

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

0557-15-6499
PIN #: _____ Parcel #: _____ Application #: 3165 2007-0004 Subdivision: _____ Lot #: _____

Applicant Name: Aaron + Melissa Thomas
Address: 2068 McNeill Hobbs RD 172 Bonn farm RD Parkton N.C. 28371

Type of Facility Served by Well: SFD

Sewage System: 25% REDUCTION System

Permit Conditions: 25' off any Building Foundation

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: James E. Markant ^{PER ABUS} Date: 8-16-20

Grouting Inspection Witnessed _____ Date _____
 Grouting self-certified by driller GW-1 provided? Yes No

See attachment for construction sketch

WELL CERTIFICATE OF COMPLETION

Date: 12-31-20 Application #: 3165 2007-0004 Well Contractor: Bellswell

Applicant Name: Aaron Thomas
Address: 2068 McNeill Hobbs RD
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 0 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: 18" (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: James E. Markant ^{PER ABUS} Date: 12-31-20

See Attachment for completion sketch

Application #:

ELS 2007-0004

Applicant Name:

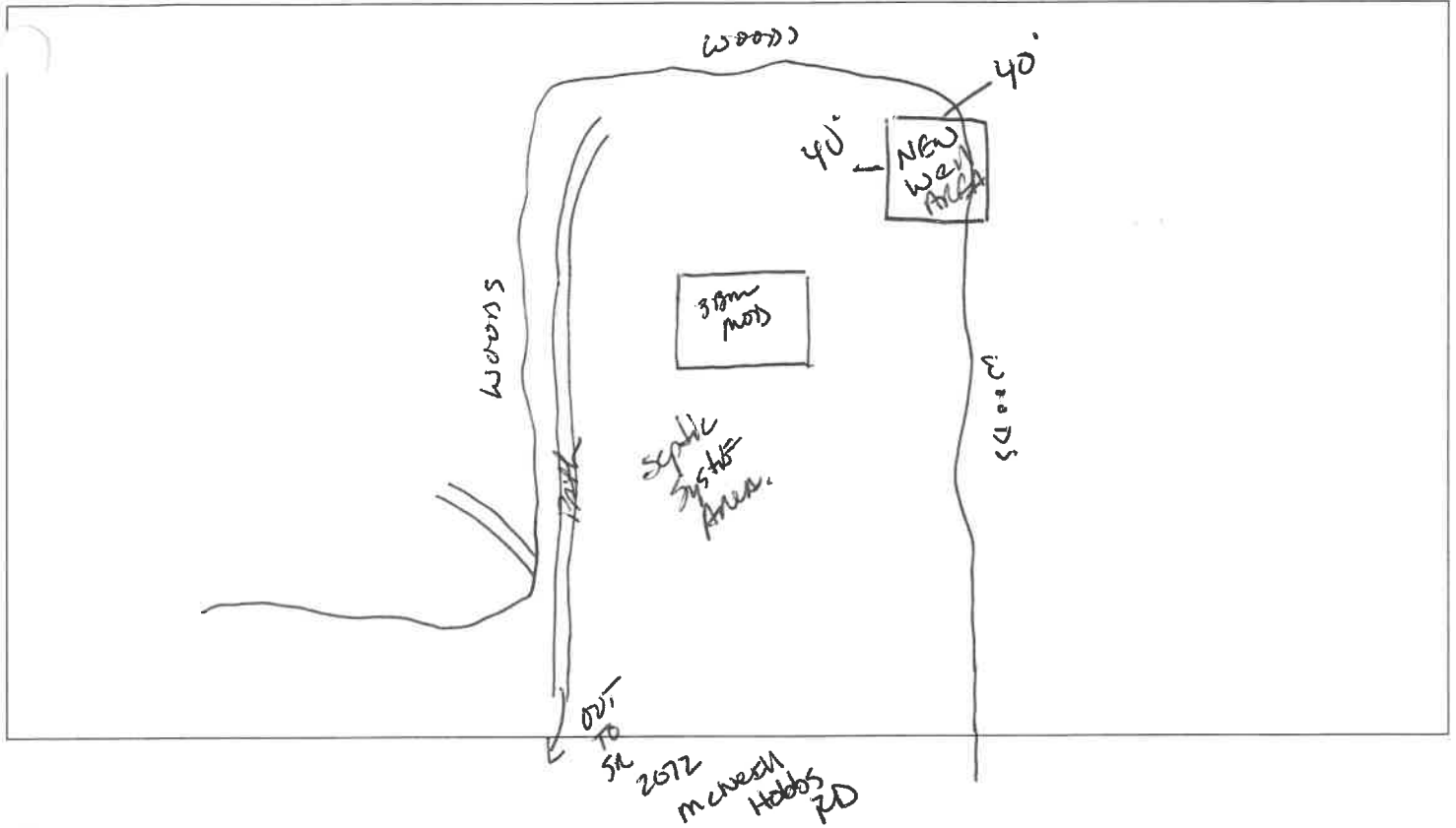
Amant Melissa

Subdivision: _____

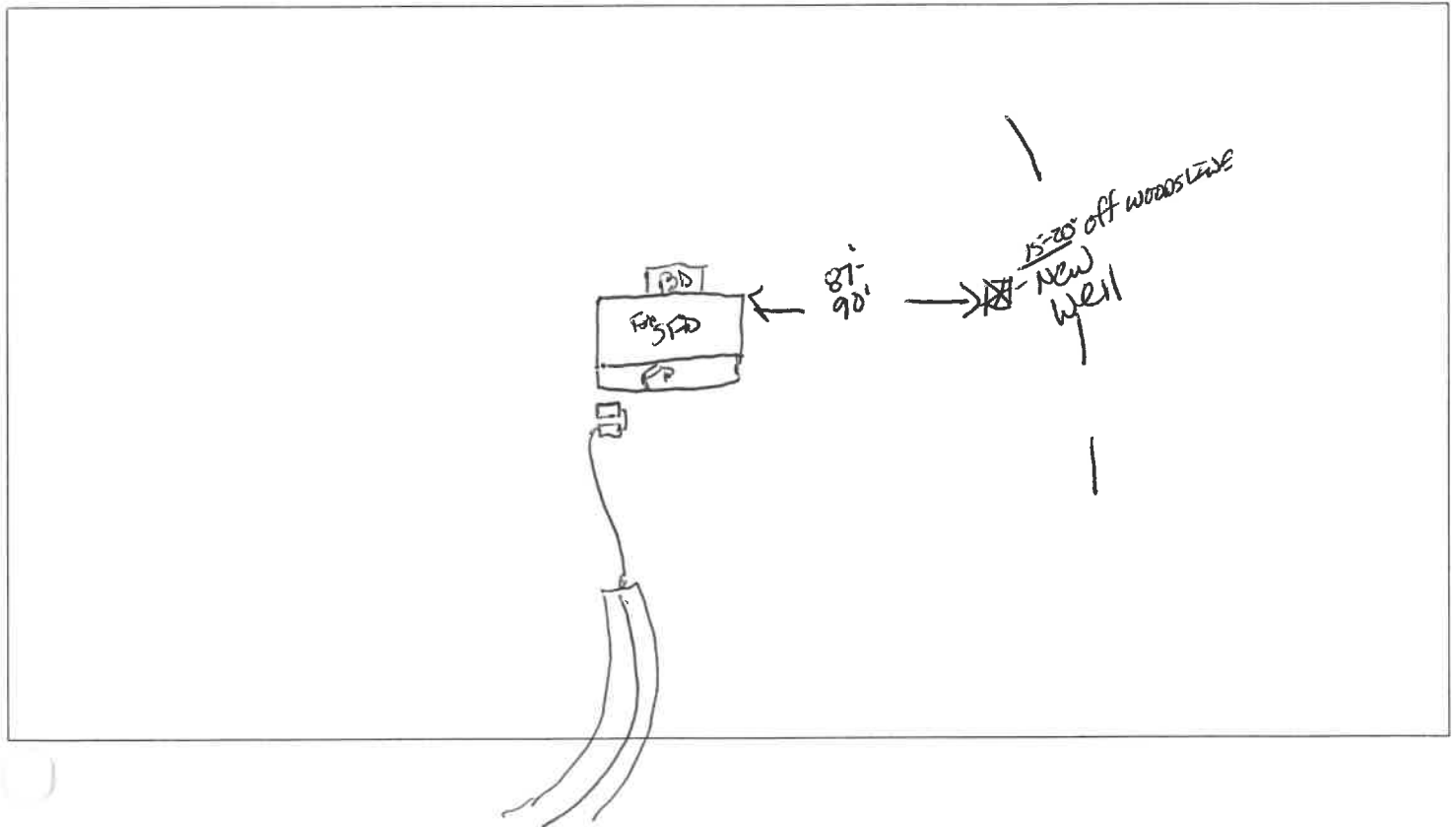
Lot #: _____

Well Construction Sketch

Thomas



1 Completion Sketch



WELL CONSTRUCTION RECORD

This form can be used for single or multiple wells

1. Well Contractor Information:

Jonathan Kamionka

Aaron Thomas

Well Contractor Name

3465-A

NC Well Contractor Certification Number

Bill's Well Drilling Co.

Company Name

2. Well Construction Permit #: 2007-2004

List all applicable well permits (i.e. County, State, Variances, Injection, 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

4. Date Well(s) Completed: 12-10-2020 Well ID#

5a. Well Location:

Aaron & Melissa Thomas

Facility/Owner Name

Facility ID# (if applicable)

2068 McNeill Hobbs Rd, Bunnlevel, NC 28323

Physical Address, City, and Zip

Harnett

0057-15-6499

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. 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: 280 (ft.) For multiple wells list all depths if different (example- 3@200' and 2@100')

10. Static water level below top of casing: 6 (ft.) If water level is above casing, use "+"

11. Borehole diameter: 6 (in.)

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

FOR WATER SUPPLY WELLS ONLY:

13a. Yield (gpm) 12 Method of test: blow

13b. Disinfection type: HTH Amount: 1 CUP

For Internal Use ONLY:

14. WATER ZONES

Table with columns FROM, TO, DESCRIPTION. Rows: 180 ft. to 200 ft., 250 ft. to 280 ft.

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

Table with columns FROM, TO, DIAMETER, THICKNESS, MATERIAL

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

Table with columns FROM, TO, DIAMETER, THICKNESS, MATERIAL. Row: +1 ft. to 47 ft., 6.25 in., SDR21, PVC

17. SCREEN

Table with columns FROM, TO, DIAMETER, SLOT SIZE, THICKNESS, MATERIAL

18. GROUT

Table with columns FROM, TO, MATERIAL, EMPLACEMENT METHOD & AMOUNT. Row: 0 ft. to 22 ft., Bentonite, Pumped

19. SAND/GRAVEL PACK (if applicable)

Table with columns FROM, TO, MATERIAL, EMPLACEMENT METHOD

20. DRILLING LOG (attach additional sheets if necessary)

Table with columns FROM, TO, DESCRIPTION (color, hardness, soil/rock type, grain size, etc.). Rows: 0 ft. to 2 ft. Orange Sandy Clay, 2 ft. to 8 ft. Gray Clay, 8 ft. to 10 ft. Sand, 10 ft. to 20 ft. Gray Clay, 20 ft. to 47 ft. Soft Green Rock, 47 ft. to 280 ft. Gray & Black Rock

21. REMARKS

22. Certification:

Signature of Certified Well Contractor, Date: 12-10-2020

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 Mall 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 Mall 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.