

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

PIN #: Parcel #: Application #: 15-5-37133 Subdivision: _____ Lot #:

Applicant Name: Randall & Abigail Dolinger
Address: 1185 South River Rd. Lillington, NC 27546

Type of Facility Served by Well: SFD

Sewage System: pump to 25 % Reduction

Permit Conditions: Well to be drilled in Well Area

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 11/24/2015

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

See attachment for construction sketch

¹⁵⁻⁵⁻³⁷¹³³
^{Randall & Abigail} **WELL CERTIFICATE OF COMPLETION**

Date: 10/11/17 Application #: Dolinger Well Contractor: Roger Jackson

Applicant Name: Randall & Abigail Dolinger
Address: 1287 S. River Rd. (New Address)
Directions to Site: _____

SEE GW-1

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

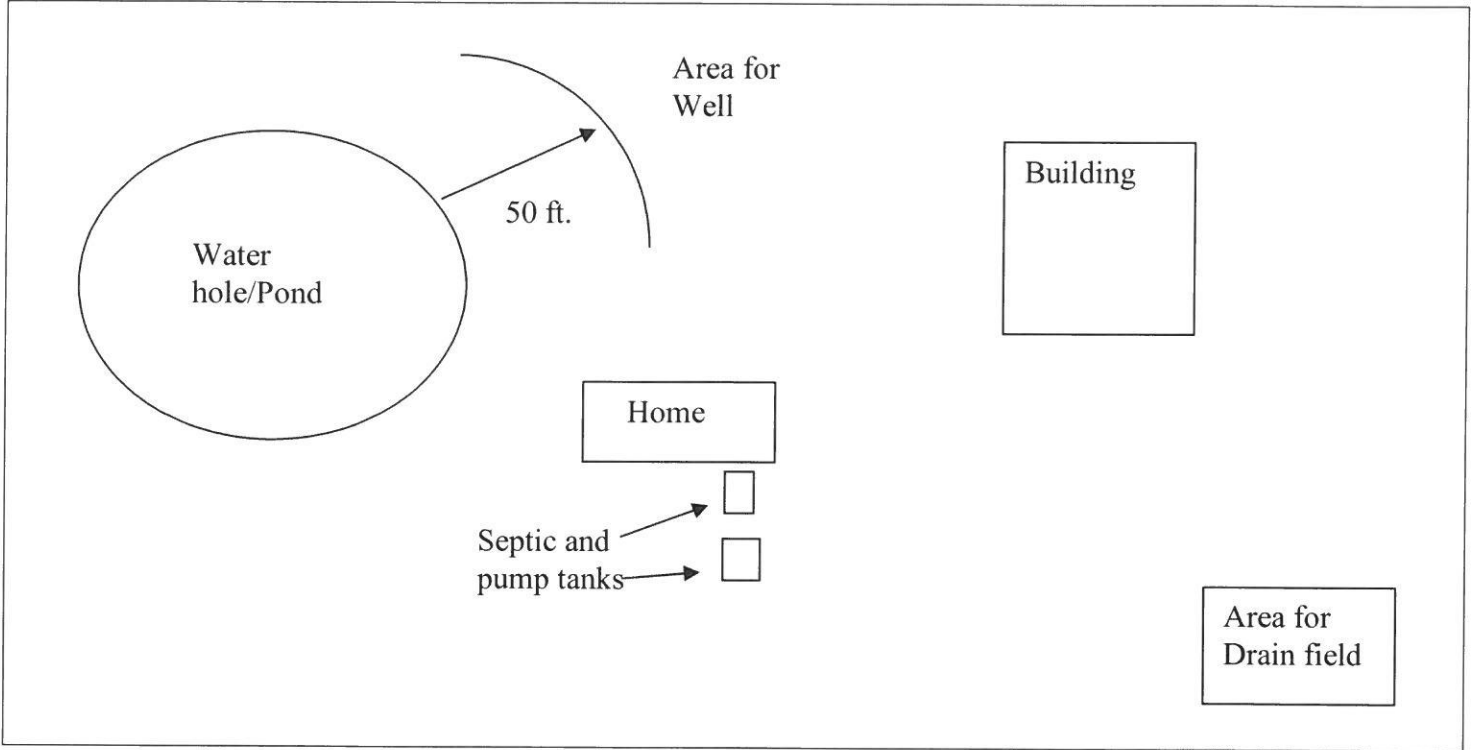
Casing Height: 12in (above finished grade) Access Port: Vent Stack:
 Well ID Tag: Pump ID Tag: Sampling Tap: Threaded Backflow Preventer: _____
 Sample Taken? Yes No Well Head properly sealed: Threaded

Remarks: Samples sent to state lab

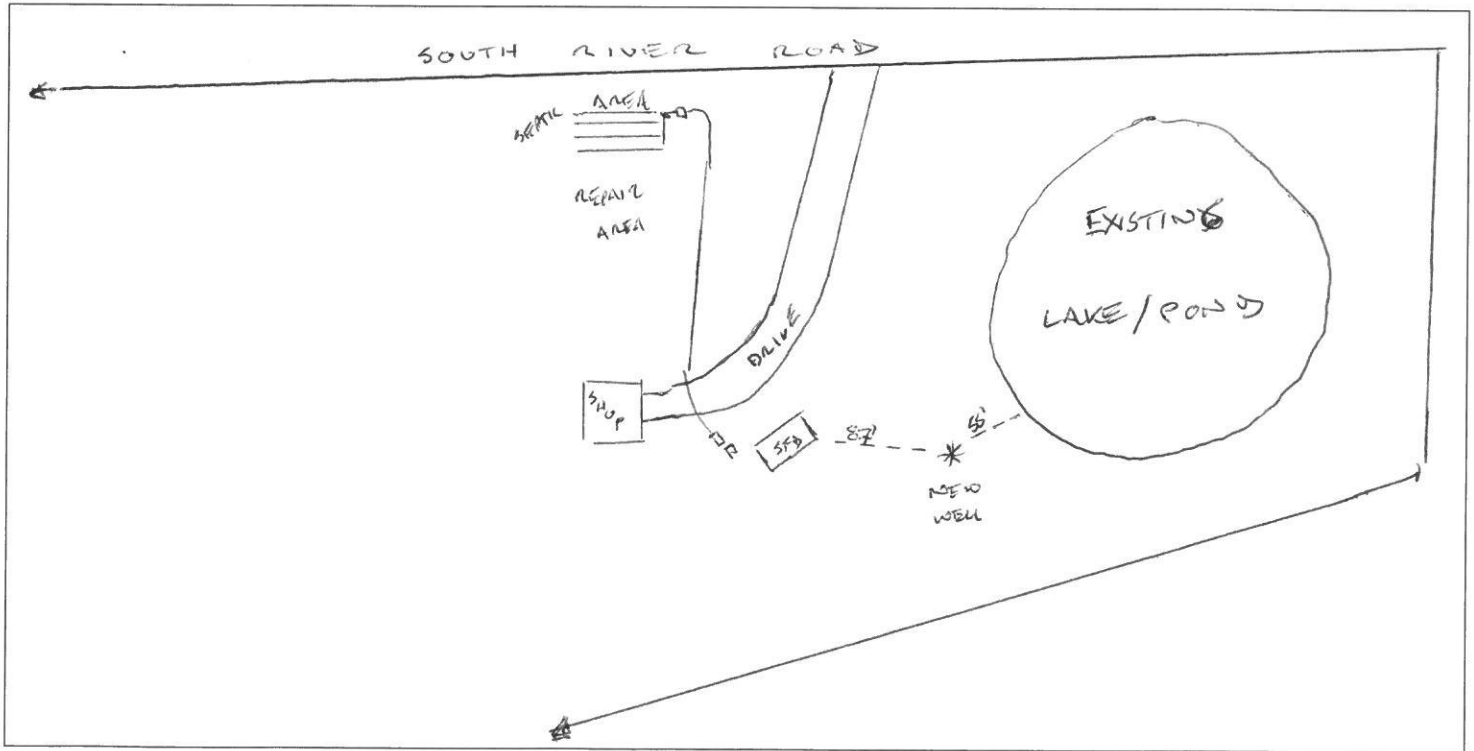
Authorized State Agent [Signature] Date 10-12-17

See Attachment for completion sketch [Signature]

Well Construction Sketch



Well Completion Sketch



WELL CONSTRUCTION RECORD

This form can be used for single or multiple wells

1. Well Contractor Information:

Roger W. Jackson

Well Contractor Name

2179-A

NC Well Contractor Certification Number

Jackson Well Company

Company Name

2. Well Construction Permit #:

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

3. Well Use (check well use):

Water Supply Well:

- Agricultural Municipal/Public
 Geothermal (Heating/Cooling Supply) Residential Water Supply (single)
 Industrial/Commercial Residential Water Supply (shared)
 Irrigation

Non-Water Supply Well:

- Monitoring Recovery

Injection Well:

- 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: 12-8-16 Well ID#

5a. Well Location:

Randell & Abigail Doherty
 Facility/Owner Name Facility ID# (if applicable)
1185 South River Rd Lillington NC 27546
 Physical Address, City, and Zip
HONNETT 0632-56-8360
 County Parcel Identification No. (PIN)

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

35° 27.787' N 78° 52.761' 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: 545 (ft.)
 For multiple wells list all depths if different (example- 3@200' and 2@100')

10. Static water level below top of casing: 40 (ft.)
 If water level is above casing, use "+"

11. Borehole diameter: 6 1/8 (in.)

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

FOR WATER SUPPLY WELLS ONLY:

13a. Yield (gpm) 15 Method of test: Air

13b. Disinfection type: HTH Amount: 19.0

For Internal Use ONLY:

14. WATER ZONES

FROM	TO	DESCRIPTION
240 ft	242 ft	
ft.	ft.	

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

FROM	TO	DIAMETER	THICKNESS	MATERIAL
0 ft	80 ft	6 1/8 in.	SR21	PVC

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
ft.	ft.	in.			
ft.	ft.	in.			

18. GROUT

FROM	TO	MATERIAL	EMPLACEMENT METHOD & AMOUNT
0 ft	25 ft	SAND/CEMENT	FOUR INCH
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.)
0 ft	65 ft	SLATE
65 ft	545 ft	GRAVEL
ft.	ft.	
ft.	ft.	
ft.	ft.	
ft.	ft.	

21. REMARKS

22. Certification:

Roger W. Jackson 2179-A 1-17-17
 Signature of Certified Well Contractor 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 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,
 1636 Mail Service Center, Raleigh, NC 27699-1636

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.