

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

1517-37-0736 02-1577-0106 17-5-42072
PIN #: _____ Parcel #: _____ Application #: _____ Subdivision: _____ Lot #: _____

Applicant Name: Myra H. Baneford
Address: 3375 Meadowlark RD DUNN N.C. 28334

Type of Facility Served by Well: SFD Ex SFD

Sewage System: Ex

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 S. Manhart @ JSMARS Date 9-13-17

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

See attachment for construction sketch

WELL CERTIFICATE OF COMPLETION

Date: _____ 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 _____

| <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: _____ (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 Jan S. H. [Signature] Date 2-28-18

See Attachment for completion sketch

WELL CONSTRUCTION RECORD (GW-1)

For Internal Use Only:

1. Well Contractor Information:

Derek Lynn Johnson

Well Contractor Name

4363-A

NC Well Contractor Certification Number

Barefoot's Well Drilling & Pump Service LLC

Company Name

2. Well Construction Permit #: 17-5-42072

List all 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

Injection Well:

- Aquifer Recharge
- Aquifer Storage and Recovery
- Aquifer Test
- Experimental Technology
- Geothermal (Closed Loop)
- Geothermal (Heating/Cooling Return)
- Groundwater Remediation
- Salinity Barrier
- Stormwater Drainage
- Subsidence Control
- Tracer
- Other (explain under #21 Remarks)

4. Date Well(s) Completed: 9-18-17 Well ID# _____

5a. Well Location:

Myrna H Barefoot

Facility/Owner Name

Facility ID# (if applicable)

3375 Meadowlark Rd Dunn NC 28334

Physical Address, City, and Zip

Harnet

County

1517-37-0736

Parcel Identification No. (PIN)

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

35.335739 N **-78.621406** 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 1 GW-1 is needed. Indicate TOTAL NUMBER of wells drilled: _____

9. Total well depth below land surface: 270 (ft.)
For multiple wells list all depths if different (example- 3@200' and 2@100')

10. Static water level below top of casing: 83 (ft.)
If water level is above casing, use "+"

11. Borehole diameter: 6 (in.)

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

| 14. WATER ZONES | | | | | |
|---|---------|---|-----------------------------|-----------|----------|
| FROM | TO | DESCRIPTION | | | |
| 188 ft. | 270 ft. | rock | | | |
| ft. | ft. | | | | |
| 15. OUTER CASING (for multi-cased wells) OR LINER (if applicable) | | | | | |
| FROM | TO | DIAMETER | THICKNESS | MATERIAL | |
| 0 ft. | 168 ft. | 6 in. | 0.188 | Steel | |
| 16. INNER CASING OR TUBING (geothermal closed-loop) | | | | | |
| FROM | TO | DIAMETER | THICKNESS | MATERIAL | |
| ft. | ft. | in. | | | |
| ft. | ft. | in. | | | |
| 17. SCREEN | | | | | |
| FROM | TO | DIAMETER | SLOT SIZE | THICKNESS | MATERIAL |
| 0 ft. | ft. | in. | | | |
| ft. | ft. | in. | | | |
| 18. GROUT | | | | | |
| FROM | TO | MATERIAL | EMPLACEMENT METHOD & AMOUNT | | |
| 0 ft. | 30 ft. | hole plug | gravity | | |
| ft. | ft. | | | | |
| ft. | ft. | | | | |
| 19. SAND/GRAVEL PACK (if applicable) | | | | | |
| FROM | TO | MATERIAL | EMPLACEMENT METHOD | | |
| ft. | ft. | | | | |
| ft. | ft. | | | | |
| 20. DRILLING LOG (attach additional sheets if necessary) | | | | | |
| FROM | TO | DESCRIPTION (color, hardness, soil/rock type, grain size, etc.) | | | |
| ft. | ft. | | | | |
| ft. | ft. | | | | |
| ft. | ft. | | | | |
| ft. | ft. | | | | |
| ft. | ft. | | | | |
| ft. | ft. | | | | |
| 21. REMARKS | | | | | |
| | | | | | |
| | | | | | |

22. Certification:

[Signature]
Signature of Certified Well Contractor

9-25-17
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: 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.

FOR WATER SUPPLY WELLS ONLY:

13a. Yield (gpm) 30 Method of test: **Air**

13b. Disinfection type: chlorine Amount: **7.93 oz**