

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

PIN #: 0625-62-1704.000 Parcel #: 05-0624-0016-06 Application #: 13-5-32493R Subdivision: _____ Lot #: 5

Applicant Name: Michael & Elizabeth Smith
Address: 540 Farabow Dr

Type of Facility Served by Well: SFD

Sewage System: 25% Reduction 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 James E. Markert Date 3-6-14

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

See attachment for construction sketch

WELL CERTIFICATE OF COMPLETION

Date: _____ 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

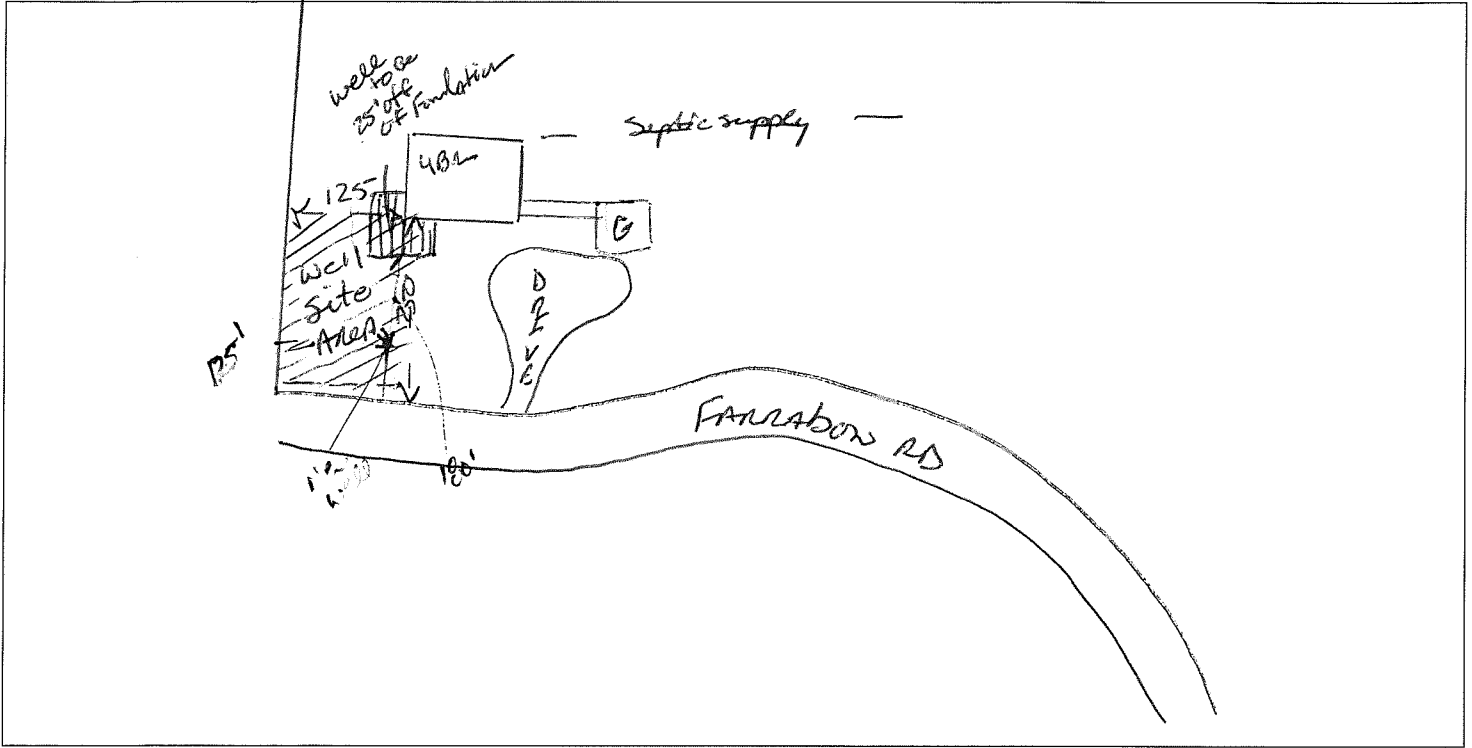
Casing Height: 124 (above finished grade) Access Port: _____ Vent Stack: _____
Well ID Tag: _____ Pump ID Tag: _____ Sampling Tap: _____ Backflow Preventer: _____
Sample Taken? Yes No Well Head properly sealed: _____

Remarks: _____

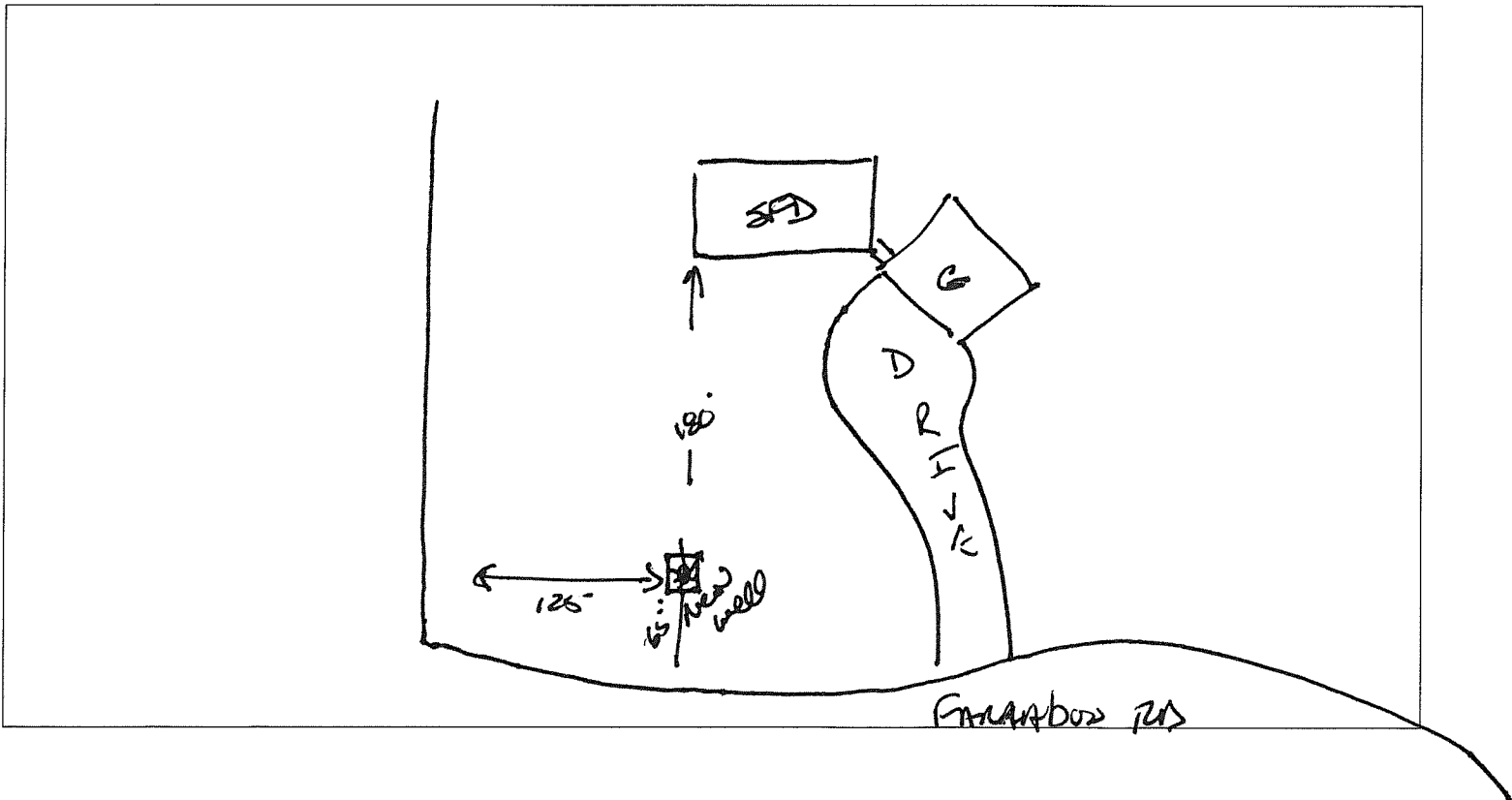
Authorized State Agent James E. Markert Date 1-25-15

See Attachment for completion sketch

Well Construction Sketch



Well Completion Sketch



Handwritten initials



RESIDENTIAL WELL CONSTRUCTION RECORD

13.5-32493R

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

WELL CONTRACTOR CERTIFICATION # 2179

1. WELL CONTRACTOR:

Well Contractor (Individual) Name Roger W. Jackson
 Well Contractor Company Name The Ken Well Drilling
 STREET ADDRESS: 5660 McDougald Rd
Charlotte NC 27516
 City or Town State Zip Code
 (919)-499-3636
 Area code - Phone number

2. WELL INFORMATION:

SITE WELL ID# (if applicable) PARCEL 05-6624-0016-06
 STATE WELL PERMIT# (if applicable) Per 0625-62-1704-000
 DWQ or OTHER PERMIT # (if applicable)
 WELL USE: HOUSE
 DATE DRILLED 8-8-14
 TIME COMPLETED 3:00 pm

3. WELL LOCATION:

CITY: Farmington COUNTY HAYWORTH
540 Farmington Dr Lot 5 27521
 (Street Name, Numbers, Community, Subdivision, Lot No., Parcel, Zip Code)
 TOPOGRAPHIC / LAND SETTING: GPS Slope FL 322
 LATITUDE 35° 22.702
 LONGITUDE 78° 54.736
 Latitude / longitude source: GPS
(location of well must be shown on a USGS topo map and attached to this form if not using GPS)

4. WELL OWNER:

OWNER'S NAME MICHAEL & ELIZABETH SMITH
 STREET ADDRESS 9004 Aspen Ct
Farmington NC 27521
 City or Town State Zip Code
 (936)-260-1164
 Area code - Phone number

5. WELL DETAILS:

a. TOTAL DEPTH: 240'
 b. DOES WELL REPLACE EXISTING WELL? No
 c. WATER LEVEL 6.5 FT.
 (Use "+" if Above Top of Casing)
 d. TOP OF CASING IS 1 FT. Above Land Surface *
*Top of casing terminated at/or below land surface may require a variance in accordance with 15A NCAC 2C .011B.
 e. YIELD (gpm): 30 METHOD OF TEST pit

f. DISINFECTION: Type HTH Amount 10 gal

g. WATER ZONES (depth):
 From 220 To 221 From _____ To _____
 From _____ To _____ From _____ To _____
 From _____ To _____ From _____ To _____

6. CASING: Depth Diameter Thickness/Weight Material
 From 0 To 75 Ft. 6" 8 SR21 PVC
 From _____ To _____ Ft. _____ _____
 From _____ To _____ Ft. _____ _____

7. GROUT: Depth Material Method
 From 0 To 25 Ft. Sand/Cement Downy
 From _____ To _____ Ft. _____ _____
 From _____ To _____ Ft. _____ _____

8. SCREEN: Depth Diameter Slot Size Material
 From _____ To _____ Ft. _____ in. _____ in. _____
 From _____ To _____ Ft. _____ in. _____ in. _____
 From _____ To _____ Ft. _____ in. _____ in. _____

9. SAND/GRAVEL PACK: Depth Size Material
 From _____ To _____ Ft. _____ _____
 From _____ To _____ Ft. _____ _____
 From _____ To _____ Ft. _____ _____

10. DRILLING LOG

From	To	Formation Description
<u>0</u>	<u>70</u>	<u>CLAY</u>
<u>70</u>	<u>240</u>	<u>SLATE & GRANITE</u>

11. REMARKS:

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.
 SIGNATURE OF CERTIFIED WELL CONTRACTOR Roger W. Jackson DATE 8-20-14
 PRINTED NAME OF PERSON CONSTRUCTING THE WELL ROGER W. JACKSON