

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

954C-67-5227.00
PIN #: _____ Parcel #: _____ Application #: 16-5-39408 Subdivision: _____ Lot #: _____

Applicant Name: South Eastern General Contracting
Address: 3061 N. MAEN ST SUITE 106 HOPEWELL'S N.C. 28348

Type of Facility Served by Well: SFD
Sewage System: 25% INDUCTER

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 [Signature] Date 8-23-16

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)	Casing	Grout
From _____ To _____	From _____ To _____	From 0 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 [Signature] Date 7-6-17

See Attachment for completion sketch

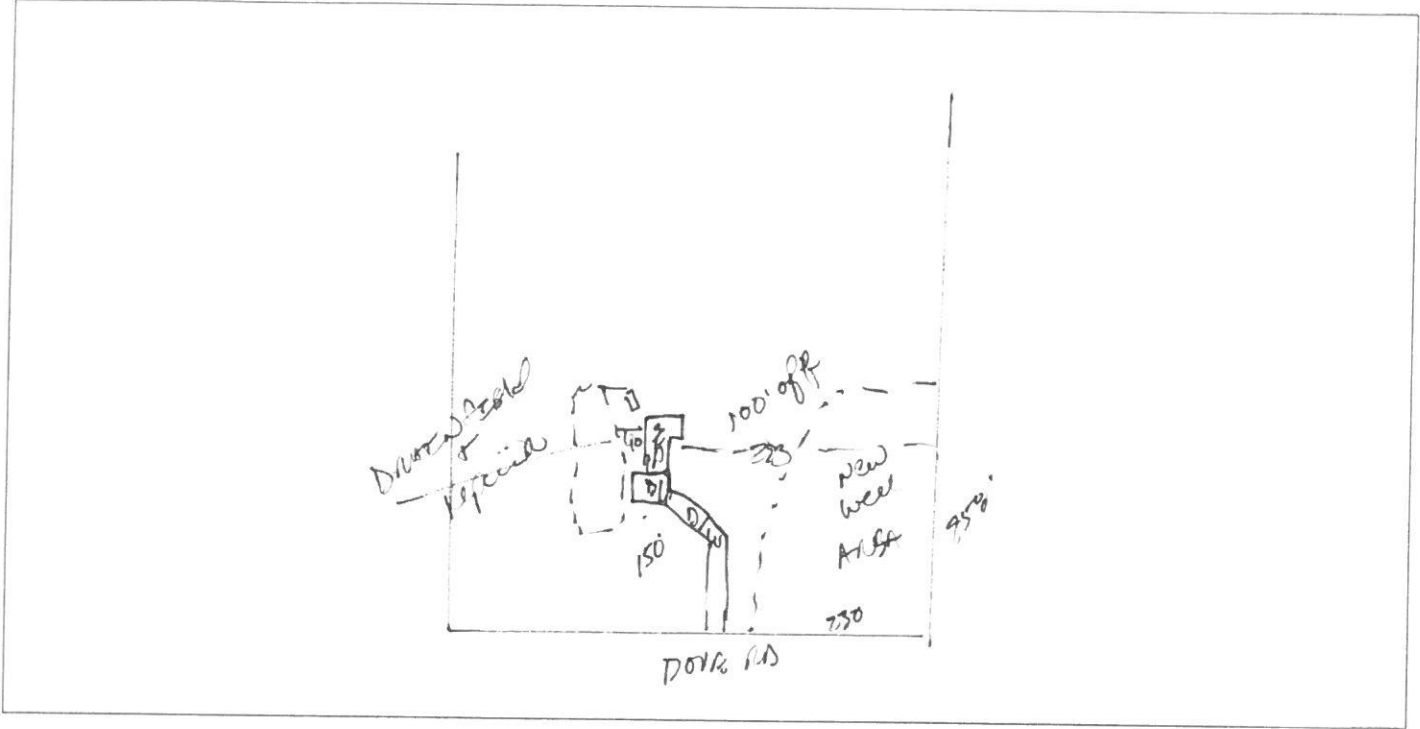
Application #: 16-5-39408

Applicant Name: South Lake Blvd

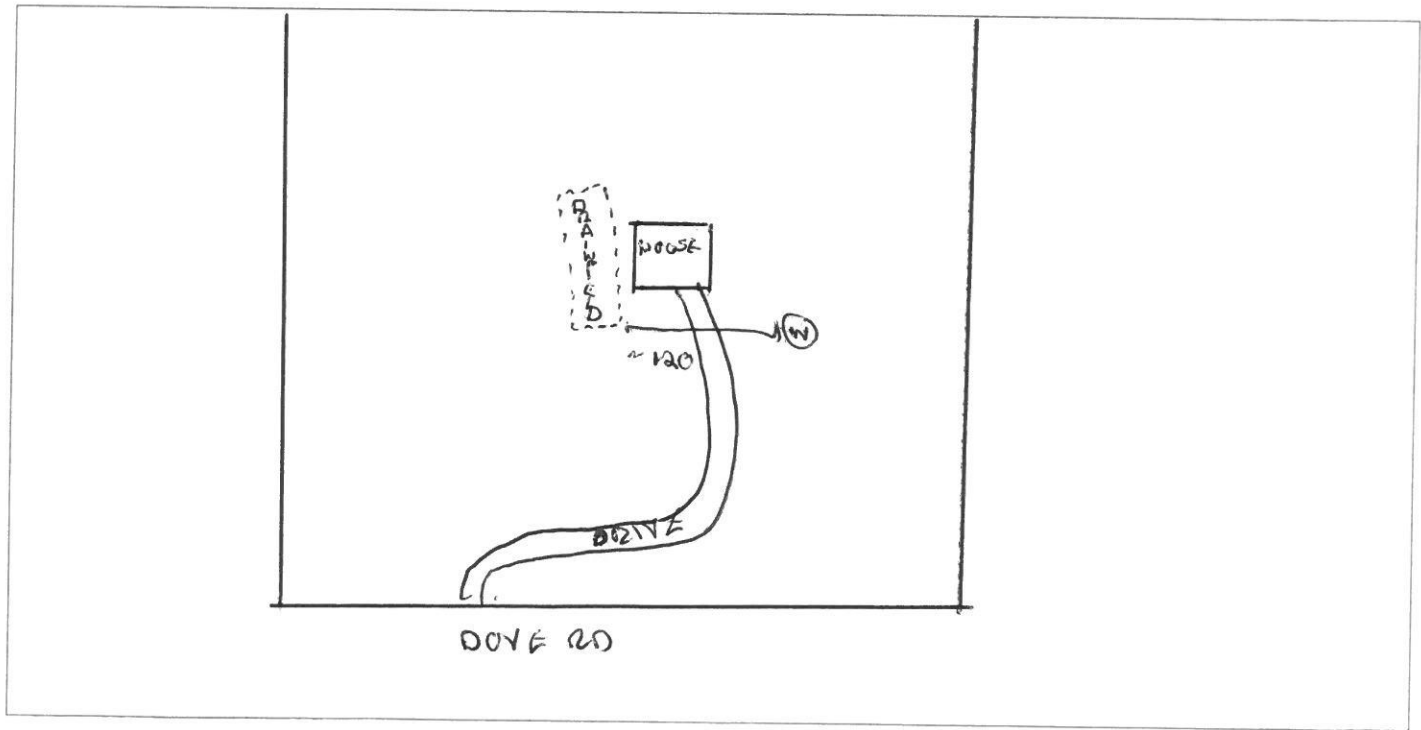
Subdivision: _____

Lot #: _____

Well Construction Sketch



Well Completion Sketch



WELL CONSTRUCTION RECORD (GW-1)

1. Well Contractor Information:

Well Contractor Name: James O. Bill
 Well Contractor Certification Number: 2122-A
 Company Name: Cape Fear Well + Pump Co.

2. Well Construction Permit #:
 List all applicable well construction permits (i.e. UIC, 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: 4/20/17 Well ID# _____

5a. Well Location:
 Facility/Owner Name: Southeastern General Con. Facility ID# (if applicable) _____
 Physical Address, City, and Zip: 854 Dove Rd. Cameron, N.C.
Cumberland
 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. For Geoprobe/DPT or Closed-Loop Geothermal Wells having the same construction, only 1 GW-1 is needed. Indicate TOTAL NUMBER of wells drilled: _____

9. Total well depth below land surface: 205' (ft.)
 For multiple wells list all depths if different (example- 3@200' and 2@180')

10. Static water level below top of casing: 41' (ft.)
 If water level is above casing, use "+"

11. Borehole diameter: 4 1/2" (in.)

12. Well construction method: Mud Rotary + Air
 (i.e. auger, rotary, cable, direct push, etc.)

For Internal Use Only:

14. WATER ZONES

FROM	TO	DESCRIPTION
190' ft.	195' ft.	Crack in Rock
ft.	ft.	

15. OUTER CASING (for multi-cased wells) OR LINER (if applicable)

FROM	TO	DIAMETER	THICKNESS	MATERIAL
0' ft.	122' ft.	4 1/2" in.	SDR17	PVC

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.	22' ft.	Hole Plug	Poured
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.	3' ft.	Yellow Sand
3' ft.	35' ft.	Orange sand + Clay
35' ft.	96' ft.	Gray + Brown Clay
96' ft.	118' ft.	Gray slate Rock
118' ft.	205' ft.	Gray Rock
ft.	ft.	
ft.	ft.	

21. REMARKS

22. Certification:
 Signature of Certified Well Contractor: James O. Bill Date: 4/20/17

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: In addition to sending the form to the address in 24a above, also submit one 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: 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.

FOR WATER SUPPLY WELLS ONLY:

13a. Yield (gpm): 20 Method of test: Pump

13b. Disinfection type: HTH Amount: 100 PPM