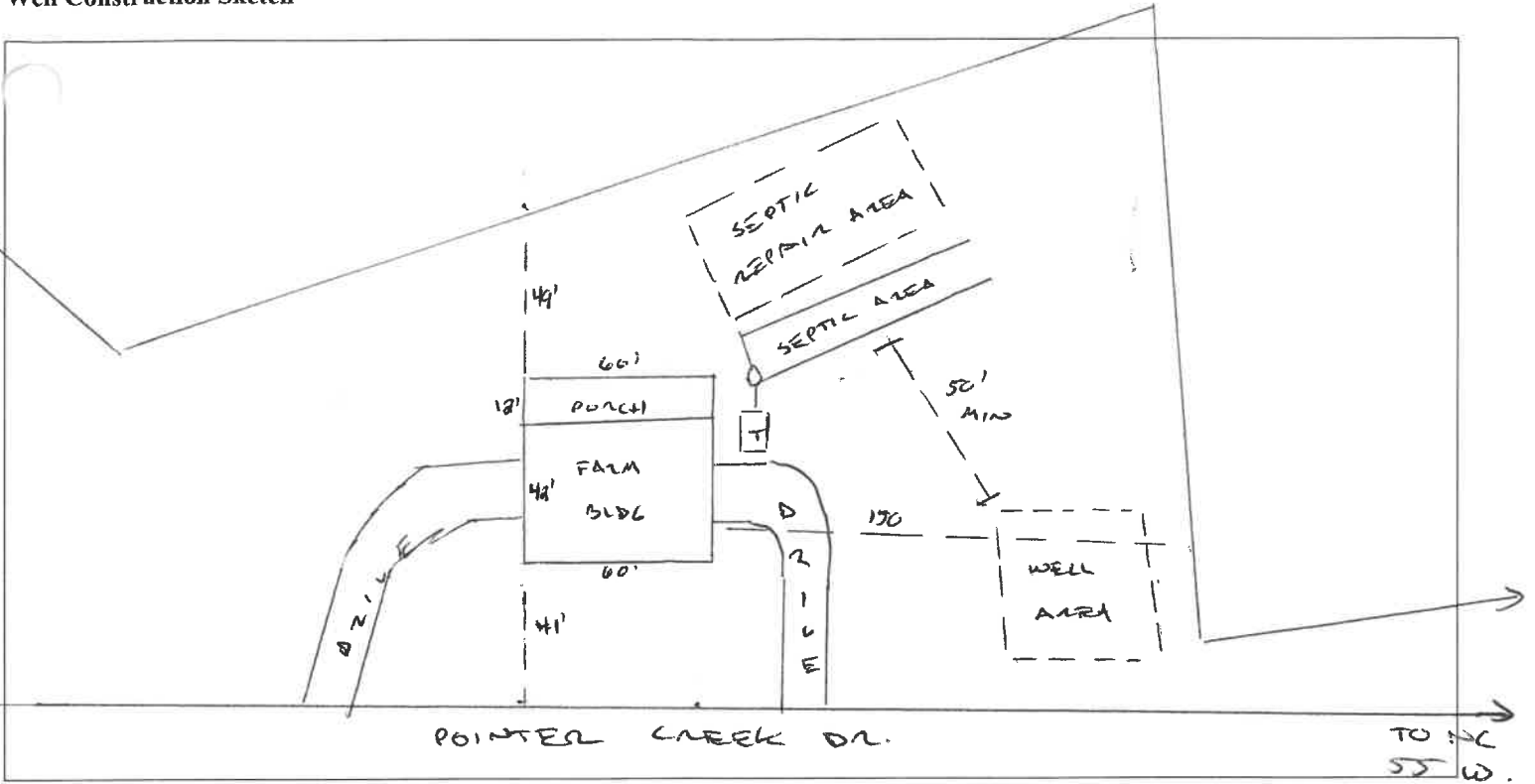
Casing Height: 14.5 (above finished grade) Access Port:  Vent Stack:   
Well ID Tag:  Pump ID Tag: \_\_\_\_\_ Sampling Tap:  Backflow Preventer: \_\_\_\_\_  
Sample Taken?  Yes  No Well Head properly sealed:

Remarks: \_\_\_\_\_

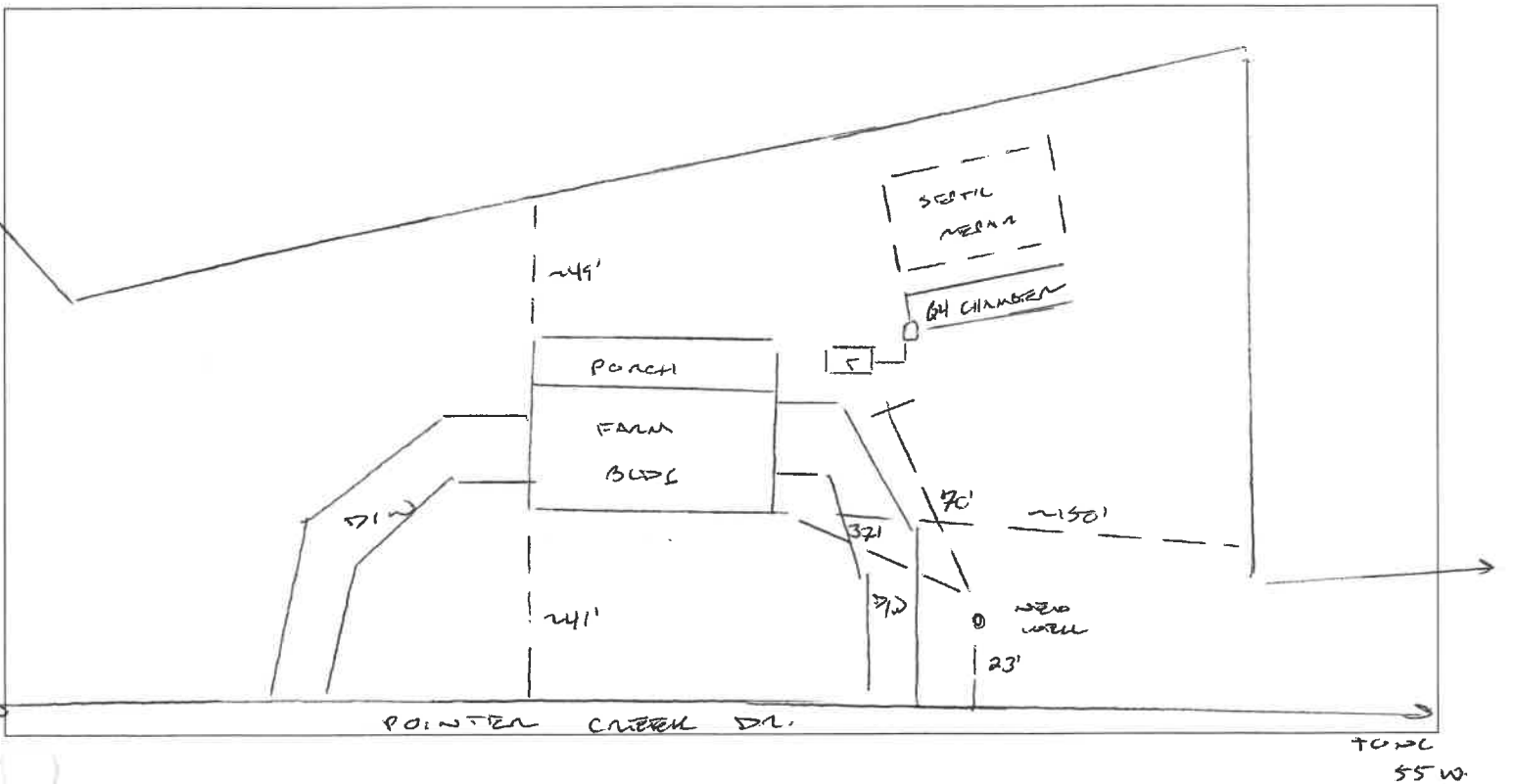
Authorized State Agent  Date 01/25/2021

See Attachment for completion sketch

Well Construction Sketch



Completion Sketch



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 #:

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

3. Well Use (check well use):

Water Supply Well: Agricultural, Geothermal, Industrial, Irrigation, Municipal/Public, Residential Water Supply (single/shared), Non-Water Supply Well: Monitoring, Recovery, Injection Well: Aquifer Recharge, Storage and Recovery, Test, Experimental Technology, Geothermal (Closed Loop/Return), Groundwater Remediation, Salinity Barrier, Stormwater Drainage, Subsidence Control, Tracer, Other

4. Date Well(s) Completed: Well ID#

5a. Well Location:

Alan Huston

Facility/Owner Name

Facility ID# (if applicable)

170 Pointer Dr, Angier, NC

Physical Address, City, and Zip

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)

35 46 17 N 78 79 79 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: 305 (ft.) For multiple wells list all depths if different (example- 3@200' and 2@100')

10. Static water level below top of casing: 25 (ft.) If water level is above casing, use "+"

11. Borehole diameter: 6a/4 (in.)

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

FOR WATER SUPPLY WELLS ONLY:

13a. Yield (gpm) 25 Method of test: Air

13b. Disinfection type: HTH Amount: 16 oz

For Internal Use Only:

14. WATER ZONES table with columns FROM, TO, DESCRIPTION. 15. OUTER CASING table with columns FROM, TO, DIAMETER, THICKNESS, MATERIAL. 16. INNER CASING OR TUBING table with columns FROM, TO, DIAMETER, THICKNESS, MATERIAL. 17. SCREEN table with columns FROM, TO, DIAMETER, SLOT SIZE, THICKNESS, MATERIAL. 18. GROUT table with columns FROM, TO, MATERIAL, EMPLACEMENT METHOD & AMOUNT. 19. SAND/GRAVEL PACK table with columns FROM, TO, MATERIAL, EMPLACEMENT METHOD. 20. DRILLING LOG table with columns FROM, TO, DESCRIPTION (color, hardness, soil/rock type, grain size, etc.). 21. REMARKS

22. Certification:

Signature of Certified Well Contractor

01/19/2021

Date

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: 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.