

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

BRES2006-0020

PIN #: \_\_\_\_\_ Parcel #: \_\_\_\_\_ Application #: \_\_\_\_\_ Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_

Applicant Name: Andrew Parsons  
Address: 547 Mersadies Ln, Cameron

Type of Facility Served by Well: SFD

Sewage System: \_\_\_\_\_

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] REHS - I Date 7/20/2020  
[Signature] 12/4/20 7-20-20

Grouting Inspection Witnessed \_\_\_\_\_ Date \_\_\_\_\_  
 Grouting self-certified by driller GW-I provided?  Yes  No

See attachment for construction sketch

WELL CERTIFICATE OF COMPLETION

Date: 12-4-20 Application #: BRES2006-0020 Well Contractor: \_\_\_\_\_

Applicant Name: Andrew Parsons  
Address: 547 Mersadies Ln, Cameron  
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 \_\_\_\_\_

<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: 16" (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] 12/4/20 Date 12-4-20

See Attachment for completion sketch

Andrew Parsons

Application #:

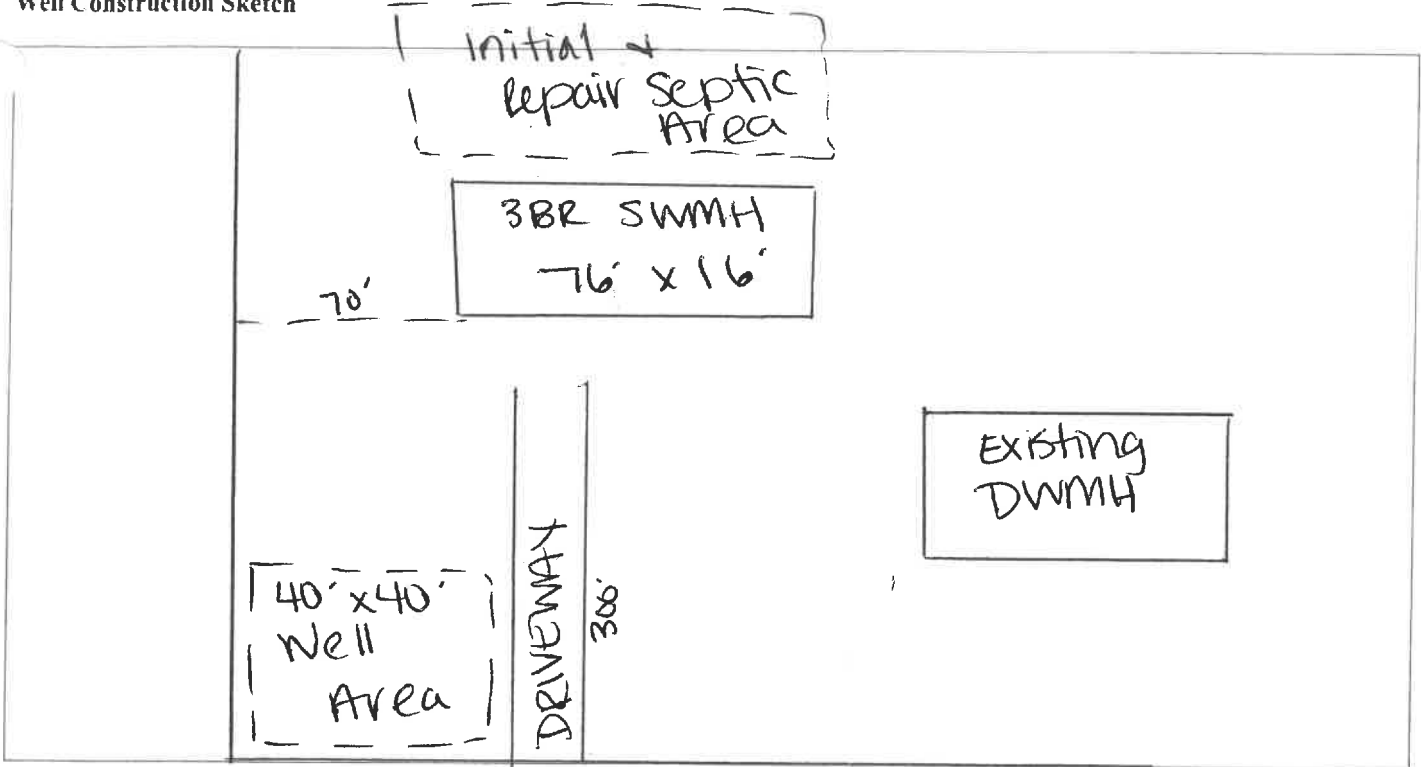
Applicant Name:

Subdivision:

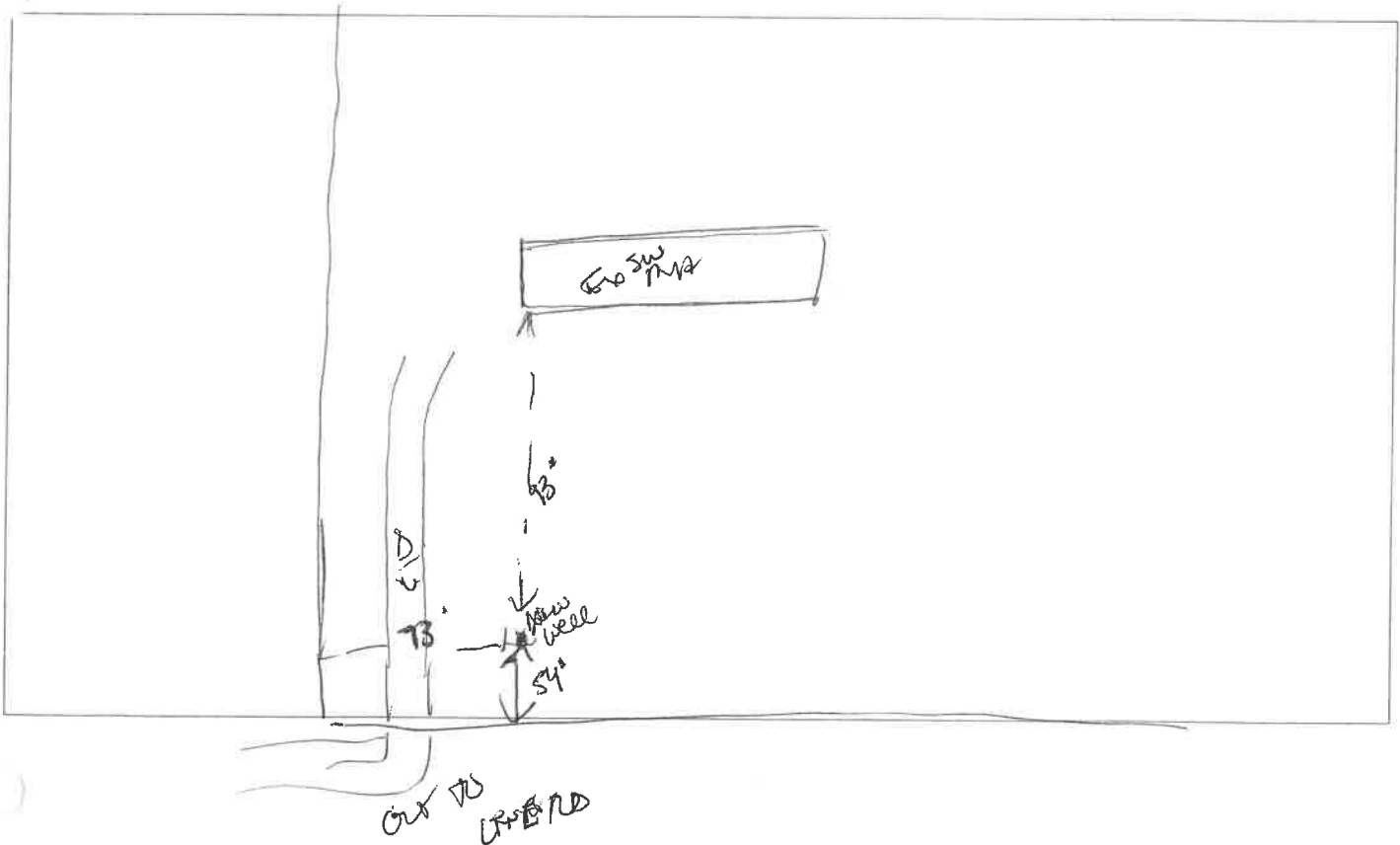
Lot #:

EP ES2006-0020

Well Construction Sketch



Well Completion Sketch



# WELL CONSTRUCTION RECORD

This form can be used for single or multiple wells

## 1. Well Contractor Information:

John H. 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 permits (i.e. County, State, Variance, Injection, etc.)

## 3. Well Use (check well use):

Water Supply Well:	
<input type="checkbox"/> Agricultural	<input type="checkbox"/> Municipal/Public
<input type="checkbox"/> Geothermal (Heating/Cooling Supply)	<input type="checkbox"/> Residential Water Supply (single)
<input type="checkbox"/> Industrial/Commercial	<input type="checkbox"/> Residential Water Supply (shared)
<input type="checkbox"/> Irrigation	
Non-Water Supply Well:	
<input type="checkbox"/> Monitoring	<input type="checkbox"/> Recovery
Injection Well:	
<input type="checkbox"/> Aquifer Recharge	<input type="checkbox"/> Groundwater Remediation
<input type="checkbox"/> Aquifer Storage and Recovery	<input type="checkbox"/> Salinity Barrier
<input type="checkbox"/> Aquifer Test	<input type="checkbox"/> Stormwater Drainage
<input type="checkbox"/> Experimental Technology	<input type="checkbox"/> Subsidence Control
<input type="checkbox"/> Geothermal (Closed Loop)	<input type="checkbox"/> Tracer
<input type="checkbox"/> Geothermal (Heating/Cooling Return)	<input type="checkbox"/> Other (explain under #21 Remarks)

4. Date Well(s) Completed: 10/26/20 Well ID#

5a. Well Location: Monty Wright Homes

Facility/Owner Name: 547 Mercedes Ln Facility ID# (if applicable)

Physical Address, City, and Zip: Hannett COM

County: Parcel Identification No. (PIN)

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

35.290554, -79.178577 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. Number of wells constructed: 1  
For multiple injection or non-water supply wells ONLY with the same construction, you can submit one form.

9. Total well depth below land surface: 305 (ft.)  
For multiple wells list all depths if different (example - 300, 200, and 250)

10. Static water level below top of casing: 85 (ft.)  
If water level is above casing, use "....."

11. Borehole diameter: 6-25 (in.)

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

### FOR WATER SUPPLY WELLS ONLY:

13a. Yield (gpm): <u>12</u>	Method of test: <u>Flow</u>
13b. Disinfection type: <u>HTH</u>	Amount: <u>16oz</u>

For Internal Use ONLY

14. WATER ZONES					
FROM	TO	DESCRIPTION			
280 ft.	285 ft.				
15. OUTER CASING (for multi-cased wells) OR LINER (if applicable)					
FROM	TO	DIAMETER	THICKNESS	MATERIAL	
115 ft.	159 ft.	6-25 in.		SDR 21	PVC
159 ft.	164 ft.	6-25 in.		SDR 21	PVC
16. INNER CASING OR TUBING (for thermal closed-loop)					
FROM	TO	DIAMETER	THICKNESS	MATERIAL	
115 ft.	159 ft.	6-25 in.		SDR 21	PVC
159 ft.	164 ft.	6-25 in.		SDR 21	PVC
17. SCREEN					
FROM	TO	DIAMETER	SLOT SIZE	THICKNESS	MATERIAL
ft.	ft.	in.			
ft.	ft.	in.			
18. GROUT					
FROM	TO	MATERIAL	EMPLACEMENT METHOD & AMOUNT		
0 ft.	2 ft.	Cement	Poured		
2 ft.	72 ft.	Benotite	Pumped		
ft.	ft.				
ft.	ft.				
19. SAND/GRAVEL PACK (if applicable)					
FROM	TO	MATERIAL	EMPLACEMENT METHOD		
ft.	ft.				
ft.	ft.				
20. DRILLING LOG (attach additional sheets if necessary)					
FROM	TO	DESCRIPTION (color, hardness, soil/rock type, grain size, etc.)			
0 ft.	10 ft.	Clay			
10 ft.	75 ft.	Sand			
25 ft.	100 ft.	Clay			
100 ft.	150 ft.	Sandy shale			
150 ft.	305 ft.	Benotite			
ft.	ft.				
ft.	ft.				
21. REMARKS					

## 22. Certification:

Signature of Certified Well Contractor

10/20/20  
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 ONLY: In addition to sending the form to the address in 24a above, also submit a 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:

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.