

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

9670-62-3458000 03-9589-1056 175-41534
PIN #: _____ Parcel #: _____ Application #: _____ Subdivision: _____ Lot #: _____

Applicant Name: Tommy Gross
Address: 1632 Piedmont RD Sanford N.C. 27332

Type of Facility Served by Well: SFD modular

Sewage System: 25' covered

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. Mahant Date 6-13-17

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

See attachment for construction sketch

WELL CERTIFICATE OF COMPLETION

Date: 6-13-17 Application #: 175-41534 Well Contractor: Roger Jackson

Applicant Name: Tommy Gross
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 _____

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

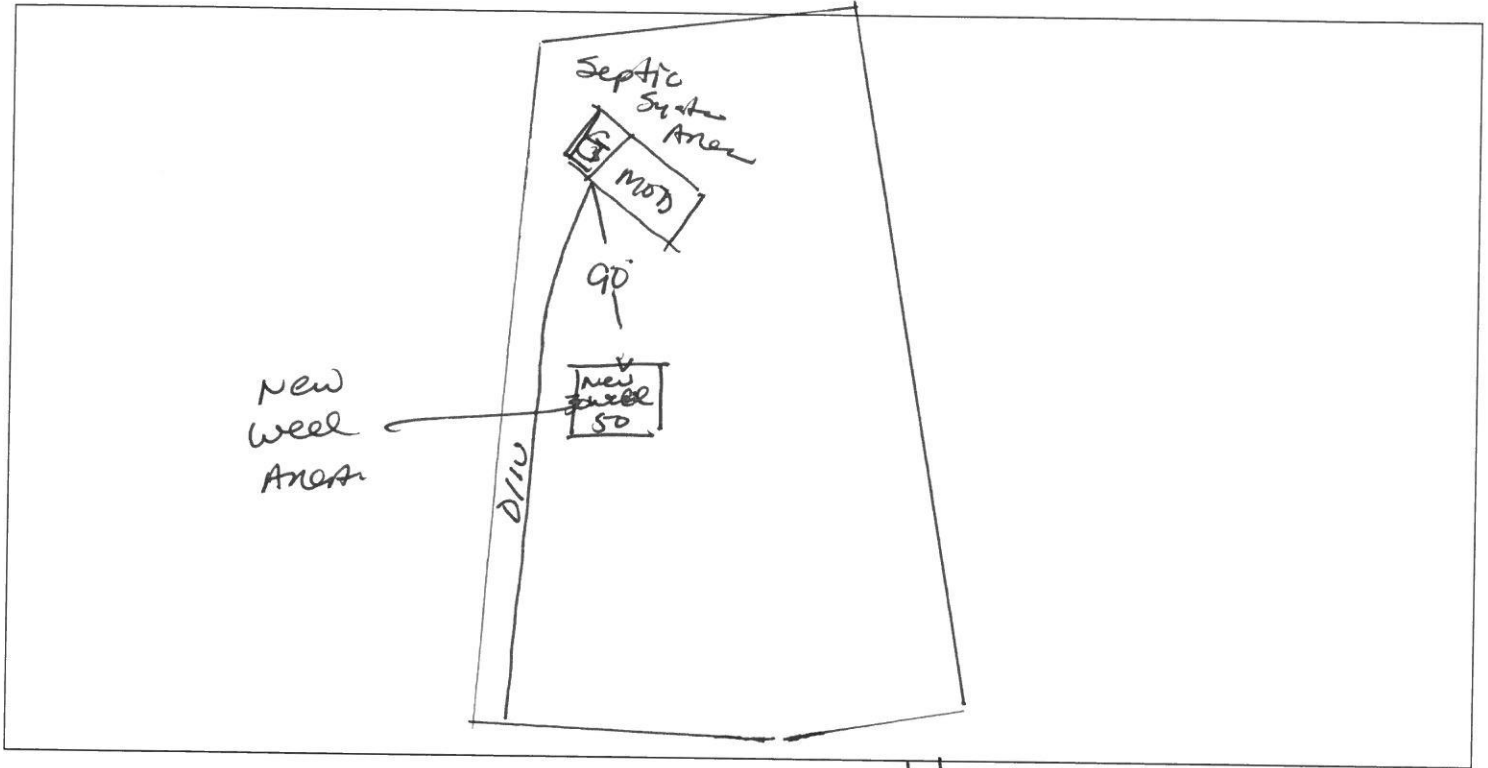
Casing Height: 15' (above finished grade) Access Port: Vent Stack:
Well ID Tag: Pump ID Tag: Sampling Tap: Backflow Preventer: _____
Sample Taken? Yes No Well Head properly sealed:

Remarks: _____

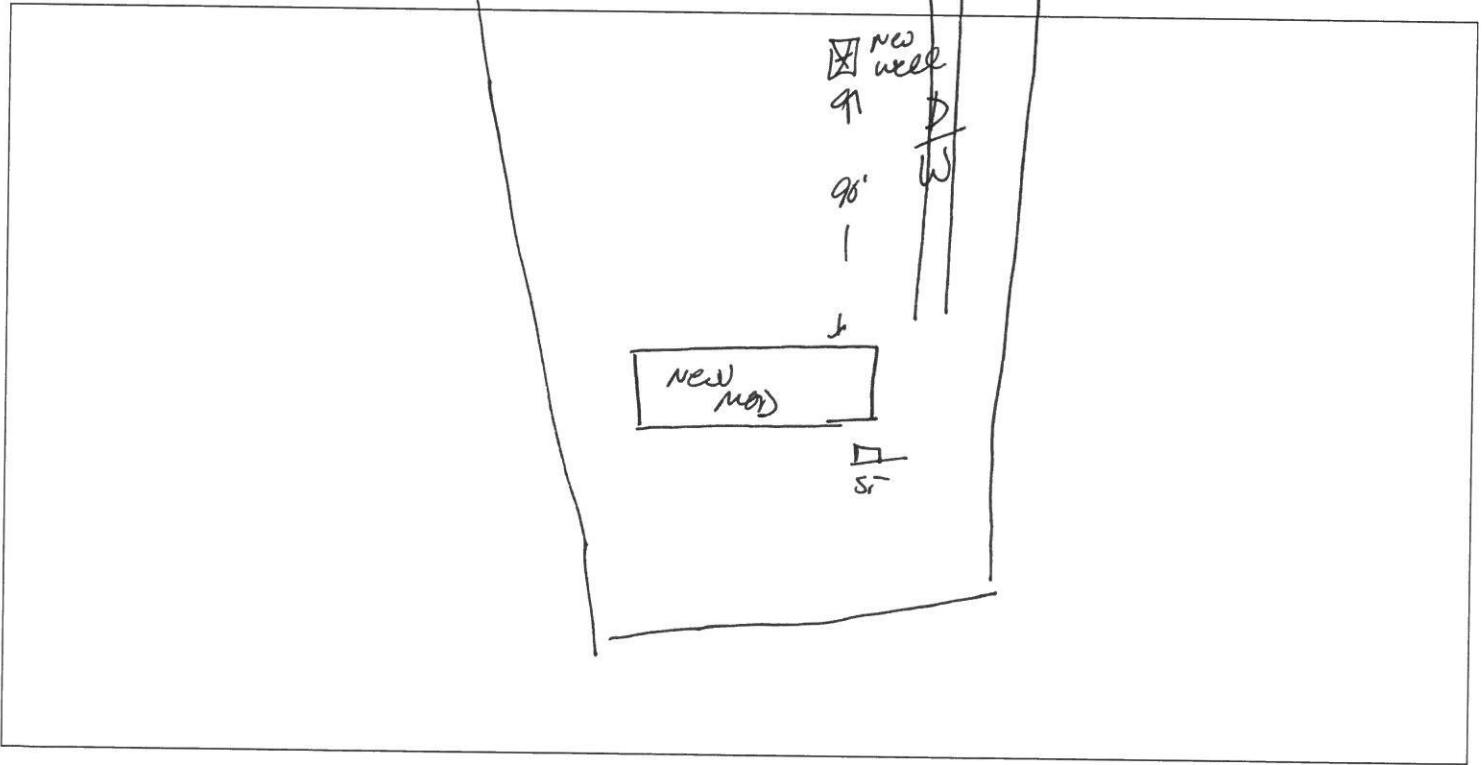
Authorized State Agent James E. Mahant Date 9-20-17

See Attachment for completion sketch

Well Construction Sketch



Well Completion Sketch



WELL CONSTRUCTION RECORD

This form can be used for single or multiple wells

I. Well Contractor Information:

Well Contractor Name:

Rosen W. Jackson

2179

NC Well Contractor Certification Number

JACKSON WELL DRILLING

Company Name:

2. Well Construction Permit #:

D-5-41534

List all applicable well permits (i.e. County, State, Variance, 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
- Surface Water Drainage
- Subsurface Control
- Tracer
- Other (explain under #21 Remarks)

4. Date Well(s) Completed: 9-5-17 Well ID# 67062-3458000

5a. Well Location:

Tommy G. Mace

03-9589-1056

Facility/Owner Name

Facility ID# (if applicable)

524 RASTER CREEK LN CORWALL RD

Physical Address, City, and Zip

HARNETT

County

27332
670-62-3458000

Parcel Identification No. (PIN)

5b. Latitude and Longitude in degrees/minutes/seconds or decimal degrees: (if well field, one lat/long is sufficient)

35° 24.361' N 79° 4.753' 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: 320 (ft.)

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

10. Static water level below top of casing: 80' (ft.)

If water level is above casing, use "-"

11. Borehole diameter: 6 (in.)

12. Well construction method: AIR ROTARY

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

FOR WATER SUPPLY WELLS ONLY:

13a. Yield (gpm): 8 Method of test: Air

13b. Disinfection type: HTH Amount: 16oz

For Internal Use ONLY:

14. CASING JOINTS		DESCRIPTION	
FROM	TO		
242 ft.	244 ft.		

15. CASING JOINTS (continued)				
FROM	TO	DIAMETER	THICKNESS	MATERIAL
0 ft.	80 ft.	6 in.	SR21	PVC

16. SCREENS					
FROM	TO	DIAMETER	SLOT SIZE	THICKNESS	MATERIAL

17. FILTER			
FROM	TO	MATERIAL	EMPLACEMENT METHOD & AMOUNT
0 ft.	30 ft.	SAND CEMENT	FOUNDRY

18. SURROUNDING PACK			
FROM	TO	MATERIAL	EMPLACEMENT METHOD

19. DRILLER LOG		
FROM	TO	DESCRIPTION (color, hardness, soilbank types, grain size, etc.)
0 ft.	37 ft.	CLAY
37 ft.	65 ft.	Red Rock
65 ft.	320 ft.	SLATE

20. REMARKS			

22. Certification:

Thomas Jackson 9-8-17
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.

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.

