

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

PIN #: 0684-71-0162.00 Parcel #: 04064-0155 Application #: 14-5-33169 Subdivision: _____ Lot #: _____

Applicant Name: Stan & Betty Trustman
Address: 10865 210N Angier N.C. 27501

Type of Facility Served by Well: SFD

Sewage System: CON

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. Markant Date 3-20-14

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

See attachment for construction sketch

WELL CERTIFICATE OF COMPLETION

Date: 4/1/14 Application #: 14-5-33169 Well Contractor: GRADY POOLE WELL & PUMP CO, INC.

Applicant Name: STAN & BETTY TRUSTMAN
Address: 10865 210N ANGIER, NC 27501
Directions to Site: _____

Use of Well: RES. Date Drilled: 4/1/14 Total Depth: 140 Replacement Well? Yes No
Static Water Level: 5 Top of Casing is 12 in. above surface. Yield: 25 gpm at 140 ft.
Disinfection: Type HTH Amount 2 LBS.

Water Zone (depth)	Casing	Grout
From <u>0</u> To <u>135</u>	From <u>0</u> To <u>125</u>	From <u>0</u> To <u>20</u>
From _____ To _____	Diameter: <u>6"</u> Material: <u>GALV.</u> Thickness: <u>.188</u>	Material: <u>PORT.</u> Method: <u>GRAVITY</u>
From _____ To _____	From _____ To _____	From <u>SCREENINGS</u>
	Diameter: _____ Material: _____ Thickness: _____	Material: _____ Method: _____
	From _____ To _____	From _____ To _____
	Diameter: _____ Material: _____ Thickness: _____	Material: _____ Method: _____

Inspector: JAMES M. On Hold Date: _____ Release Date: _____

Remarks: _____

Well Head Information

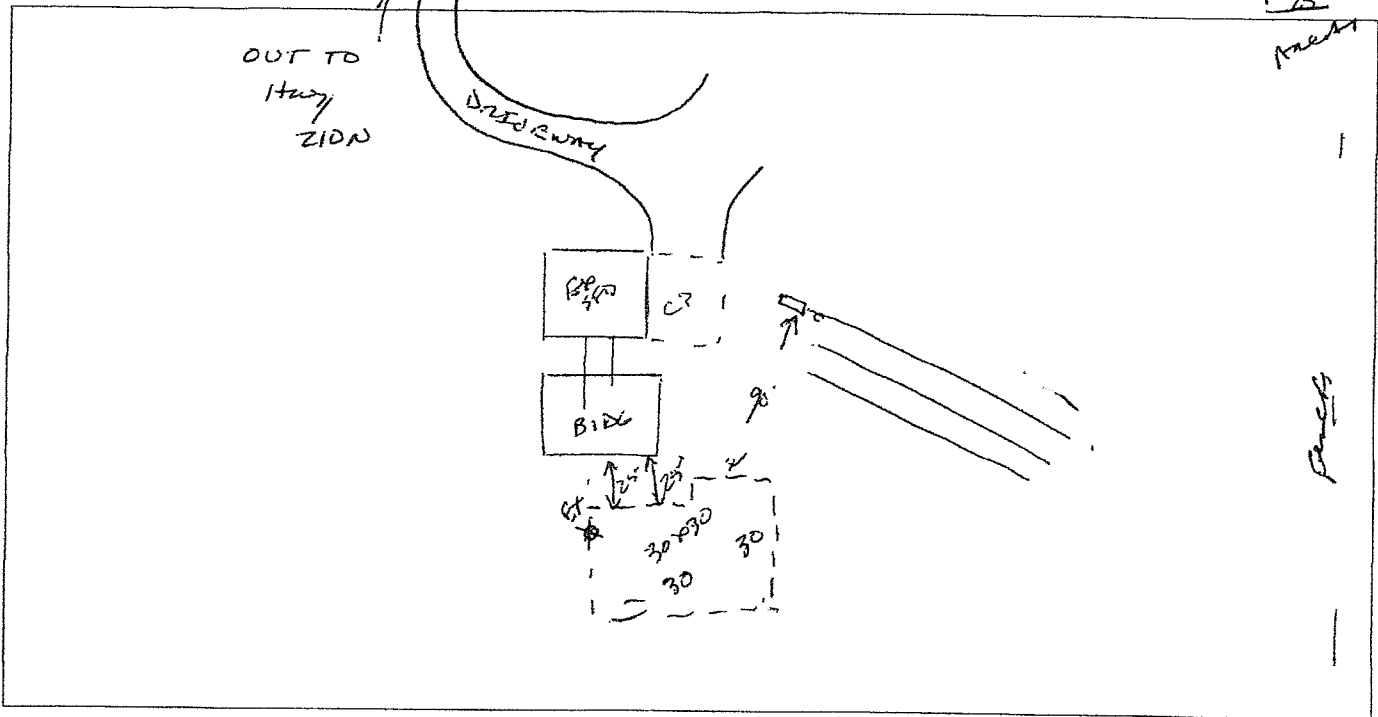
Casing Height: _____ (above finished grade) Access Port: _____ Vent Stack: _____
Well ID Tag: _____ Pump ID Tag: _____ Sampling Tap: _____ Backflow Preventer: _____
Sample Taken? Yes No Well Head properly sealed: _____

Remarks: _____

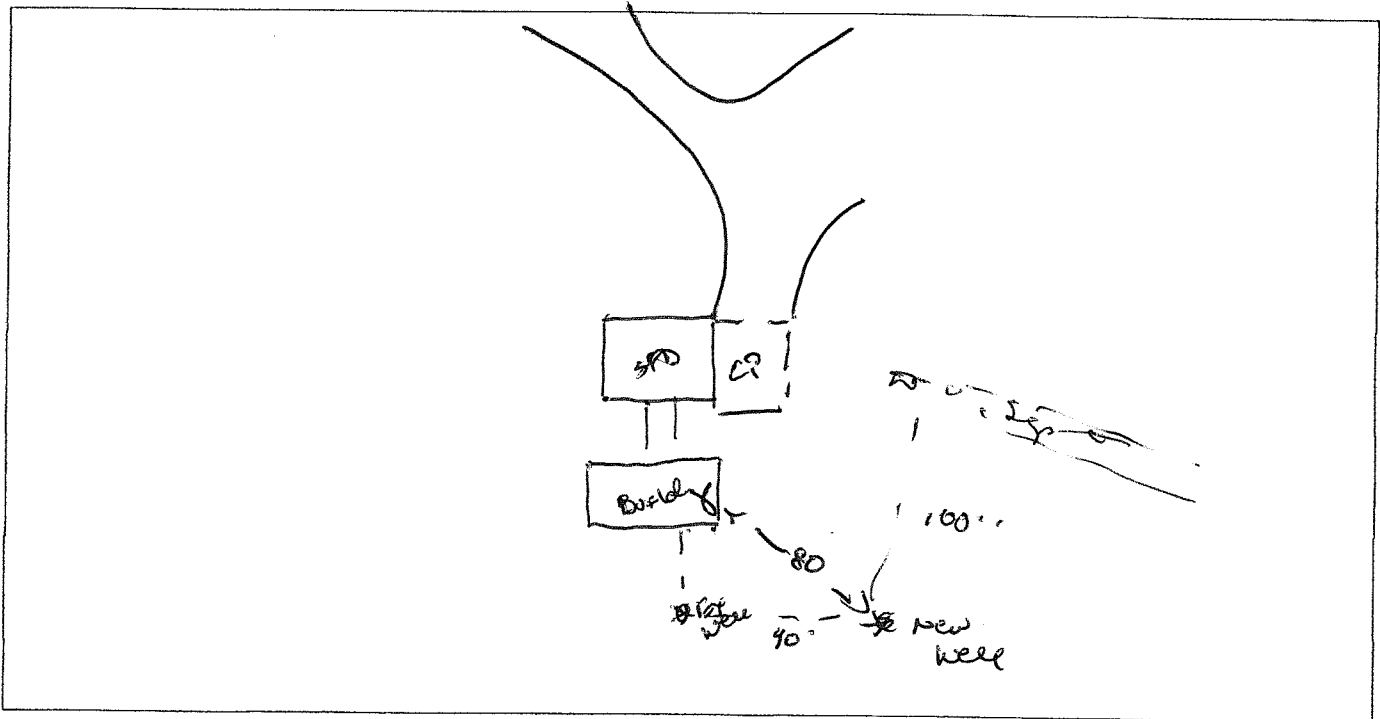
Authorized State Agent James E. Markant Date 4-3-14

See Attachment for completion sketch

Well Construction Sketch



Well Completion Sketch





RESIDENTIAL WELL CONSTRUCTION RECORD

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

WELL CONTRACTOR CERTIFICATION # 2765-A

1. WELL CONTRACTOR:

Felton Jacobs
Well Contractor (Individual) Name

Grady Poole Well & Pump Co Inc
Well Contractor Company Name

5809 Farm weWell Road
Street Address

Raleigh NC 27610
City or Town State Zip Code

(919) 266-2185
Area code Phone number

2. WELL INFORMATION:

WELL CONSTRUCTION PERMIT# 14-5-33169

OTHER ASSOCIATED PERMIT#(if applicable) _____

SITE WELL ID #(if applicable) _____

3. WELL USE (Check Applicable Box): Residential Water Supply

DATE DRILLED 4-1-14

TIME COMPLETED 2:00 AM PM

4. WELL LOCATION:

CITY: Anaier COUNTY Harnett

10865 210N 27501
(Street Name, Numbers, Community, Subdivision, Lot No., Parcel, Zip Code)

TOPOGRAPHIC / LAND SETTING: (check appropriate box)

Slope Valley Flat Ridge Other _____

LATITUDE 36 ° ' " DMS OR 3x.xxxxxxxx DD

LONGITUDE 75 ° ' " DMS OR 7x.xxxxxxxx DD

Latitude/longitude source: GPS Topographic map
(location of well must be shown on a USGS topo map and attached to this form if not using GPS)

5. WELL OWNER

Stan & Betty Trustman
Owner Name

10865 210N
Street Address

Anaier NC 27501
City or Town State Zip Code

(919) 538-8111
Area code Phone number

6. WELL DETAILS:

a. TOTAL DEPTH: 140

b. DOES WELL REPLACE EXISTING WELL? YES NO

c. WATER LEVEL Below Top of Casing: 5 FT.
(Use "+" if Above Top of Casing)

d. TOP OF CASING IS One FT. Above Land Surface*
*Top of casing terminated at/or below land surface may require a variance in accordance with 15A NCAC 2C .0118.

e. YIELD (gpm): 25 METHOD OF TEST Blow

f. DISINFECTION: Type HTH Amount 1 lb.

g. WATER ZONES (depth):

Top 0 Bottom 135 Top _____ Bottom _____

Top _____ Bottom _____ Top _____ Bottom _____

Top _____ Bottom _____ Top _____ Bottom _____

7. CASING: Depth Diameter Thickness/Weight Material

Top 0 Bottom 125 Ft. 6" 188 Galv

Top _____ Bottom _____ Ft. _____ _____

Top _____ Bottom _____ Ft. _____ _____

8. GROUT: Depth Material Method

Top 0 Bottom 20 Ft. Portland & Gravity

Top _____ Bottom _____ Ft. Screenings _____

Top _____ Bottom _____ Ft. _____ _____

9. SCREEN: Depth Diameter Slot Size Material

Top _____ Bottom _____ Ft. _____ in. _____ in. _____

Top _____ Bottom _____ Ft. _____ in. _____ in. _____

Top _____ Bottom _____ Ft. _____ in. _____ in. _____

10. SAND/GRAVEL PACK:

Depth Size Material

Top _____ Bottom _____ Ft. _____

Top _____ Bottom _____ Ft. _____

Top _____ Bottom _____ Ft. _____

11. DRILLING LOG

Top Bottom Formation Description

0 3 Topsoil

3 30 Clay

30 100 Sand

100 140 silt

_____/_____/_____

_____/_____/_____

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I DO HEREBY CERTIFY THAT THIS WELL WAS CONSTRUCTED IN ACCORDANCE WITH 15A NCAC 2C. WELL CONSTRUCTION STANDARDS, AND THAT A COPY OF THIS RECORD HAS BEEN PROVIDED TO THE WELL OWNER.

Felton Jacobs 04/1/14
SIGNATURE OF CERTIFIED WELL CONTRACTOR DATE

Felton Jacobs
PRINTED NAME OF PERSON CONSTRUCTING THE WELL