

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

PIN #: 0596-97-4107.000 Parcel #: 061506 0066 02 Application #: 16-5-38364 Subdivision: \_\_\_\_\_ Lot #: 5

Applicant Name: Signature Home Builders  
Address: \_\_\_\_\_

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. Manhart for RBUS Date 4-20-16

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

See attachment for construction sketch

**WELL CERTIFICATE OF COMPLETION**

Date: 11-4-16 Application #: 16-5-38364 Well Contractor: \_\_\_\_\_

Applicant Name: Signature Homes  
Address: Antioch, CA ND  
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: 4 (above finished grade) Access Port: 4 Vent Stack: \_\_\_\_\_  
Well ID Tag: 4 Pump ID Tag: \_\_\_\_\_ Sampling Tap: \_\_\_\_\_ Backflow Preventer: \_\_\_\_\_  
Sample Taken?  Yes  No Well Head properly sealed: \_\_\_\_\_

Remarks: \_\_\_\_\_

Authorized State Agent James E. Manhart Date 11-4-16

See Attachment for completion sketch



**WELL CONSTRUCTION RECORD**

This form can be used for single or multiple wells

1. Well Contractor Information:

Larry Williford Jr.

Well Contractor Name

2863-A

NC Well Contractor Certification Number

Williford's Well Drilling

Company Name

16-5-38364

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: 7-15-16 Well ID#

5a. Well Location:

Signature Home Builders

Facility/Owner Name

Facility ID# (if applicable)

Antioch Church Rd

Physical Address, City, and Zip

Harnett

0596-97-4107.000

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° 18.463 N 78° 40.014 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: 64 (ft.)

For multiple wells list all depths if different (example- 3@200' and 2@100')

10. Static water level below top of casing: 12 (ft.)

If water level is above casing, use "+"

11. Borehole diameter: 8 (in.)

12. Well construction method: mud rotary

(i.e. auger, rotary, cable, direct push, etc.)

FOR WATER SUPPLY WELLS ONLY:

13a. Yield (gpm) 10 Method of test: pumping

13b. Disinfection type: HTH Amount: 1/2 cup

For Internal Use ONLY:

FROM	TO	DESCRIPTION
22 ft.	32 ft.	Sand & gravel
57 ft.	64 ft.	tan sand

  

FROM	TO	DIAMETER	THICKNESS	MATERIAL
-1 ft.	22 ft.	4 in.	SCH40	PVC

  

FROM	TO	DIAMETER	THICKNESS	MATERIAL
ft.	ft.	in.		
ft.	ft.	in.		

  

FROM	TO	DIAMETER	SLOT SIZE	THICKNESS	MATERIAL
22 ft.	32 ft.	4 in.	.016	SCH40	PVC
57 ft.	64 ft.	4 in.	.016	SCH40	PVC

  

FROM	TO	MATERIAL	EMPLACEMENT METHOD & AMOUNT
0 ft.	20 ft.	Bentonite/cement	pour/gravity
ft.	ft.		
ft.	ft.		

  

FROM	TO	MATERIAL	EMPLACEMENT METHOD
20 ft.	64 ft.	#2 sand	pour/gravity
ft.	ft.		

  

FROM	TO	DESCRIPTION (color, hardness, soil/rock type, grain size, etc.)
0 ft.	1 ft.	topsoil
1 ft.	8 ft.	sandy clay
8 ft.	22 ft.	tan clay
22 ft.	32 ft.	Sand & gravel
32 ft.	57 ft.	tan clay
57 ft.	64 ft.	tan sand
ft.	ft.	

22. Certification:

Larry Williford Jr 8-1-16  
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.

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.