

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

1538-13-6700.000

021538-9000-22

17-5-40866

PIN #: \_\_\_\_\_ Parcel #: \_\_\_\_\_ Application #: \_\_\_\_\_ Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_

Applicant Name: Anthony Brock  
Address: 147 CROWN VIEW LN DUNN N.C. 29334

Type of Facility Served by Well: SFD

Sewage System: Existing

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 3-8-17

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

See attachment for construction sketch

**WELL CERTIFICATE OF COMPLETION**

Date: \_\_\_\_\_ Application #: \_\_\_\_\_ Well Contractor: \_\_\_\_\_

Applicant Name: \_\_\_\_\_  
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: \_\_\_\_\_ (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 4-25-17

See Attachment for completion sketch

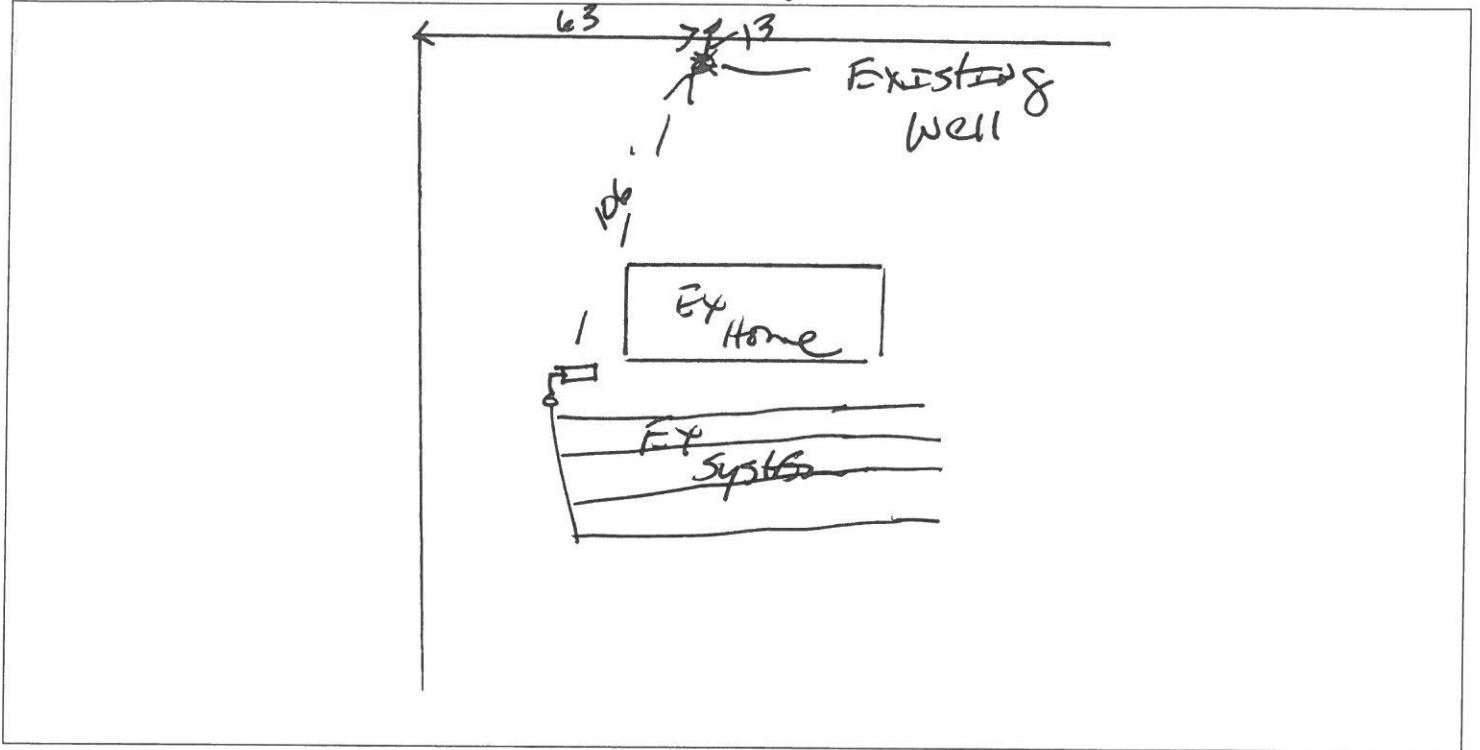
17-5-40866  
Application #:

Applicant Name: *Anthony Brack*

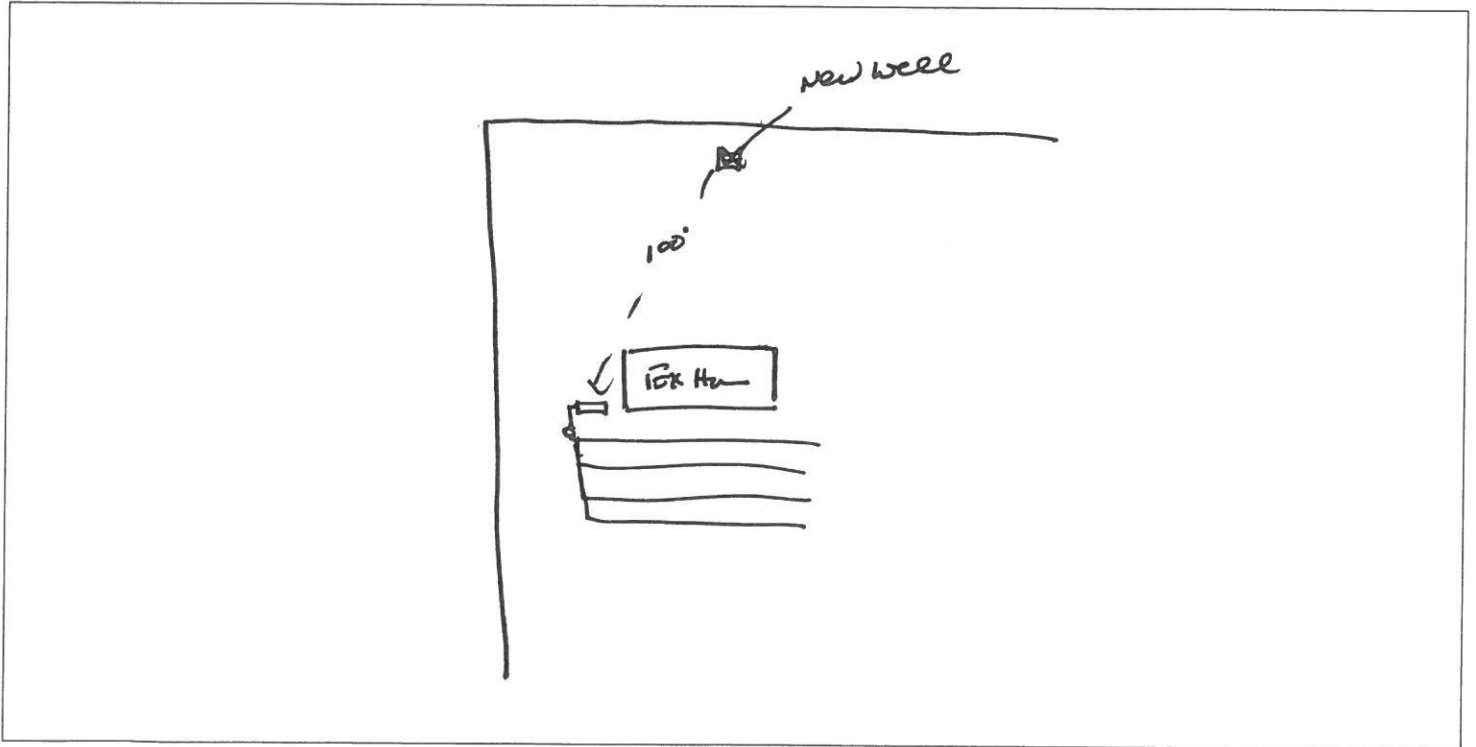
Subdivision: \_\_\_\_\_

Lot #: \_\_\_\_\_

Well Construction Sketch



Completion Sketch



WELL CONSTRUCTION RECORD (GW-1)

1. Well Contractor Information:

Justin Barefoot
Well Contractor Name
3474

NC Well Contractor Certification Number

Barefoots Well Drilling
Company Name

2. Well Construction Permit #:

Last of applicable well construction permits (i.e. UIC, County, State, Variance, 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, Aquifer Recharge, Groundwater Remediation, Aquifer Storage and Recovery, Salinity Barrier, Aquifer Test, Stormwater Drainage, Experimental Technology, Subsidence Control, Geothermal (Closed Loop), Tracer, Geothermal (Heating/Cooling Return), Other (explain under #21 Remarks)

4. Date Well(s) Completed: Well ID#

5a. Well Location:

Anthony Brock
Facility/Owner Name
147 Crownview Lane Durham NC 28334
Physical Address, City, and Zip
Harnett
County
Parcel Identification No. (PIN)

5b. Latitude and longitude in degrees/minutes/seconds or decimal degrees:
35.353021 N -78.558611 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. For Geoprobe/DPT or Closed-Loop Geothermal Wells having the same construction, only UGW-1 is needed. Indicate TOTAL NUMBER of wells drilled: 46

9. Total well depth below land surface: 46 (ft.)
For multiple wells list all depths if different (example - 3 @ 200' and 2 @ 100')

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

11. Borehole diameter: 2 (in.)

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

FOR WATER SUPPLY WELLS ONLY:

13a. Yield (gpm) 5 Method of test: pump

13b. Disinfection type: Amount:

For Internal Use Only:

14. WATER ZONES:

Table with columns FROM, TO, DESCRIPTION

15. OUTER CASING (for multi-cased wells) OR LINER (if applicable)

Table with columns FROM, TO, DIAMETER, THICKNESS, MATERIAL

16. INNER CASING OR TUBING (geothermal closed-loop)

Table with columns FROM, TO, DIAMETER, THICKNESS, MATERIAL

17. SCREEN

Table with columns FROM, TO, DIAMETER, SLOT SIZE, THICKNESS, MATERIAL

18. GROUT

Table with columns FROM, TO, MATERIAL, EMPLACEMENT METHOD & AMOUNT

19. SAND/GRAVEL PACK (if applicable)

Table with columns FROM, TO, MATERIAL, EMPLACEMENT METHOD

20. DRILLING LOG (attach additional sheets if necessary)

Table with columns FROM, TO, DESCRIPTION (color, hardness, soil/rock type, grain size, etc.)

21. REMARKS

22. Certification:

Signature of Certified Well Contractor

Date 4/15/17

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: In addition to sending the form to the address in 24a above, also submit one 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: 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.

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