

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

PIN #: 0680-52-0745.000 Parcel #: 070680 0024 Application #: 17-5-42839 Subdivision: _____ Lot #: _____

Applicant Name: Richard Stafford
Address: 9230 Eagle Cove Circle, South Chesterfield VA 23803

Type of Facility Served by Well: SFD

Sewage System: Existing Septic

Permit Conditions: 1614 McLamb Road (SR 2003)

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 04/20/2018

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

See attachment for construction sketch

WELL CERTIFICATE OF COMPLETION

Date: 05/15/18 Application #: 17-5-42839 Well Contractor: N.W. Poole Well & Pump Co.

Applicant Name: Richard Stafford
Address: 9230 Eagle Cove Circle, South Chesterfield VA 23803
Directions to Site: 1614 McLamb Road (SR 2003)

↓ 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)	Casing	Grout
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

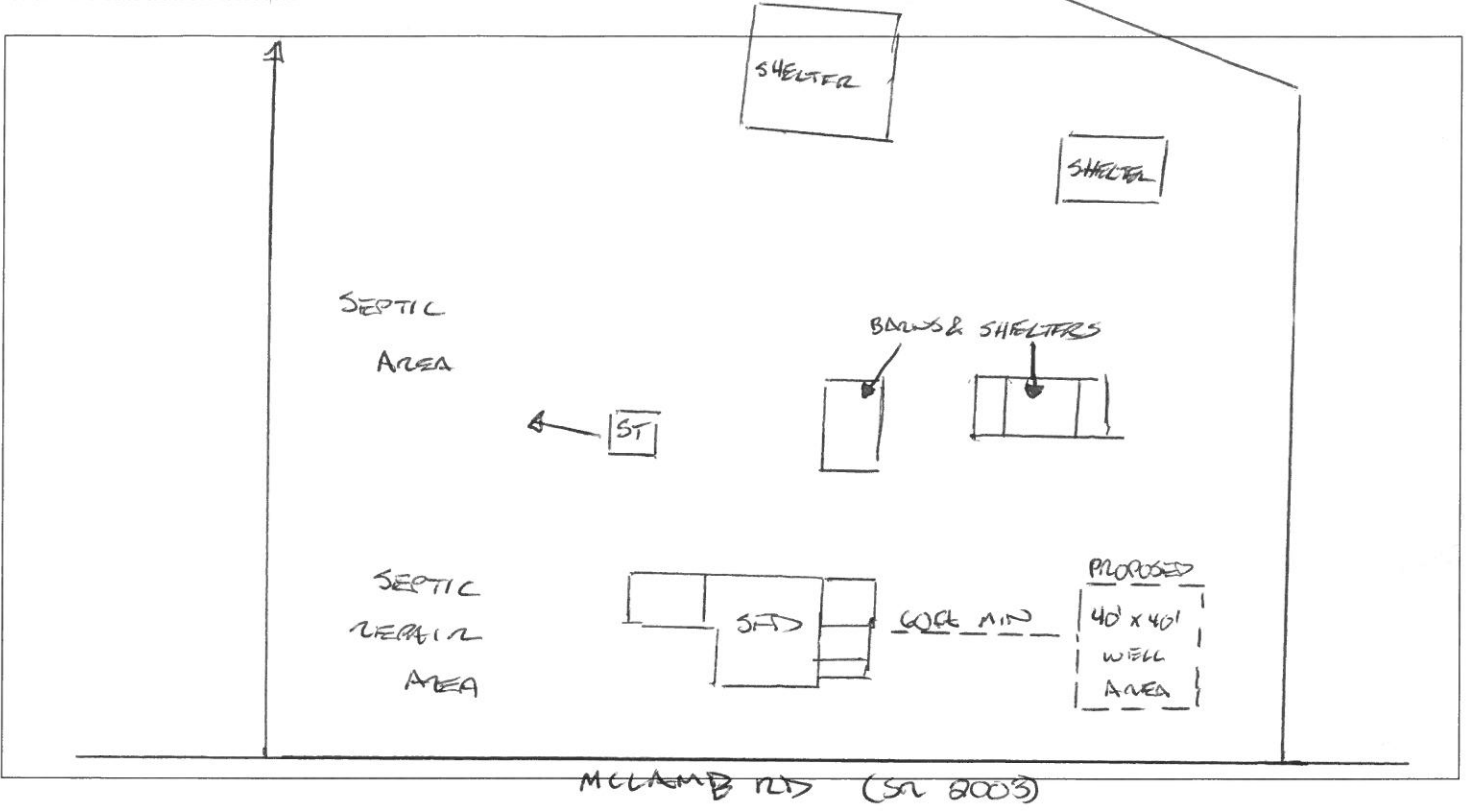
Casing Height: 12.1 ft (above finished grade) Access Port: Vent Stack:
Well ID Tag: Pump ID Tag: Sampling Tap: Backflow Preventer: _____
Sample Taken? Yes No Well Head properly sealed:

Remarks: _____

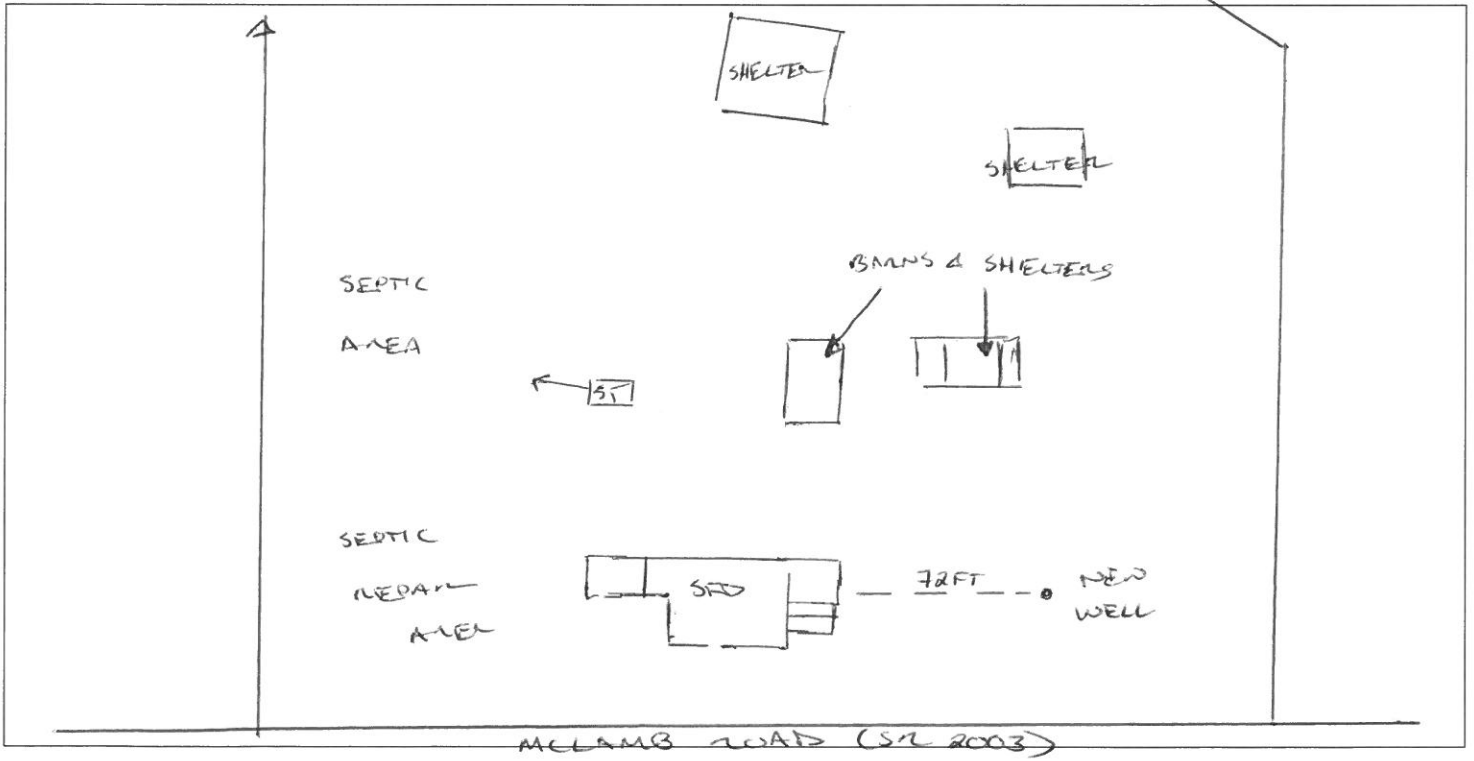
Authorized State Agent [Signature] Date 05/14/2019

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:

Felton Jacobs

Well Contractor Name

2765A

NC Well Contractor Certification Number

N.W. Poole Well & Pump Co.

Company Name

2. Well Construction Permit #:

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

Application # 17-5-42839

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: 6-5-18 Well ID#

5a. Well Location:

Richard Stafford

Facility/Owner Name

1614 McLamb Rd

Facility ID# (if applicable)

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)

35.406008 -N -78.714397 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: 464 (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.)

Rotary

12. Well construction method:

(i.e. auger, rotary, cable, direct push, etc.)

FOR WATER SUPPLY WELLS ONLY:

13a. Yield (gpm) 2 Method of test: Blow

13b. Disinfection type: HTH Amount: 1 lb.

For Internal Use ONLY:

Based 6/12/18

14. WATER ZONES		DESCRIPTION			
FROM	TO				
ft.	ft.	3 6pm			
15. OUTER CASING (for multi-cased wells) OR LINER (if applicable)					
FROM	TO	DIAMETER	THICKNESS	MATERIAL	
ft.	ft.	in.			
1	49	6	188	6-61V	
16. INNER CASING OR TUBING (for other than 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		
ft.	ft.				
0	20	Hard plug	point		
ft.	ft.				
ft.	ft.				
19. SAND/GRAVEL PACK (if applicable)					
FROM	TO	MATERIAL	EMPLACEMENT METHOD		
ft.	ft.				
ft.	ft.				
20. DRILLING LOG (describe all formations encountered)					
FROM	TO	DESCRIPTION (color, hardness, soil/rock type, grain size, etc.)			
ft.	ft.				
0	3	TOP SOIL			
3	20	Clay			
20	40	Sand			
40	205	Granite			
ft.	ft.				
ft.	ft.				
ft.	ft.				
21. REMARKS					
Used hardened steel drive shoe					

22. Certification:

Felton Jacobs

Signature of Certified Well Contractor

6-5-18

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.