

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

0663-797423000  
040664009252  
PIN #: \_\_\_\_\_ Parcel #: \_\_\_\_\_

Application #: <sup>16-5-</sup>39763 Subdivision: <sup>Bluffs@</sup>Cross Creek Lot #: 2

Applicant Name: Robert Bunchley  
Address: 464 Bluff Ridge C Angier 27501

Type of Facility Served by Well: SFD

Sewage System: EXISTING

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 James E. Martin Date 10-25-16

Grouting Inspection Witnessed \_\_\_\_\_ Date \_\_\_\_\_

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

See attachment for construction sketch

**WELL CERTIFICATE OF COMPLETION**

Date: 03/30/17 Application #: 16-5-3976322 Well Contractor: Grant Mason [N.W. Poole Well & Pump Co.]

Applicant Name: Robert Bunchley  
Address: 464 Bluff Ridge C. Angier 27501  
Directions to Site: \_\_\_\_\_

↓ Reference GW-1 Form

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**

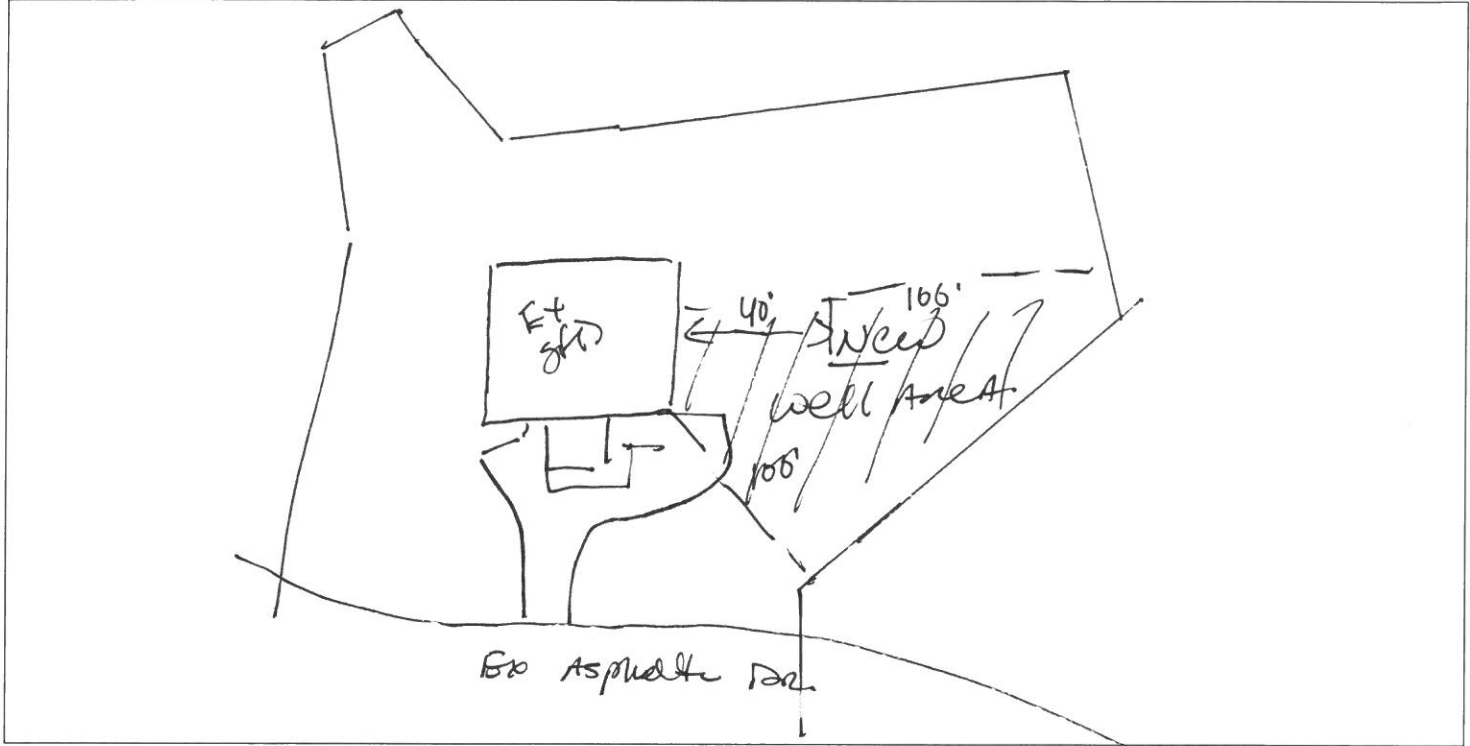
Casing Height: 16 in (above finished grade) Access Port: \_\_\_\_\_ Vent Stack: \_\_\_\_\_  
Well ID Tag: \_\_\_\_\_ Pump ID Tag: \_\_\_\_\_ Sampling Tap: \_\_\_\_\_ Backflow Preventer: \_\_\_\_\_  
Sample Taken?  Yes  No Well Head properly sealed: \_\_\_\_\_

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

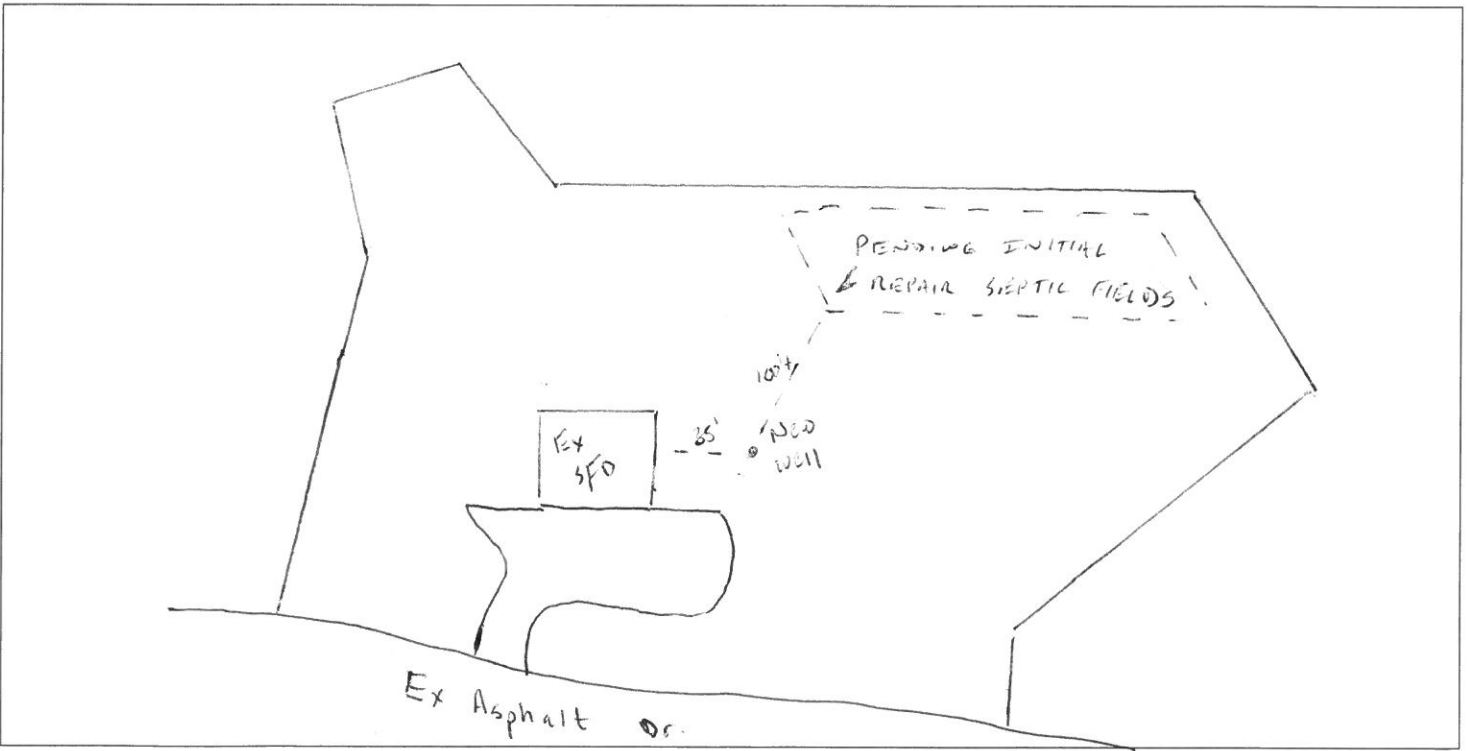
Authorized State Agent Antonia Lewis Date 07/02/2019

See Attachment for completion sketch

Well Construction Sketch



Well Completion Sketch



# WELL CONSTRUCTION RECORD

This form can be used for single or multiple wells

## 1. Well Contractor Information:

Well Contractor Name: Grant Mason

NC Well Contractor Certification Number: 4254A

Company Name: N.W. Poole Well & Pump Co.

Company Name: \_\_\_\_\_

2. Well Construction Permit #: \_\_\_\_\_  
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 #21 Remarks)

4. Date Well(s) Completed: 3/30/17

3. Well Location:

Facility/Owner Name: Robert Brackley

Facility ID# (if applicable): \_\_\_\_\_

Physical Address, City, and Zip: 404 Bluff Ridge Ln. Angier Harnett

County: Harnett Parcel Identification No. (PIN): \_\_\_\_\_

5b. Latitude and Longitude in degrees/minutes/seconds or decimal degrees: (if well field, one lat/long is sufficient)  
35.506934 N -78.771291 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: 163.5 (ft.)  
For multiple wells list all depths (if different (example: 3@200' and 1@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: Rotary  
(i.e. sugar, rotary, cable, direct push, etc.)

### 13. FOR WATER SUPPLY WELLS ONLY:

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

13b. Disinfection type: HH Amount: 116

For Internal Use ONLY: faxed 3/31/17

FROM	TO	DESCRIPTION
135 ft.	140 ft.	20 GPM

FROM	TO	DIAMETER	THICKNESS	MATERIAL
11.5 ft.	20.5 ft.	6 in.	188	Galv.

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

FROM	TO	DIAMETER	SLOT SIZE	THICKNESS	MATERIAL
ft.	ft.	in.			
ft.	ft.	in.			

FROM	TO	MATERIAL	EMPLACEMENT METHOD & AMOUNT
0 ft.	20 ft.	Portland Cement	
ft.	ft.		
ft.	ft.		

FROM	TO	MATERIAL	EMPLACEMENT METHOD
ft.	ft.		
ft.	ft.		

FROM	TO	DESCRIPTION (color, hardness, soil/rock type, grain size, etc.)
0 ft.	61 ft.	Clay
62 ft.	163.5 ft.	Slate
ft.	ft.	
ft.	ft.	
ft.	ft.	
ft.	ft.	
ft.	ft.	

REMARKS: Used hardened steel drive shaft.

22. Certification: Grant Mason 3/30/17  
Signature of Certified Well Contractor 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.

24. 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 & Geothermal 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.