

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

0635-97-1400 05-045-0202-03 16-5-  
PIN #: \_\_\_\_\_ Parcel #: \_\_\_\_\_ Application #: 35146R Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_

Applicant Name: STEPHEN SCANDINO  
Address: 3233 Summer Oaks Pl Apex N.C 27539

Type of Facility Served by Well: SFD

Sewage System: 25% Reel

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 Jane E. Mankoff Date 9-1-16

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

See attachment for construction sketch

**WELL CERTIFICATE OF COMPLETION**

Date: \_\_\_\_\_ 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: 12 in (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 Jane E. Mankoff Date 7-14-17

See Attachment for completion sketch Scott C. ...

16-5-35146

STEPHEN SCARLENO

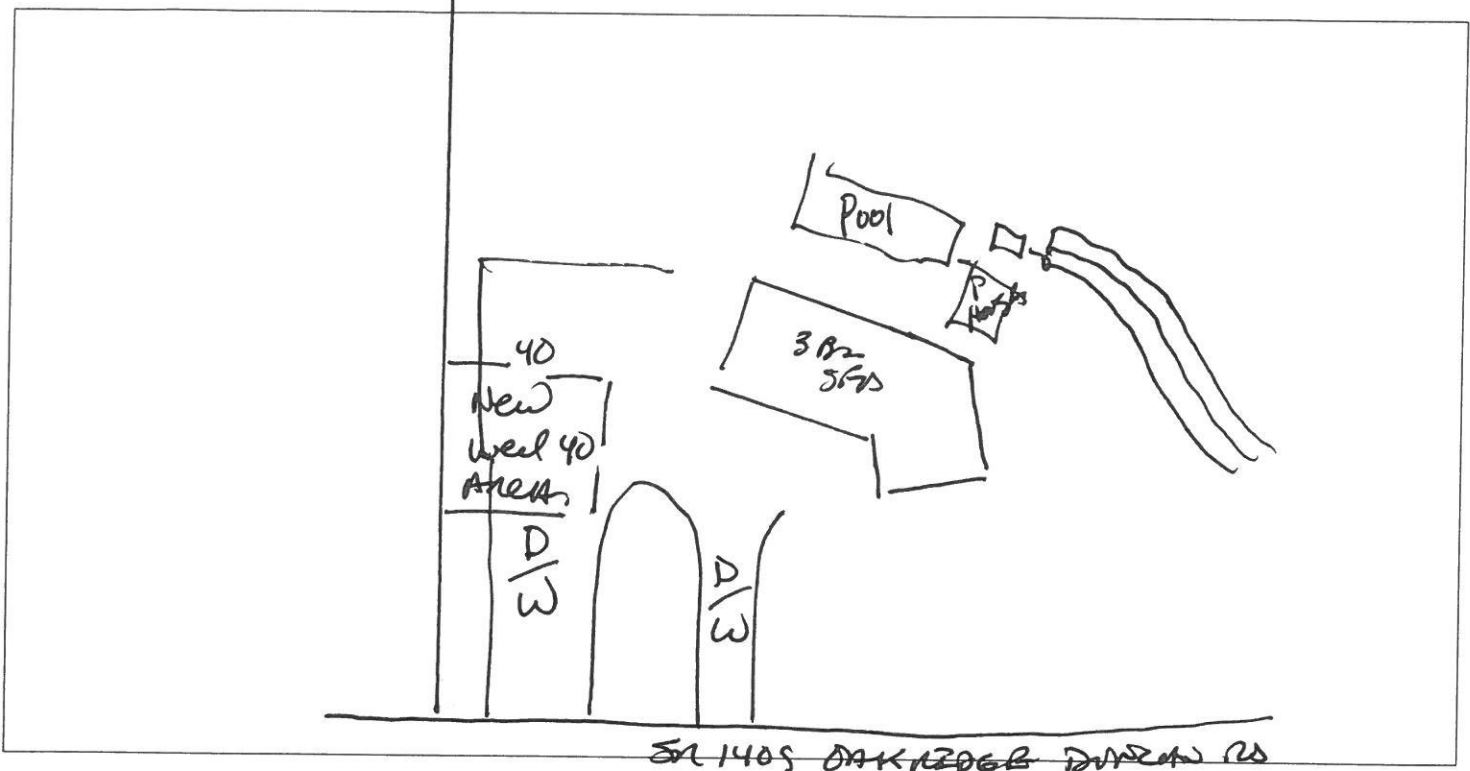
Application #:

Applicant Name:

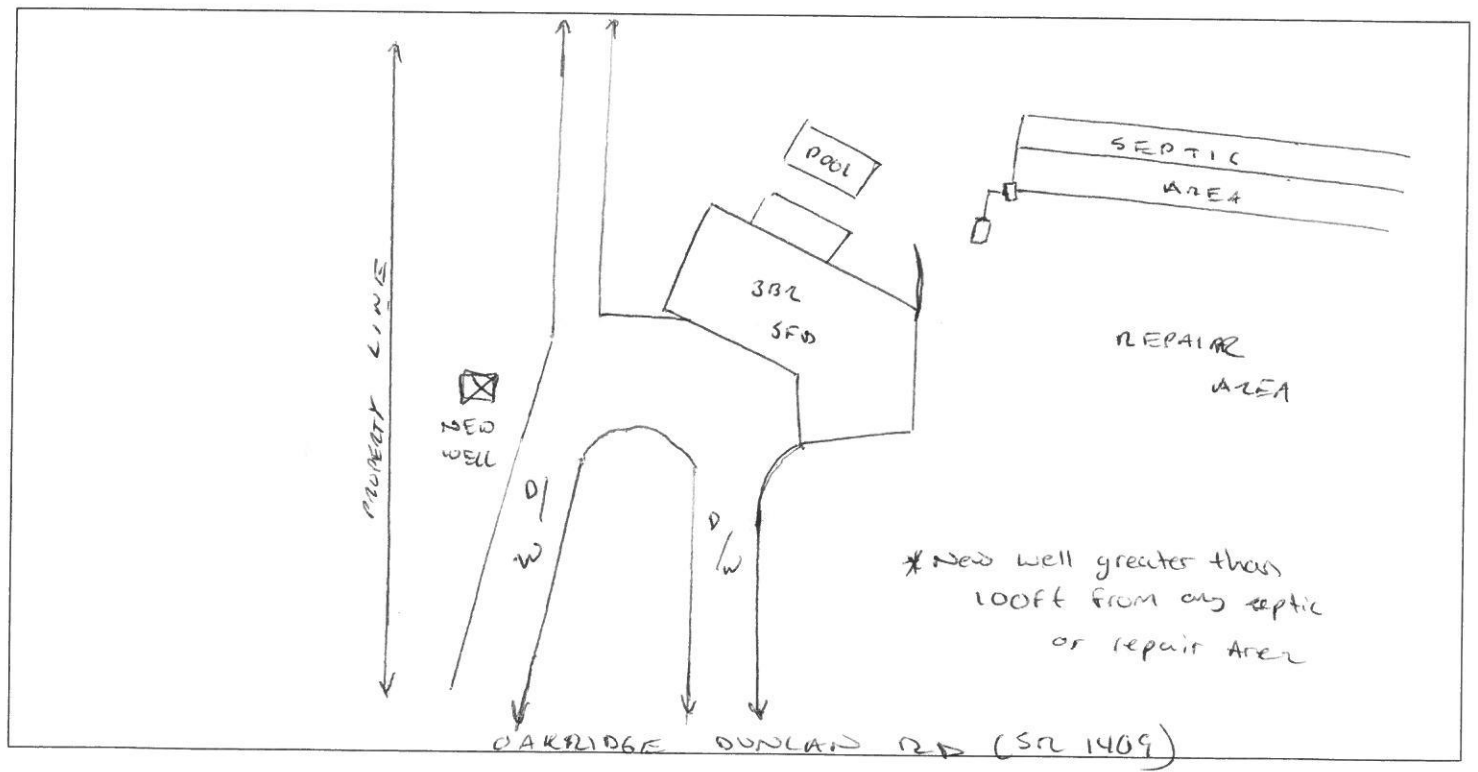
Subdivision: \_\_\_\_\_

Lot #: \_\_\_\_\_

### Well Construction Sketch



### Well Completion Sketch



### WELL CONSTRUCTION RECORD

This form can be used for single or multiple wells

#### 1. Well Contractor Information:

Jason Poole

Well Contractor Name  
2279-A

NC Well Contractor Certification Number

Grady Poole Well & Pump Co., Inc.

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: 09/13/16 Well ID# \_\_\_\_\_

#### 5a. Well Location:

Steve Scardino

Facility/Owner Name Facility ID# (if applicable)

SR 1405, Oakridge Duncan Rd.

Physical Address, City, and Zip

Harnett

0635-97-1400

County

Parcel Identification No. (PIN)

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

\_\_\_\_\_ N \_\_\_\_\_ 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: One  
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: 260 (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 "+"

11. Borehole diameter: 6 (in.)

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

#### FOR WATER SUPPLY WELLS ONLY:

13a. Yield (gpm) 30 Method of test: Blow  
13b. Disinfection type: HTH Amount: 1 Lb.

For Internal Use ONLY:

14. WATER ZONES		
FROM	TO	DESCRIPTION
0 ft.	270 ft.	30 GPM

15. OUTER CASING (for multi-cased wells) OR LINER (if applicable)				
FROM	TO	DIAMETER	THICKNESS	MATERIAL
0 ft.	63 ft.	6 in.	.188	galv.

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.	20 ft.	Portland & Screenings	Gravity	
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.	20 ft.	topsoil
20 ft.	50 ft.	clay
50 ft.	260 ft.	gravel pack
ft.	ft.	
ft.	ft.	
ft.	ft.	

21. REMARKS

22. Certification: Jason Poole 09/13/2016  
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 .0190 or 15A NCAC 02C .0260 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.