

PIN #: 0598-88-8901.000 Parcel #: 071508 0046 04 Application #: 17-5-42686 Subdivision: Fred Turlington Lot #: 5

Applicant Name: Mark Craft (Greenfield Housing)
 Address: 2117 Hwy70 East Garner NC 27529

Type of Facility Served by Well: Single Family Modular

Sewage System: Accepted System

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 11/17/17
11-17-17

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

See attachment for construction sketch

WELL CERTIFICATE OF COMPLETION

Date: 03/06/18 Application #: 17-5-42686 Well Contractor: John H Bayette Jr.

Applicant Name: Linwood Council
 Address: 2815 Prospect Church Road
 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 _____

<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: 14 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:

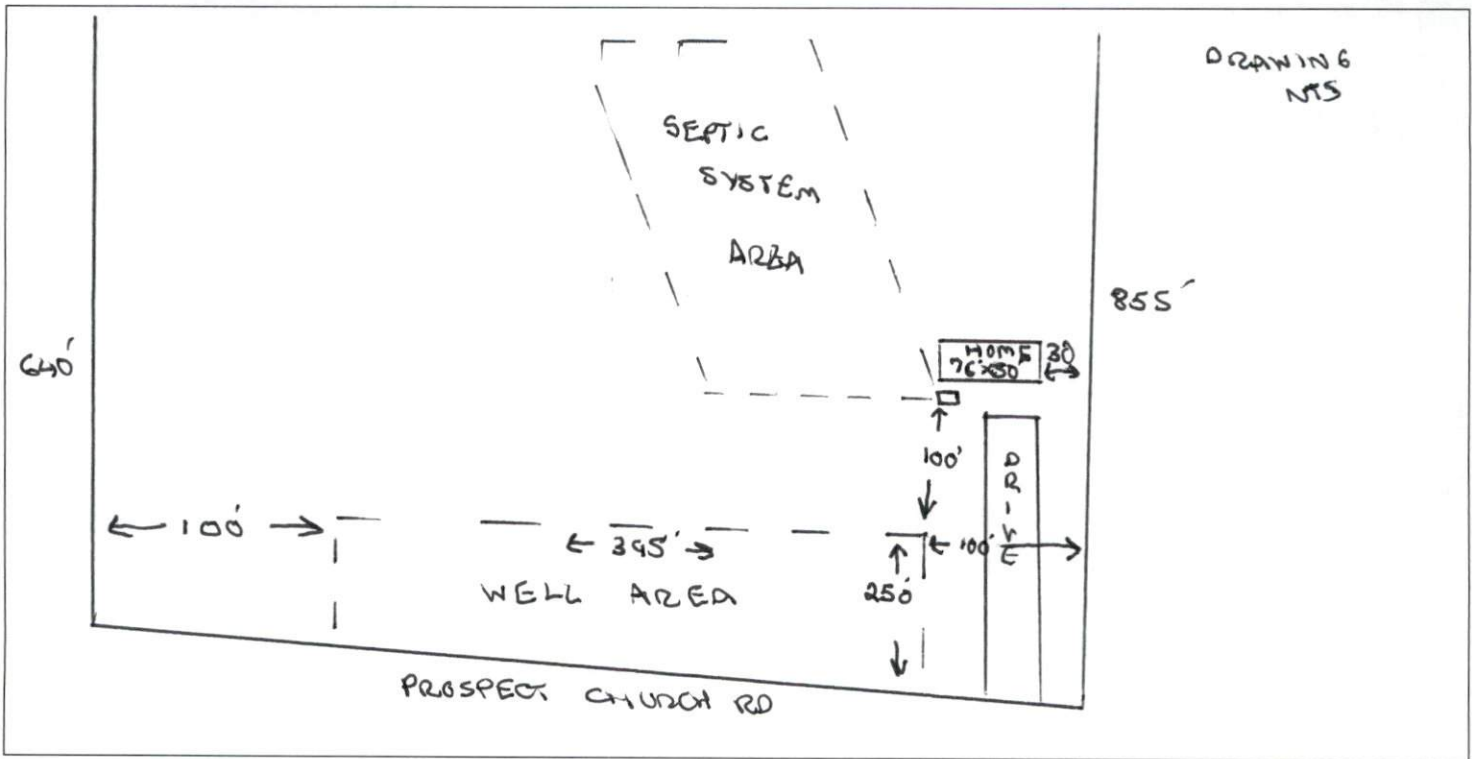
Remarks: _____

Authorized State Agent [Signature] Date 03/06/18

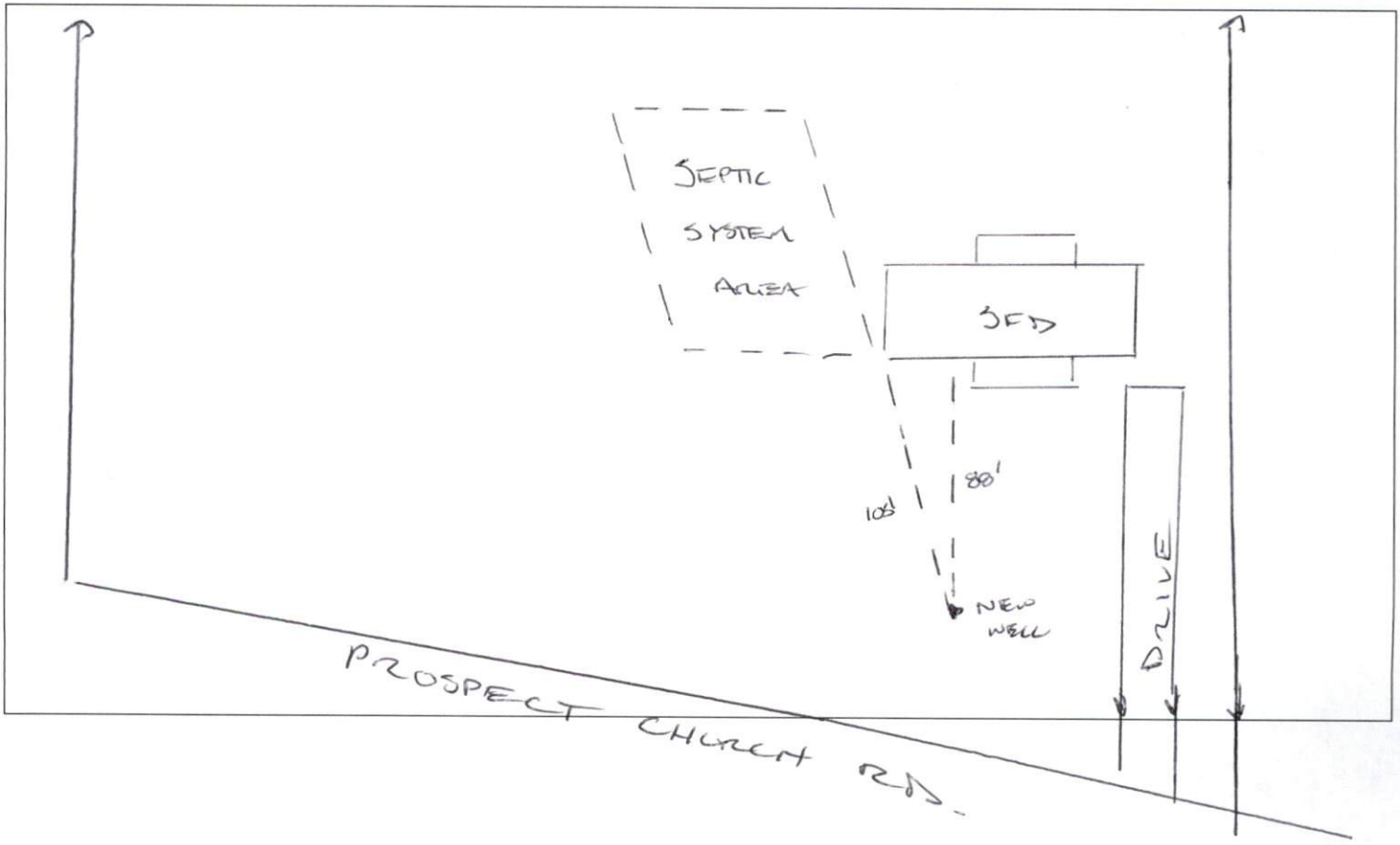
See Attachment for completion sketch

Application #: 17-5-4286 Applicant Name: MARK CLARK
 (GREENFIELD HOUSING) vision: _____ Lot #: 5
 TULLINGTON

Well Construction Sketch



Well Completion Sketch



WELL CONSTRUCTION RECORD

This form can be used for single or multiple wells

1. Well Contractor Information:

John H. Boyette Jr.

Well Contractor Name:

2505

NC Well Contractor Certification Number:

Boyette Well & Septic Inc.

Company Name:

2. Well Construction Permit #:

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

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 (class)
<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"/> Salinization Control
<input type="checkbox"/> Geothermal (Closed Loop)	<input type="checkbox"/> Tracer
<input type="checkbox"/> Geothermal (Heating/Cooling System)	<input type="checkbox"/> Other (explain under #21 Remarks)

4. Date Well(s) Completed: 2/7/18 Well ID# _____

5a. Well Location:

Greenfield

Facility/Owner Name:

2815 Prospect Church Rd. Dunn

Physical Address, City, and ZIP

ITANett

County:

Parcel Identification No. (PIN)

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

35.36709 N -78.66804 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: 405 (ft.)
For multiple wells list all depths if different (example: 200' and 250')

10. Static water level below top of casing: 20 (ft.)
If water level is above casing, use "-"

11. Borehole diameter: 6.25 (in.)

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

For Internal Use ONLY!

14. WATER TUBES					
FROM	TO	DESCRIPTION			
380	382				
15. OUTER CASING (for small-cased wells) OR LINER (if applicable)					
FROM	TO	DIAMETER	THICKNESS	MATERIAL	
16. INNER CASING OR LINER (for larger cased wells)					
FROM	TO	DIAMETER	THICKNESS	MATERIAL	
115	120	6.25	50R21	DUC	
120	126	6.25	.188	6" V. Steel	
17. SCREENS					
FROM	TO	DIAMETER	SLOT SIZE	THICKNESS	MATERIAL
18. GROUT					
FROM	TO	MATERIAL	REPLACEMENT METHOD & AMOUNT		
0	25	bariteite	pumped		
19. SANDWICH VEL PACK (if applicable)					
FROM	TO	MATERIAL	REPLACEMENT METHOD		
20. SHELING LOGS (attach additional sheets if necessary)					
FROM	TO	REMARKS (e.g. water, sand, gravel, etc.)			
0	30	Clay			
30	40	Sand			
40	120	Sandstone			
120	405	Granite			
21. REMARKS					

22. Certification:
Signature of Certified Well Contractor: [Signature] Date: 2/10/18

By signing this form, I hereby certify that the well(s) were (were) constructed in accordance with 15A NCAC 62C .0100 or 15A NCAC 62C .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,
1627 Mail Service Center, Raleigh, NC 27689-1627

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,
1626 Mail Service Center, Raleigh, NC 27689-1626

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.

FOR WATER SUPPLY WELLS ONLY:

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

13b. Disinfection type: HTH Amount: 16 oz