

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

PIN #: _____ Parcel #: _____ Application #: BRES2104-0003 Subdivision: _____ Lot #: _____

Applicant Name: Clayton Homes Raleigh
Address: 2273 Thomas Kelley Rd (SR1277)

Type of Facility Served by Well: 28' x 64' DWMH

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 5-28-21

Grouting Inspection Witnessed _____ Date _____

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

See attachment for construction sketch

WELL CERTIFICATE OF COMPLETION

Date: 12-8-21 Application #: Bres2104-0003 Well Contractor: Southern Well Drilling (#3104)

Applicant Name: Clayton Homes
Address: 2273 Thomas Kelley Rd (SR 1277)
Directions to Site: _____

Use of Well: Private Date Drilled: 11-8-21 Total Depth: 440 Replacement Well? Yes No
Static Water Level: 20' Top of Casing is 13" in. above surface. Yield: 5 gpm at _____ ft.
Disinfection: Type HTH 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

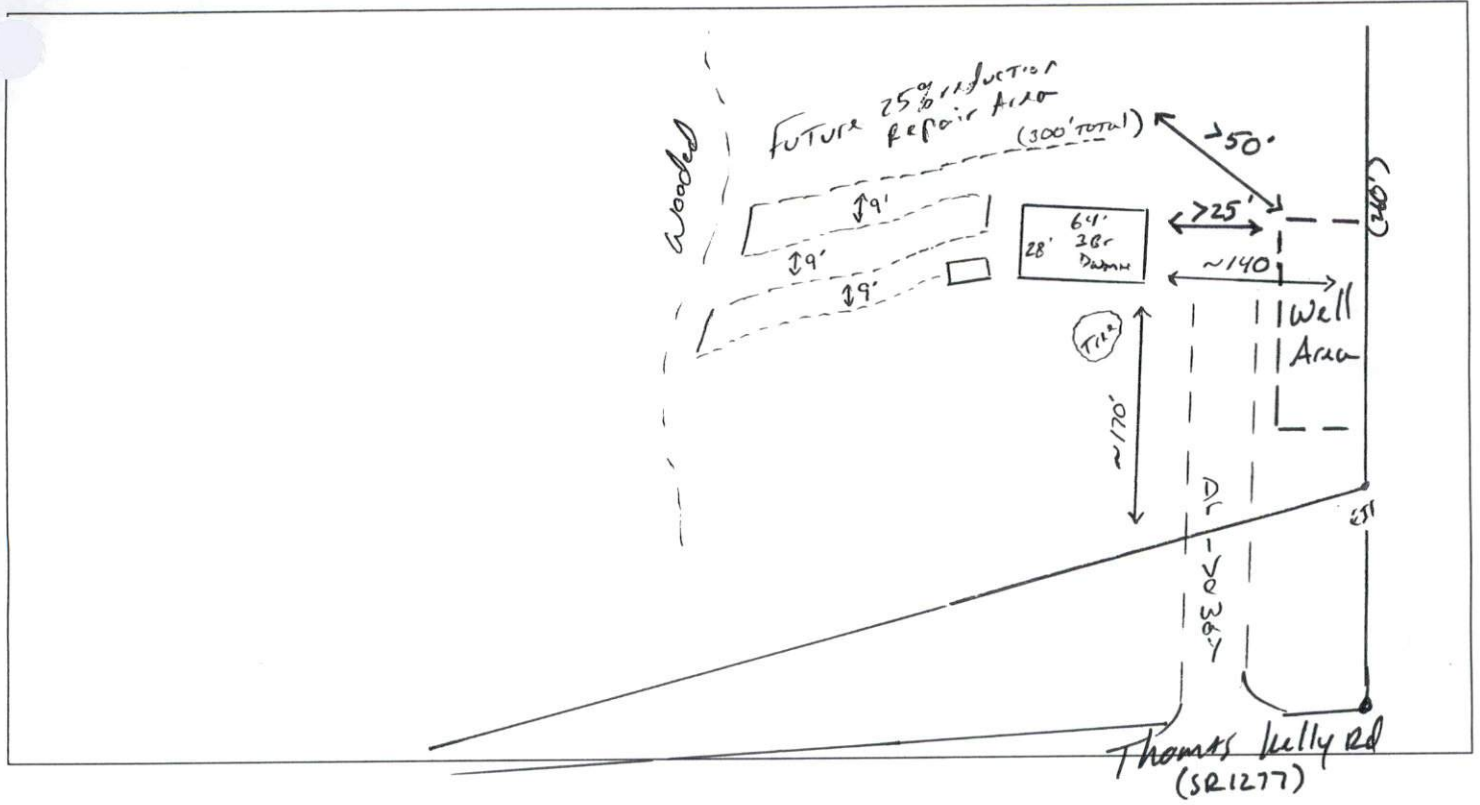
Casing Height: 13" (above finished grade) Access Port: Vent Stack:
Well ID Tag: Pump ID Tag: Sampling Tap: Backflow Preventer: _____
Sample Taken? Yes No Well Head properly sealed:

Remarks: Well Drilled on opposite side of Driveway as shown on permit, Home Company + Client are ok with location as IT does not interfere with septic or home location. Mh REHS

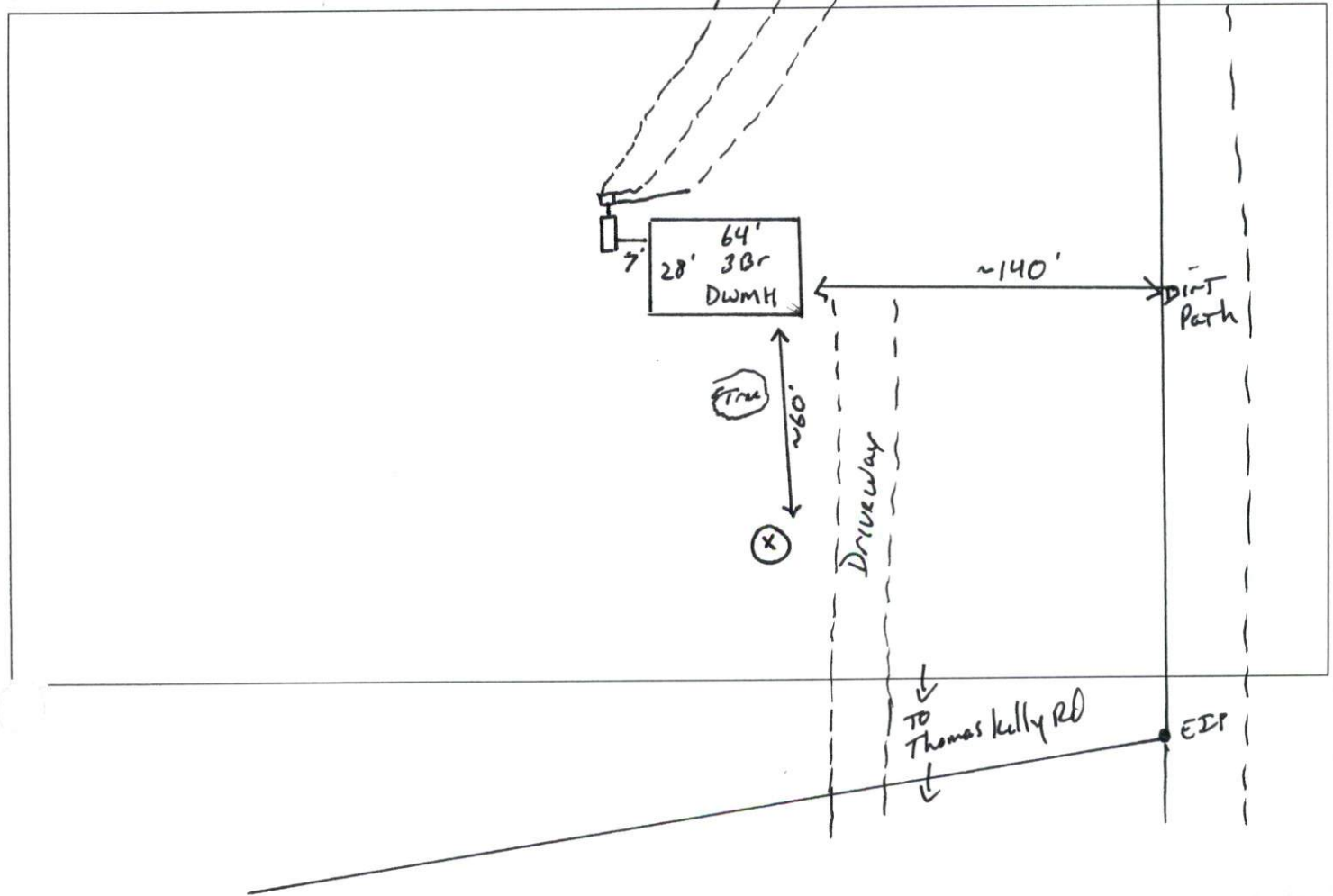
Authorized State Agent *[Signature]* Date 12-8-21

See Attachment for completion sketch

Well Construction Sketch



II Completion Sketch



WELL CONSTRUCTION RECORD

This form can be used for single or multiple wells

1. Well Contractor Information:

Van Elliott

Well Contractor Name:

3104

NC Well Contractor Certification Number

Southern Well Drilling LLC

Company Name

2. Well Construction Permit #: **BRES2104-0003**

List all applicable well construction permits (i.e. County, 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 Stormwater Drainage
 Experimental Technology Subsidence Control
 Geothermal (Closed Loop) Tracer
 Geothermal (Heating/Cooling Return) Other (explain under #2) Remarks

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

5a. Well Location:

Clayton Homes

Facility/Owner Name

Facility ID# (if applicable)

2273 Thom 93 Kelly Rd

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)

_____ 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: **440** (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** (in.)

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

FOR WATER SUPPLY WELLS ONLY:

13a. Yield (gpm): **5** Method of test: **Air**

13b. Disinfection type: **HTH** Amount: _____

For Internal Use ONLY:

14. WATER ZONES

| FROM | TO | DESCRIPTION |
|----------------|-----|-------------|
| 425 ft. | ft. | |
| ft. | ft. | |

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

| FROM | TO | DIAMETER | THICKNESS | MATERIAL |
|---------------|----------------|--------------|-----------|--------------------|
| 41 ft. | 189 ft. | 6 in. | | Galv. Steel |

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

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

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. | 20 ft. | Benite | Poured |
| 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.) |
|------|-----|---|
| ft. | ft. | |
| ft. | ft. | |
| ft. | ft. | |
| ft. | ft. | |
| ft. | ft. | |
| ft. | ft. | |
| ft. | ft. | |

21. REMARKS

22. Certification:

Signature of Certified Well Contractor: **[Signature]** Date: **11-22-21**

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 Quality, 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 a copy of this form within 30 days of completion of well construction to the following:

Division of Water Quality, 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.