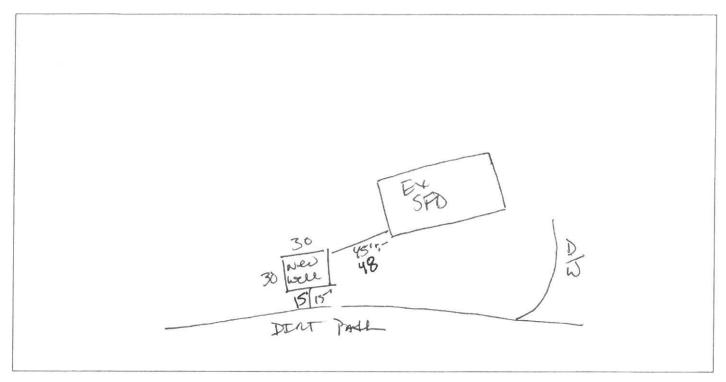
HARNETT DEPARTMENT OF PUBLIC HEALTH PERMIT TO CONSTRUCT A DRINKING WATER SUPPLY WELL		
PIN #: Parcel #: Application #: Subdivision: Lot #:		
Applicant Name: MyrwA H. BANEFoot Address: 3375 Merodonlank RD DUNN N.C. 28334		
Type of Facility Served by Well: SFD Fx 5FD		
Sewage System:		
Permit Conditions:		
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		
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) Casing Grout From To From To From To From To Diameter: Material: Thickness: Material: Method: From To From To From To From To From To Material: Thickness: Material: Method: From To Diameter: Material: Thickness: Material: Method: From To From To Diameter: Material: Thickness: Material: Method: From To From To Diameter: Material: Thickness: Material: Method: From To		
Inspector: On Hold Date: Release Date:		
Remarks:		
Well Head Information Casing Height: (above finished grade) Access Port: Vent Stack: Well ID Tag: Pump 4D Tag: Sample Taken? Yes No Well Head properly sealed:		
Remarks:		
Authorized State Agent and the Date 2-26-18		
See Attachment for completion sketch		

17-5-42072 Application #:

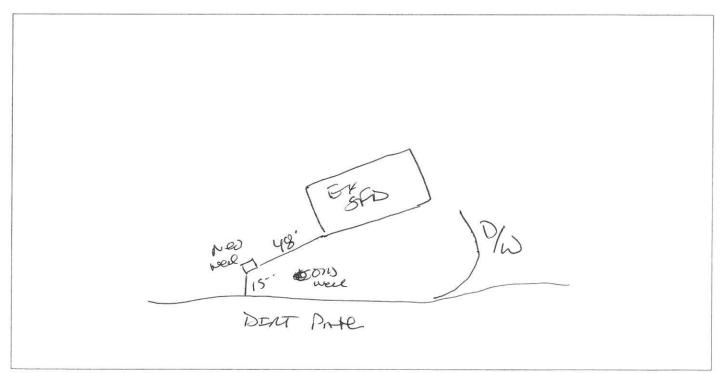
Applicant Name: Subdivision: ____ Lot #: ____

MyRNA H BAREFoot

Well Construction Sketch



Well Completion Sketch



WELL CONSTRUCTION RECORD (GW-1)	For Internal Use Only:
1. Well Contractor Information:	
Derek Lynn Johnson	
Well Contractor Name	I4. WATER ZONES FROM TO DESCRIPTION
4363-A	188th. 270 tt. 10012
NC Well Contractor Certification Number	ft. ft.
Barefoot's Well Drilling & Pump Service LL	15. OUTER CASING (for multi-cased wells) OR LINER (if applicable) FROM TO DIAMETER THICKNESS MATERIAL
	$\frac{C}{O} \stackrel{\text{FROM}}{\text{ft.}} \stackrel{\text{TO}}{\underset{\text{leg ft.}}{\text{ft.}}} \stackrel{\text{DIAMETER}}{\underset{\text{on.}}{\text{ft.}}} \stackrel{\text{THICKNESS}}{\underset{\text{on.}}{\text{ft.}}} \stackrel{\text{MATERIAL}}{\underset{\text{on.}}{\text{ft.}}}$
	16. INNER CASING OR TUBING (geothermal closed-loop)
2. Well Construction Permit #: <u>17-5-(12072</u>) List all applicable well construction permits (i.e. UIC, County, State, Variance, etc.)	FROM TO DIAMETER THICKNESS MATERIAL ft. ft. in. in.
3. Well Use (check well use):	ft. ft. in.
Water Supply Well:	17. SCREEN
Agricultural Municipal/Public	FROM TO DIAMETER SLOT SIZE THICKNESS MATERIAL 0 ft. ft. in.
Geothermal (Heating/Cooling Supply) Residential Water Supply (single	
Industrial/Commercial Residential Water Supply (share	
Irrigation	FROM TO MATERIAL EMPLACEMENT METHOD & AMOUNT
Non-Water Supply Well: Monitoring	O th. 30 th. holeplug gravity
Injection Well:	ft. ft.
Aquifer Recharge Groundwater Remediation	ft. ft.
Aquifer Storage and Recovery Salinity Barrier	19. SAND/GRAVEL PACK (if applicable) FROM TO MATERIAL EMPLACEMENT METHOD
Aquifer Test Stormwater Drainage	ft. ft.
Experimental Technology Subsidence Control	ft. ft.
Geothermal (Closed Loop) Geothermal (Heating/Cooling Return)	20. DRILLING LOG (attach additional sheets if necessary) FROM TO DESCRIPTION (color, hardness, soil/rock type, grain size, etc.)
	ft. ft.
4. Date Well(s) Completed: <u>9-19-17</u> Well ID#	ft. ft.
5a. Well Location:	ft. ft.
Maring H Borefoot	ft. ft.
Myrng H Barefoot Facility/Owner Name Facility ID# (if applicable) 3375 Mecdowlark Rd Dunn nc 28334	ft. ft.
3375 Meadowlack Rd Dung nr. 28334	ft. ft.
Physical Address, City, and Zip	ft. ft.
Harnet 1517-37-0736 County Parcel Identification No. (PIN)	21. REMARKS
County Parcel Identification No. (PIN)	
5b. Latitude and longitude in degrees/minutes/seconds or decimal degrees: (if well field, one lat/long is sufficient)	
	22. Certification:
35.335739 N -78.621406 N	V 1. 0-2E-17
6. Is(are) the well(s) Permanent or Temporary	Signature of Certified Well Contractor Date
7. Is this a repair to an existing well: Yes or MNo	By signing this form, I hereby certify that the well(s) was (were) constructed in accordance
If this is a repair, fill out known well construction information and explain the nature of the	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.
repair under #21 remarks section or on the back of this form.	23. Site diagram or additional well details:
8. For Geoprobe/DPT or Closed-Loop Geothermal Wells having the same	You may use the back of this page to provide additional well site details or well
construction, only 1 GW-1 is needed. Indicate TOTAL NUMBER of wells drilled:	construction details. You may also attach additional pages if necessary.
9. Total well depth below land surface: 270 (f	SUBMITTAL INSTRUCTIONS
For multiple wells list all depths if different (example- 3@200' and 2@100')	t.) 24a. For All Wells: Submit this form within 30 days of completion of well construction to the following:
10. Static water level below top of casing: <u>83</u> (fi	
If water level is above casing, use "+"	L) Division of Water Resources, Information Processing Unit, 1617 Mail Service Center, Raleigh, NC 27699-1617
11. Borehole diameter:(in.)	24b. For Injection Wells: In addition to sending the form to the address in 24a
12. Well construction method: 10 taiy	above, also submit one copy of this form within 30 days of completion of well
(i.e. auger, rotary, cable, direct push, etc.)	 construction to the following:
FOR WATER SUPPLY WELLS ONLY:	Division of Water Resources, Underground Injection Control Program,
13a. Yield (gpm) Method of test: AV	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
13b. Disinfection type: chloring Amount: 7.9302	completion of well construction to the county health department of the county where constructed.
	wonda aviou.