

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

PIN #: 1519-06-3066.000 Parcel #: 071509 0062 12 Application #: 15-5-36726R Subdivision: _____ Lot #: _____

Applicant Name: Signature Home Builders INC
Address: 1209 N Main St Lillington N.C. 27546

Type of Facility Served by Well: SFD

Sewage System: 25% Red

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 8-13-18

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

See attachment for construction sketch

WELL CERTIFICATE OF COMPLETION

Date: 2-19-16 Application #: 15-5-36726R 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 <u>0</u> 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

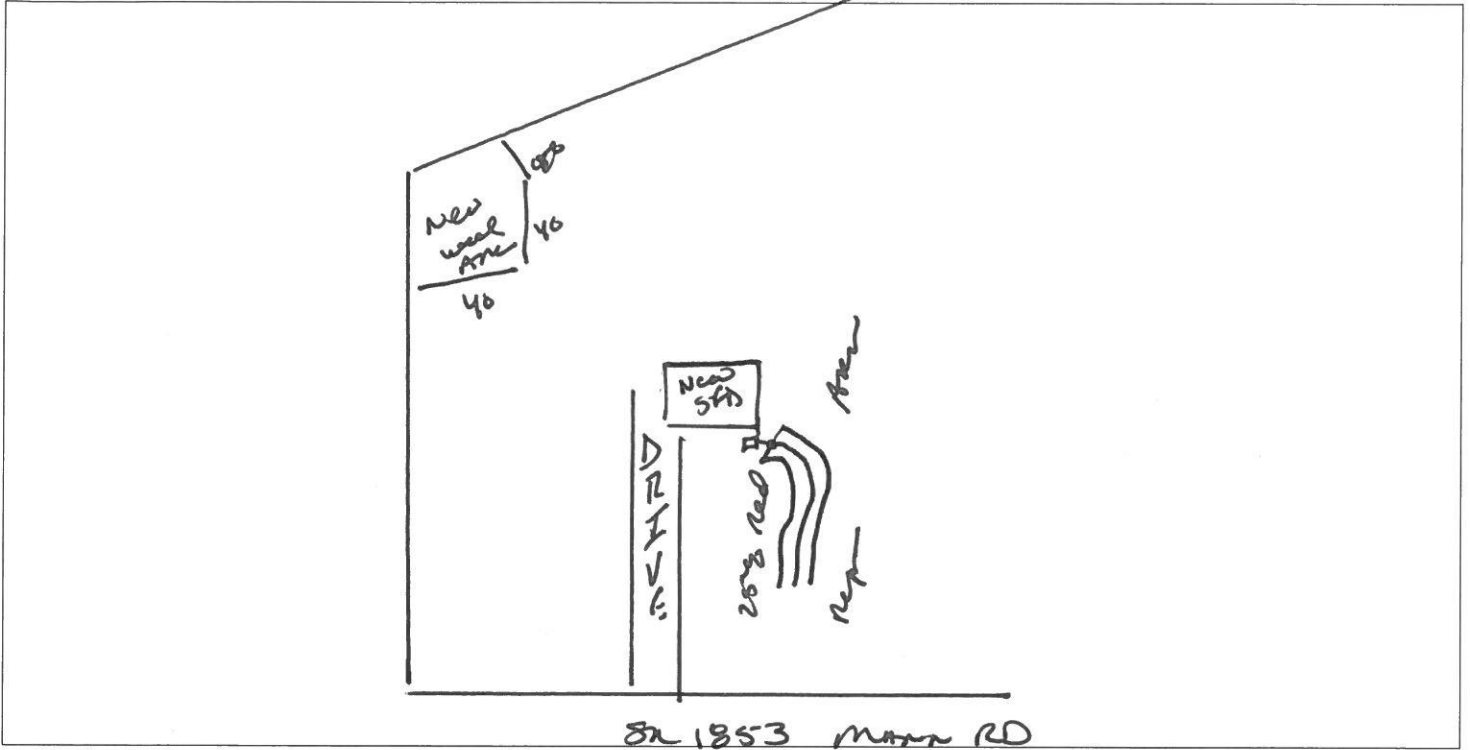
Casing Height: _____ (above finished grade) Access Port: _____ Vent Stack: _____
Well ID Tag: _____ Pump ID Tag: _____ Sampling Tap: _____ Backflow Preventer: _____
Sample Taken? Yes No Well Head properly sealed: _____

Remarks: _____

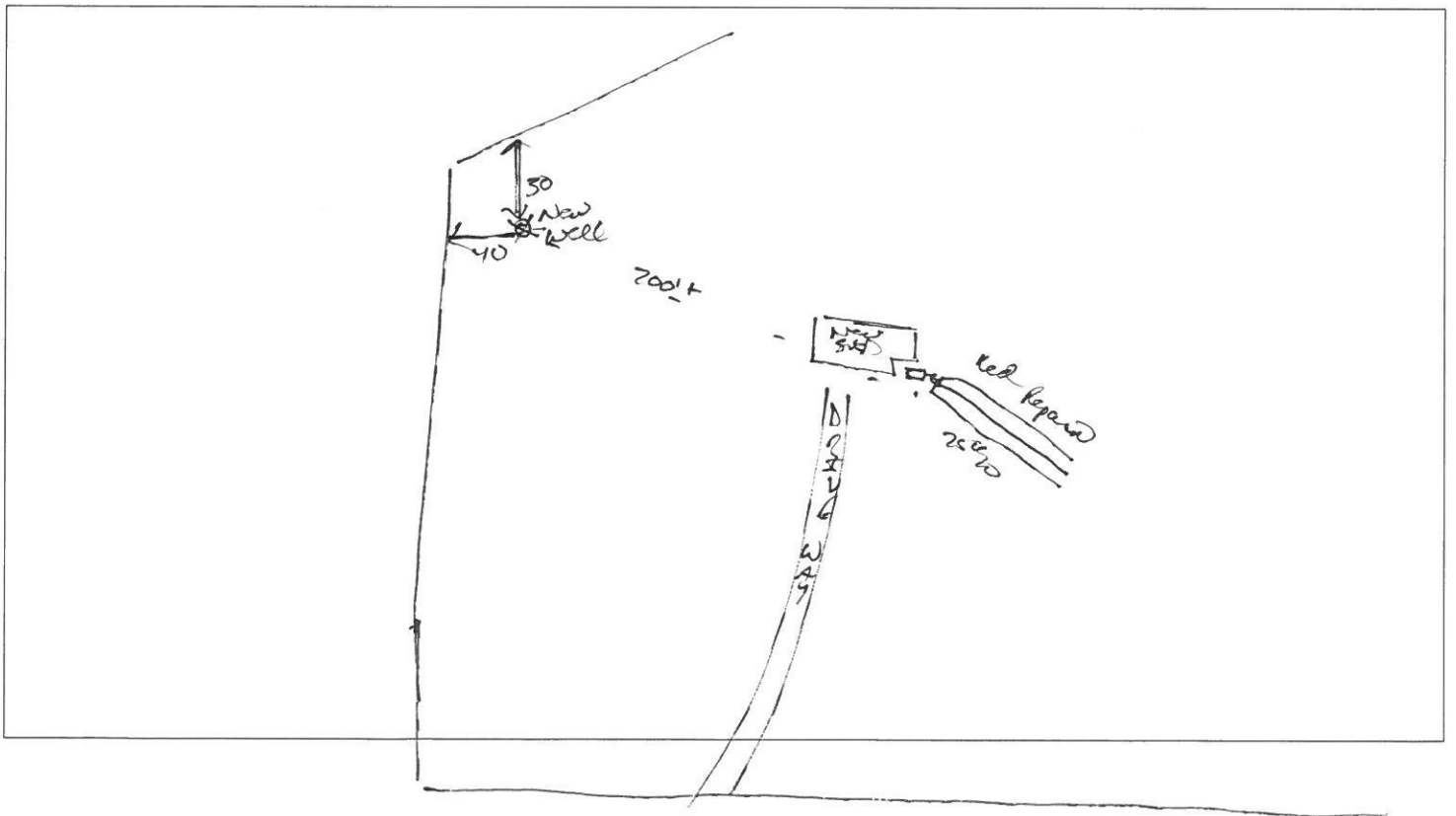
Authorized State Agent *James E. Markert* Date 2-23-16

See Attachment for completion sketch

Well Construction Sketch



Well Completion Sketch



1. Well Contractor Information:

Felton Jacobs
 Well Contractor Name
7765-A
 NC Well Contractor Certification Number
N.W. Poole Well & Pump Co.
 Company Name

2. Well Construction Permit #: 15-5-36726R
 List all applicable well construction permits (i.e. County, State, Portances, 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: 2-19-16

5. Well Location:
Williford well co
 Facility/Owner Name Facility ID# (if applicable)
Mann Rd, Lt 1, Dunn
 Physical Address, City, and Zip
Harnett
 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°23'15.65" N 78°38'18.31" 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: 184 (ft.)
 For multiple wells list all depths if different (example: 3@200' and 2@100')
 10. Static water level below top of casing: 20 (ft.)
 If water level is above casing, use "a"
 11. Borehole diameter: 6 (in.)
 12. Well construction method: Rotary
 (i.e. auger, rotary, cable, direct push, etc.)

13. FOR WATER SUPPLY WELLS ONLY:
 13a. Yield (gpm) 20 Method of test: Blow
 13b. Disinfection type: HTH Amount: 1lb

FROM	TO	DESCRIPTION			
ft.	170 ft.	20 gpm			
ft.	ft.				
FROM	TO	DIAMETER	THICKNESS	MATERIAL	
1 ft.	147 ft.	6 in.	188	6011	
FROM	TO	DIAMETER	THICKNESS	MATERIAL	
X ft.	ft.	in.			
ft.	ft.	in.			
FROM	TO	DIAMETER	SLOT SIZE	THICKNESS	MATERIAL
ft.	ft.	in.			
ft.	ft.	in.			
FROM	TO	MATERIAL	EMPLACEMENT METHOD & AMOUNT		
0 ft.	20 ft.	cement	poored		
ft.	ft.				
ft.	ft.				
FROM	TO	MATERIAL	EMPLACEMENT METHOD		
ft.	ft.				
ft.	ft.				
FROM	TO	DESCRIPTION (color, hardness, soil/rock type, grain size, etc.)			
0 ft.	3 ft.	TOP SOIL			
3 ft.	20 ft.	clay			
20 ft.	80 ft.	pipe clay			
80 ft.	148 ft.	slate			
ft.	ft.				
ft.	ft.				
ft.	ft.				
<u>Steel Harder Drive shoe</u>					

22. Certification:
Felton Jacobs 2-19-16
 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.

24. Submittal Instructions:
 24a. For All Wells: Submit this form within 30 days of completion of well construction to the following:

Division of Water Quality, 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 a copy of this form within 30 days of completion of well construction to the following:

Division of Water Quality, Underground Injection Control Program,
 1636 Mail Service Center, Raleigh, NC 27699-1636

24c. For Water Supply & Geothermal 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.