

0613-65-4682.000

16-5-37383

PIN #: \_\_\_\_\_ Parcel #: 0506240040 Application #: \_\_\_\_\_ Subdivision: \_\_\_\_\_ Lot #: 2

Applicant Name: N.C. CORRAL LLC  
Address: 3209 Mossy Ridge Cr Raleigh N.C. 27605

Type of Facility Served by Well: SFD

Sewage System: 25yo RSD

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. Marban Date 9-9-16

Grouting Inspection Witnessed [Signature] Date 03-01-17

Grouting self-certified by driller GW-1 provided?  Yes  No

See attachment for construction sketch

**WELL CERTIFICATE OF COMPLETION**

Date: 03/01/17 Application #: 16-5-34383 Well Contractor: Grant Mason

Applicant Name: N.C. Corral, LLC  
Address: 3209 Mossy Ridge Cr. Raleigh N.C. 27605  
Directions to Site: \_\_\_\_\_

Use of Well: Residential Date Drilled: 03/01/17 Total Depth: 203.5ft Replacement Well?  Yes  No  
Static Water Level: 20ft Top of Casing is \_\_\_\_\_ in. above surface. Yield: 60 gpm at \_\_\_\_\_ ft.  
Disinfection: Type \_\_\_\_\_ Amount \_\_\_\_\_

Water Zone (depth)	Casing	Grout
From <u>110ft</u> To <u>115ft</u> <u>2 GPM</u>	From <u>1.5ft</u> To <u>34.5ft</u>	From <u>0</u> To <u>20</u>
From <u>150ft</u> To <u>154ft</u> <u>4 GPM</u>	Diameter: <u>6in</u> Material: <u>concr.</u> Thickness: <u>188</u>	Material: <u>portland</u> Method: <u>cast</u>
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**

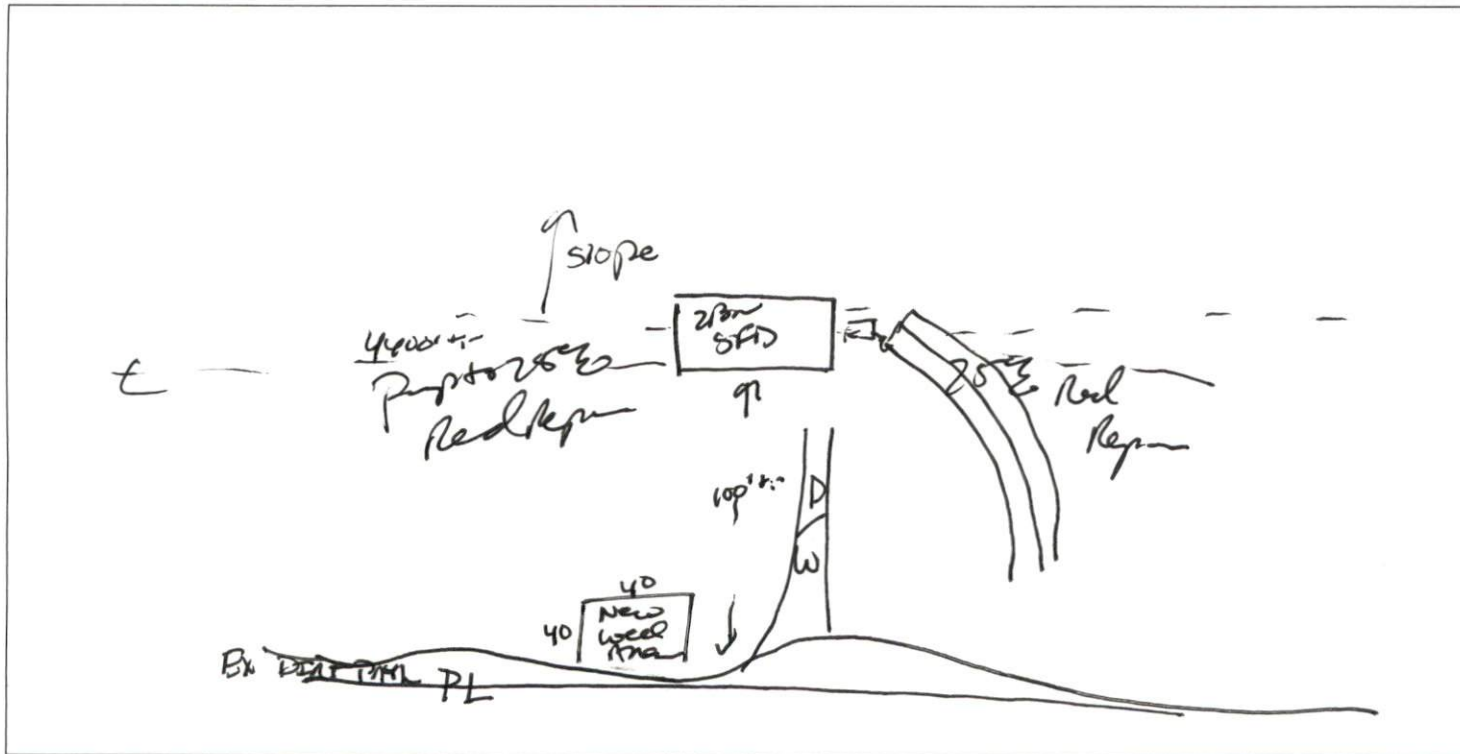
Casing Height: 12in (above finished grade) Access Port:  Vent Stack:   
Well ID Tag: \_\_\_\_\_ Pump ID Tag: \_\_\_\_\_ Sampling Tap: \_\_\_\_\_ Backflow Preventer: \_\_\_\_\_  
Sample Taken?  Yes  No Well Head properly sealed:

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

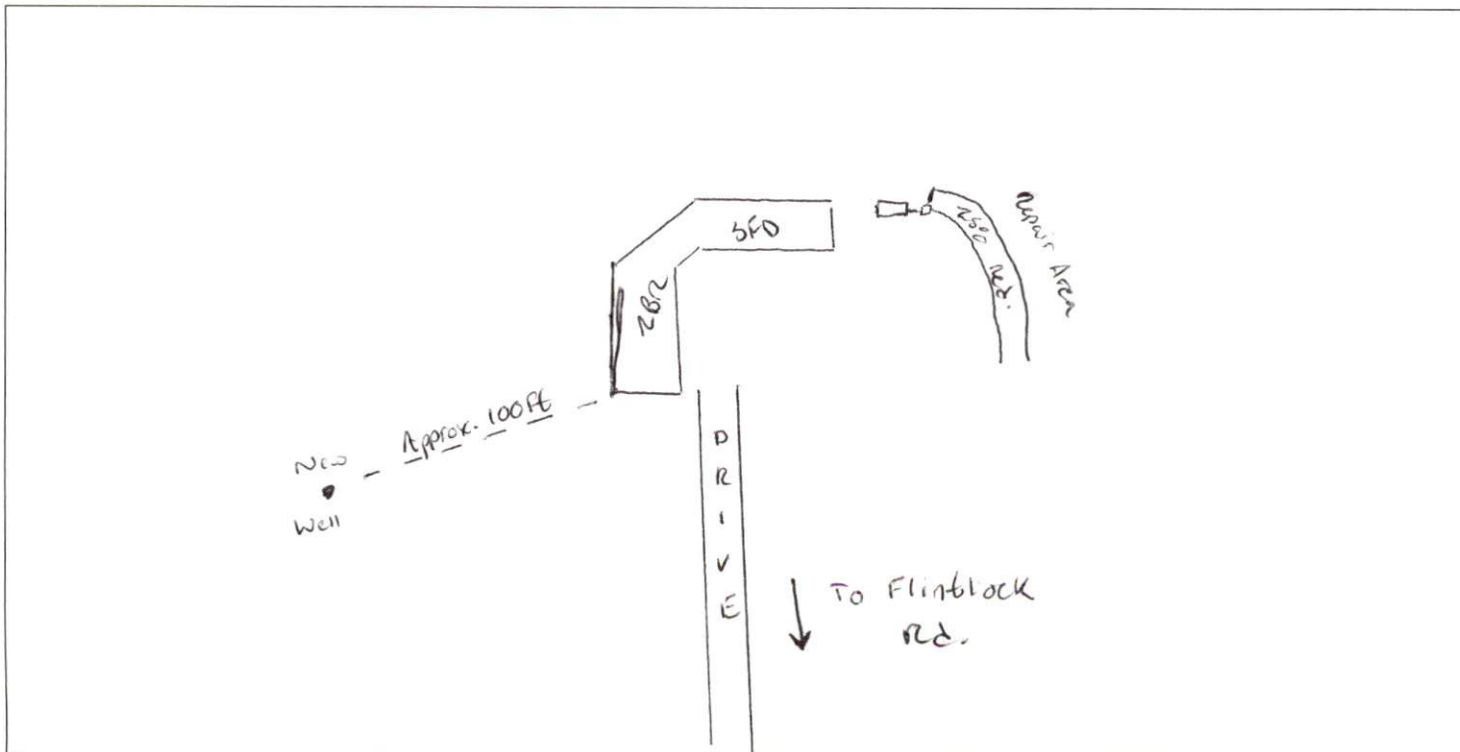
Authorized State Agent James E. Marban Date 8-10-17

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

For Internal Use ONLY:

14-5-39383

### 1. Well Contractor Information:

Well Contractor Name: Grant Mason

Well Contractor Certification Number: 4254 A

Company Name: N.W. Poole Well & Pump Co.

### 2. Well Construction Permit #:

List all applicable well construction permits (i.e. County, State, Variance, 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: 3/1/17

### 5. Well Location:

Facility/Owner Name: Jason Miller Facility ID# (if applicable):

Physical Address, City, and Zip: 655 Flintlock Ln. Harnett

County: Harnett Parcel Identification No. (PIN):

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

35.508926 N - 78.943054 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: 203.5 (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): 6 Method of test: Blow

13b. Disinfection type: HfH Amount: 116

14. WATER ZONE					
FROM	TO	DESCRIPTION			
110 ft	115 ft	2 GPM			
150 ft	155 ft	4 GPM			
15. CASING OR TUBING (if applicable)					
FROM	TO	DIAMETER	THICKNESS	MATERIAL	
11.5 ft	74.5 ft	6 in.	.188	Galv.	
16. CASING OR TUBING (if applicable)					
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 Cement			
ft.	ft.				
ft.	ft.				
19. SAND OR GRAVEL PACK (if applicable)					
FROM	TO	MATERIAL	EMPLACEMENT METHOD		
ft.	ft.				
ft.	ft.				
20. DRIFTING LOG (if applicable)					
FROM	TO	DESCRIPTION (color, hardness, soil/rock type, grain size, etc.)			
0 ft	2 ft	10# 50-1			
3 ft	65 ft	Clay/Sand			
66 ft	203.5 ft	Granite			
ft.	ft.				
ft.	ft.				
ft.	ft.				
ft.	ft.				
21. REMARKS					
Used hardened steel dr. ve shoe					

### 22. Certification:

Grant Mason 3/1/17  
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.

### 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.