

HARN DEPARTMENT OF PUBLIC HEALTH MIT  
TO C TRUCT A DRINKING WATER SUPPLY LL

PIN #: \_\_\_\_\_ Parcel #: \_\_\_\_\_ Application #: 16-5-39063 Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_

Applicant Name: DAVID L JACKSON JR  
Address: 857 MAIN RD COATS N.C.

Type of Facility Served by Well: SFD

Sewage System: 25% Reduction

Permit Conditions: 100 off of septic + repair

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. Marshall Date 1-5-17

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 \_\_\_\_\_

<u>Water Zone (depth)</u>	<u>Casing</u>	<u>Grout</u>
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 James E. Marshall Date 5-8-17

See Attachment for completion sketch

16-5-39963

DAVID L JACKSON TX

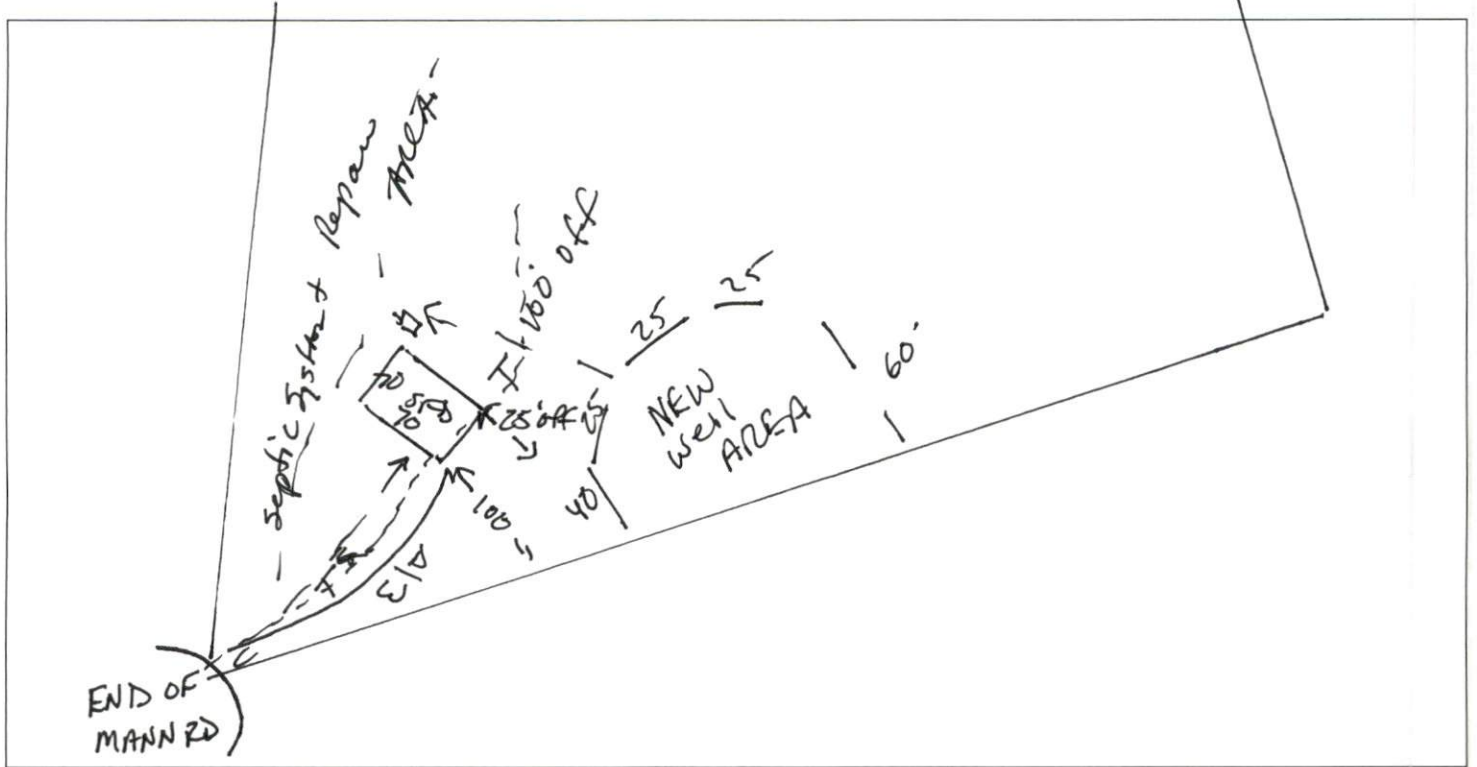
Application #:

Applicant Name:

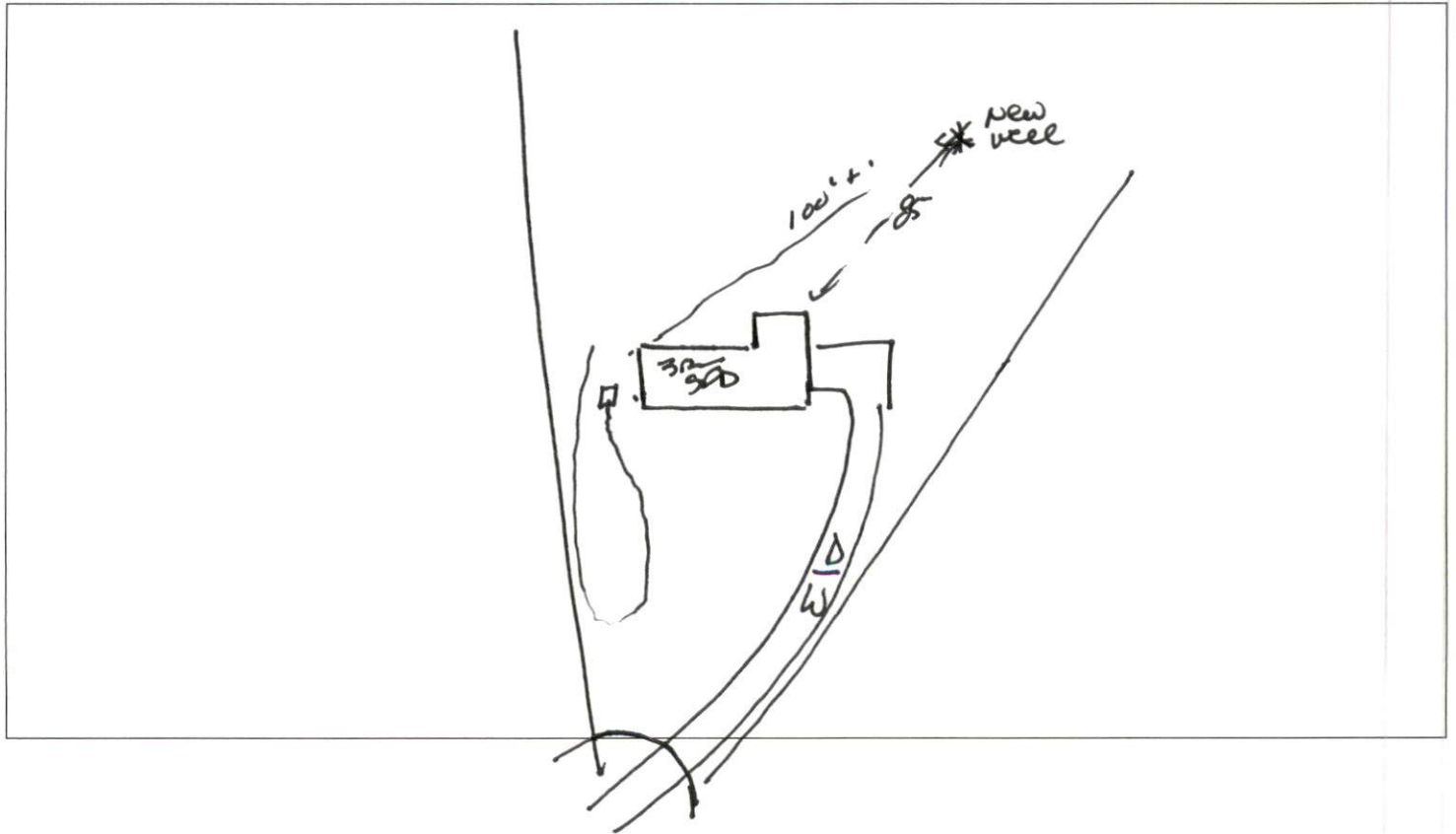
Subdivision: \_\_\_\_\_

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

Well Construction Sketch



Well Completion Sketch



**WELL CONSTRUCTION RECORD (GW-1)**

**1. Well Contractor Information:**

Well Contractor Name: Justin Barefoot  
 Well Contractor Number: 3474-A  
 NC Well Contractor Certification Number: Barefoot's Well Drilling  
 Company Name: Barefoot's Well Drilling

2. Well Construction Permit #: 16-5-39563  
 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: 3-17-17 Well ID#

5a. Well Location:  
 Facility/Owner Name: David Jackson  
 Facility ID# (if applicable):  
 Physical Address, City, and Zip: 857 WILMAN Rd coats  
Halnett  
 County: Parcel Identification No. (PIN):

5b. Latitude and longitude in degrees/minutes/seconds or decimal degrees:  
 (if well field, one lat/long is sufficient)  
35.3903 N -78.6275 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: 245 (ft.)  
 For multiple wells list all depths if different (example: 3@200' and 2@100')

10. Static water level below top of casing: .55 (ft.)  
 If water level is above casing, use "+"

11. Borehole diameter: 10 (in.)

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

**FOR WATER SUPPLY WELLS ONLY:**

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

13b. Disinfection type: Chlorine Amount: 1 ppm

For Internal Use Only

**14. WATER ZONES**

FROM	TO	DESCRIPTION
105 ft.	245 ft.	Bed Rock

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

FROM	TO	DIAMETER	THICKNESS	MATERIAL
0 ft.	105 ft.	2 1/4 in.	40	Galv

**16. INNER CASING OR TUBING (geothermal closed-loop)**

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

**17. SCREEN**

FROM	TO	DIAMETER	SLOT SIZE	THICKNESS	MATERIAL
- ft.	- ft.	- in.	-	-	-

**18. GROUT**

FROM	TO	MATERIAL	EMPLACEMENT METHOD & AMOUNT
0 ft.	25 ft.	Holeplug	gravity

**19. SAND/GRAVEL PACK (if applicable)**

FROM	TO	MATERIAL	EMPLACEMENT METHOD
- ft.	- ft.	-	-

**20. DRILLING LOG (attach additional sheets if necessary)**

FROM	TO	DESCRIPTION (color, hardness, soil/rock type, grain size, etc.)
0 ft.	105 ft.	Sand clay M.a

**21. REMARKS**

22. Certification:  
 Signature of Certified Well Contractor: [Signature]  
 Date: 3-17-17

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.