

HARNE DEPARTMENT OF PUBLIC HEALTH PI IIT
TO CONSTRUCT A DRINKING WATER SUPPLY WELL

PIN #: 1610-16-3520 Parcel #: 071610 0054 10 Application #: 14-5-34160 Subdivision: _____ Lot #: 2

Applicant Name: Larry K Baker
Address: 555 Festus RD Coats N.C. 27521

Type of Facility Served by Well: SFD

Sewage System: Ultra Shallow Conventional

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. Markham ^{IBAS} Date 7-24-14

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

See attachment for construction sketch

WELL CERTIFICATE OF COMPLETION

Date: 12-9-14 Application #: _____ Well Contractor: _____

Applicant Name: Larry Baker
Address: _____
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

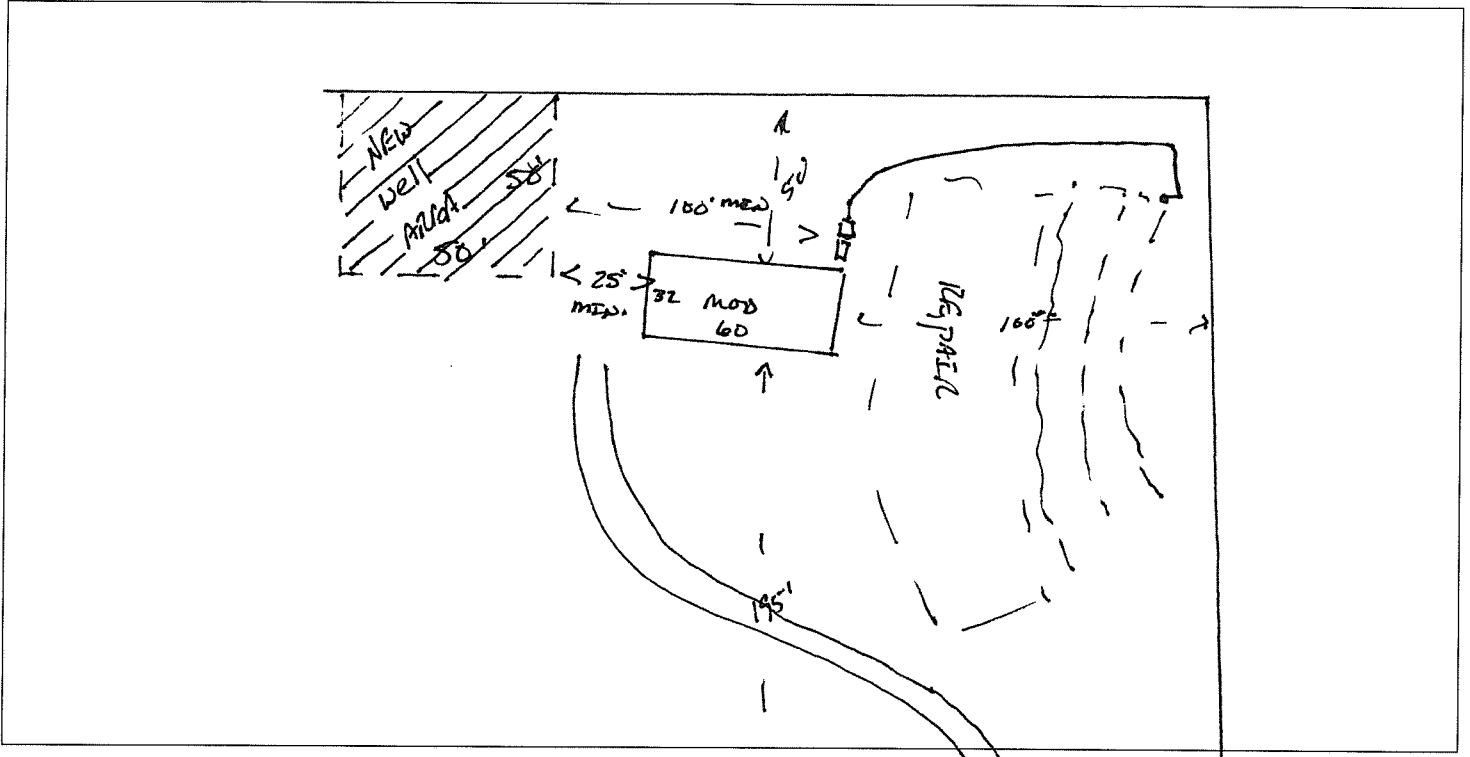
Casing Height: 16" (above finished grade) Access Port: Vent Stack:
Well ID Tag: Pump ID Tag: _____ Sampling Tap: Backflow Preventer:
Sample Taken? Yes No Well Head properly sealed:

Remarks: _____

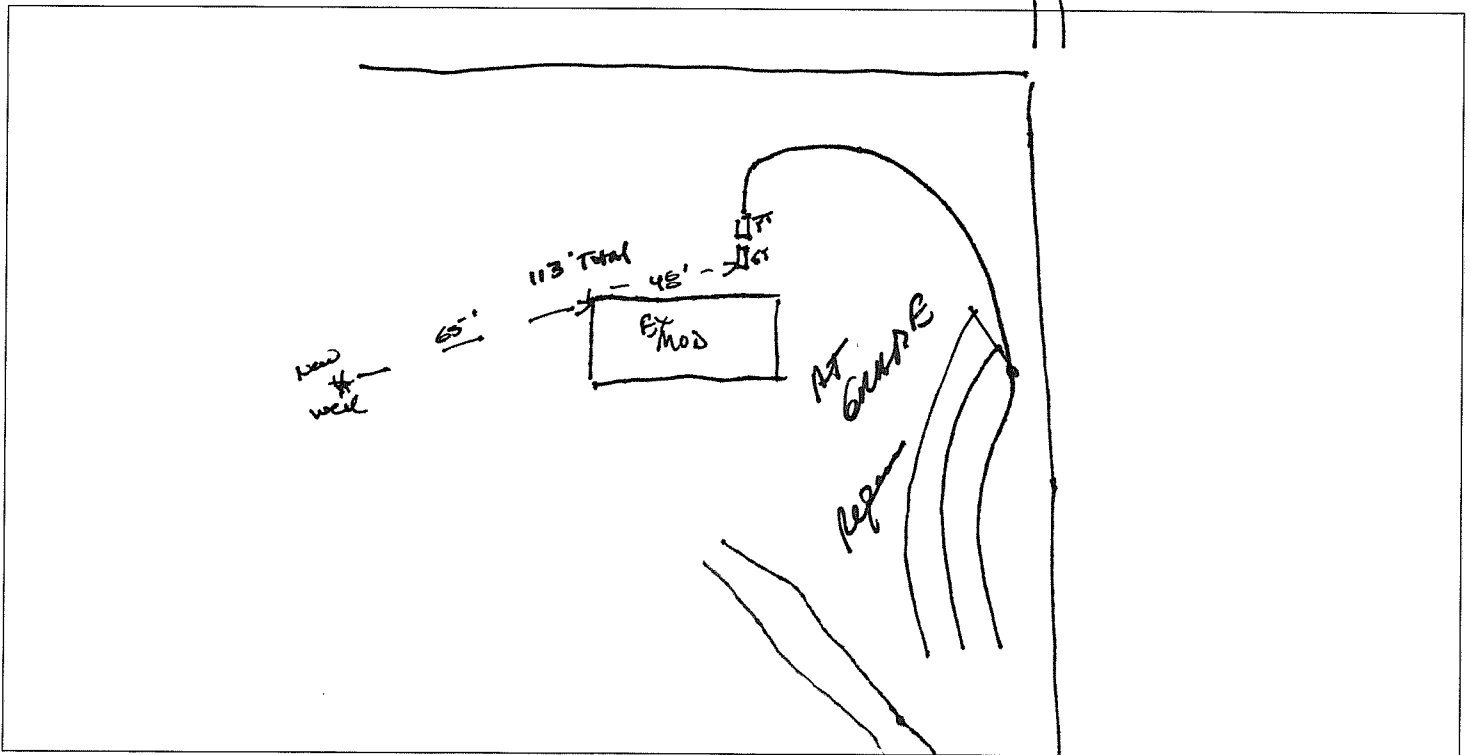
Authorized State Agent James E. Markham Date 12-10-14

See Attachment for completion sketch

Well Construction Sketch



Well Completion Sketch



DRAINAGE
OUT TO
31560 Feet no RD

WELL CONSTRUCTION RECORD

This form can be used for single or multiple wells

1. Well Contractor Information:

Chauncey Leggett
Well Contractor Name
2269-A
NC Well Contractor Certification Number
Lake Valley Well Co., Inc
Company Name

2. Well Construction Permit #: 14-5-34160

List all applicable well construction permits (ie County, State, Variance, etc.)

3. Well Use:

Residential

4. Date Well(s) Completed: 10/29/2014 **Well ID#**

5a. Well Location:

List all applicable well construction permits (ie County, State, Variance, etc.)

Larry K. Baker

Facility/Owner Name Facility ID (if applicable)

555 Festus Road Coats 27621 Lot

Physical Address, City, and Zip

Harnett 071610005410

County Parcel Identification No. (PIN)

5b. Latitude and Longitude degrees/minutes/seconds or decimal degrees:

(If well field, one lat/long is sufficient.)

35.415557 N -78.627415 W

6. Is (are) the well(s): Permanent

7. Is this a repair to an existing well: 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 wells (ONLY with the same construction, you can submit one form.

9. Total well depth below land surface: 300 (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: Rotary 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:** 16

Form GW-1

North Carolina Department of Environment and Natural Resources - Division of Water Quality

Revised Jan 2013

For Internal Use ONLY:

FROM	TO	DESCRIPTION
130 ft.	300 ft.	

FROM	TO	DIAMETER	THICKNESS	MATERIAL
0 ft.	143 ft.	6.25 in.	SDR21	PVC plastic

FROM	TO	DIAMETER	THICKNESS	MATERIAL
ft.	ft.	in.		

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

FROM	TO	MATERIAL	EMPLACEMENT METHOD & AMOUNT
0 ft.	2 ft.	Concrete	Grouting Through
2 ft.	50 ft.	Bentonite slurry	Tremie Pipe

FROM	TO	MATERIAL	EMPLACEMENT METHOD & AMOUNT
ft.	ft.		

FROM	TO	DESCRIPTION (color, hardness, soil/rock type, grain size, etc)
0 ft.	70 ft.	Cream Clayey Clay
70 ft.	85 ft.	Orange Clay
85 ft.	125 ft.	Orange Shale
125 ft.	130 ft.	Gray Shale
130 ft.	300 ft.	Gray Granite

22. Certification:

Signature of Certified Well Contractor: [Signature] Date: 10/29/2014

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.