

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

PIN #: 0693505050 Parcel #: 040693010301 Application #: 17-5-40748 Subdivision: _____ Lot #: 1

Applicant Name: Stancil Builders, Inc.
Address: 510 Kirk Adams Road

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. Markham Date 3-6-17

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 _____

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

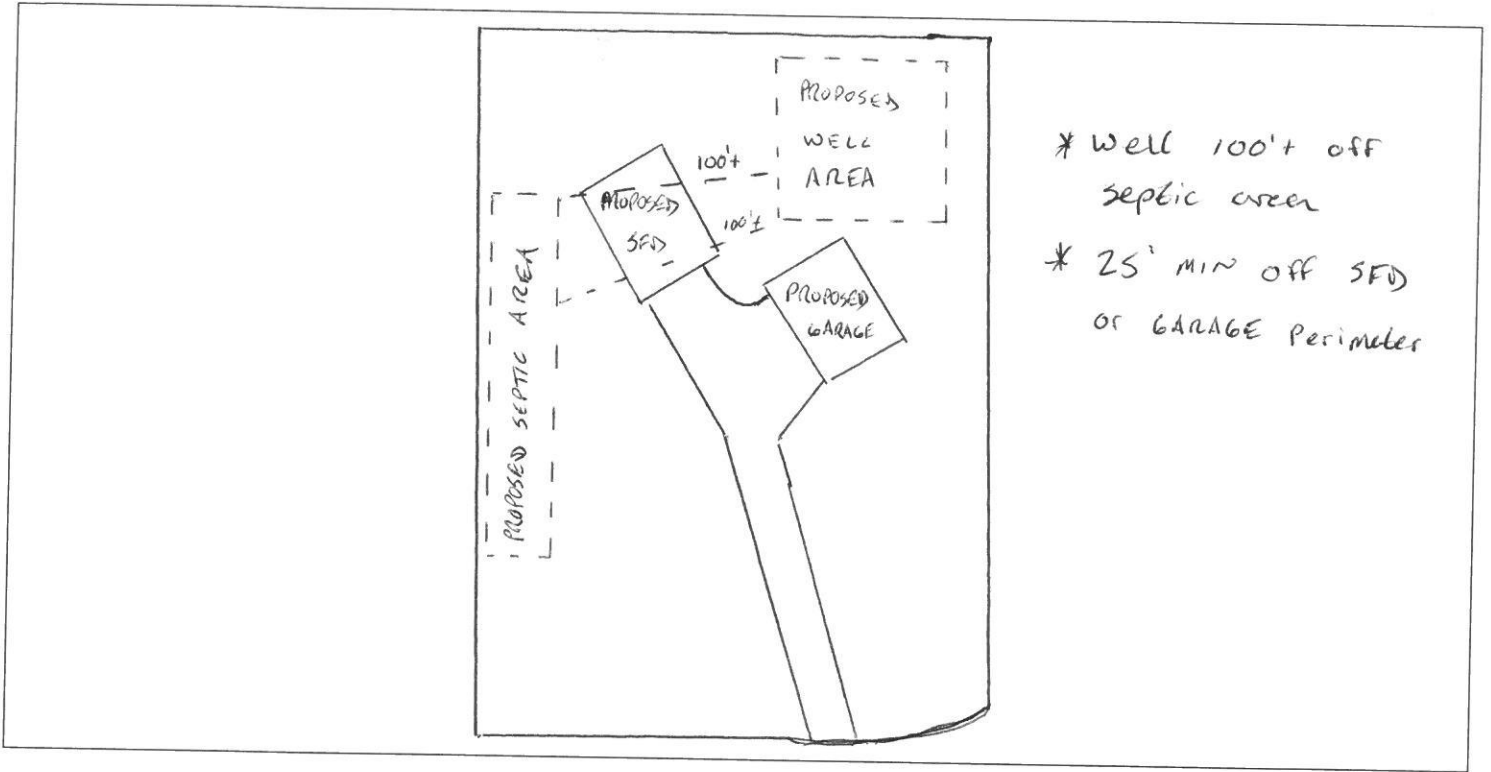
Casing Height: 2.5k (above finished grade) Access Port: Vent Stack:
Well ID Tag: Pump ID Tag: Sampling Tap: Backflow Preventer:
Sample Taken? Yes No Well Head properly sealed:

Remarks: _____

Authorized State Agent James E. Markham Date 7-17-17

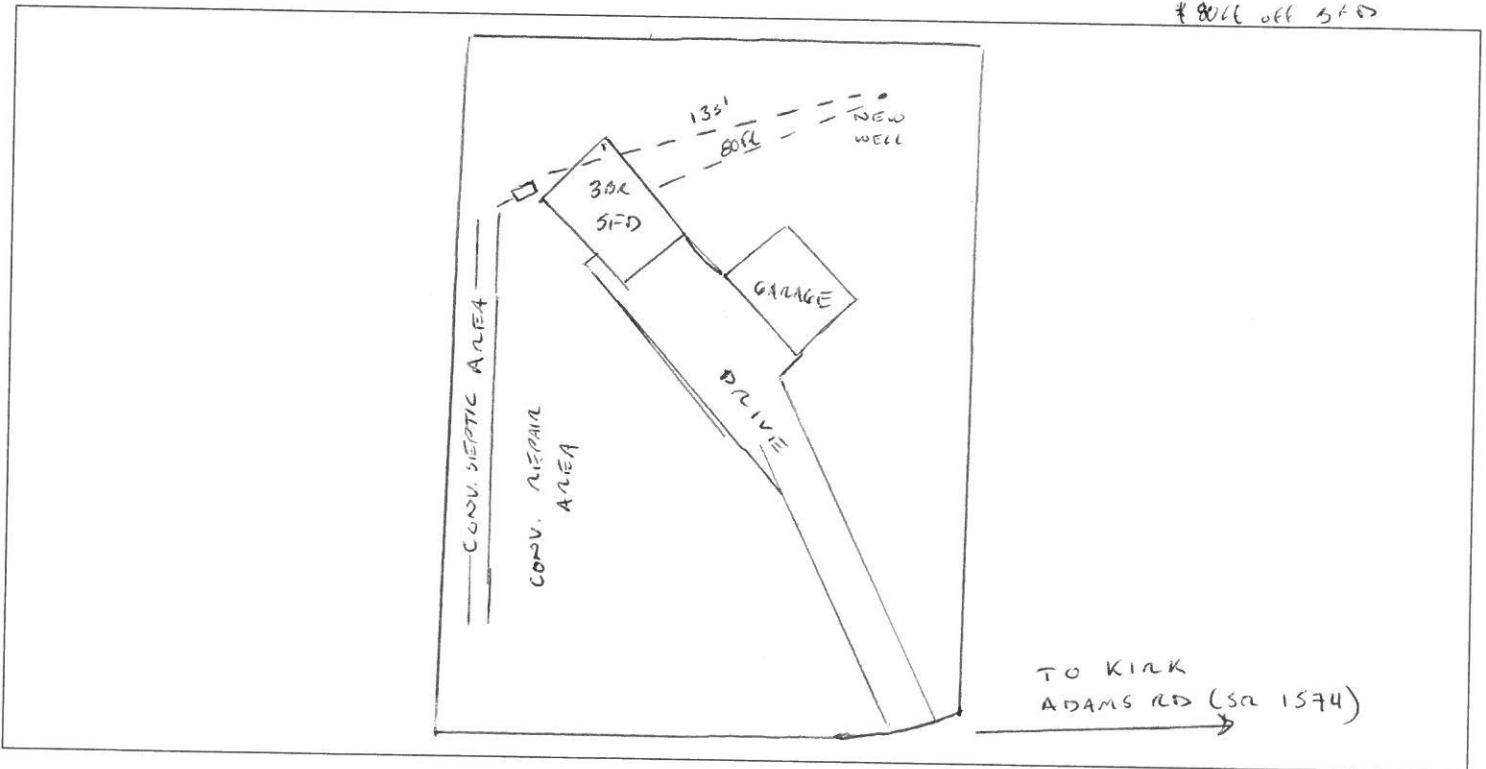
See Attachment for completion sketch

Well Construction Sketch



* Well 100' off septic area
 * 25' MIN OFF SFD OR GARAGE PERIMETER

Well Completion Sketch



* 80' off SFD

TO KIRK
ADAMS RD (SQ 1574)

This form can be used for single or multiple wells

1. Well Contractor Information:

Well Contractor Name: Grant Mason
 Well Contractor No: 4254A
 NC Well Contractor Certification Number: N.W. Poole Well & Pump Co.
 Company Name: N.W. Poole Well & Pump Co.

2. Well Construction Permit #: 29329
 (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: 3/27/17

5. Well Location:

Facility/Owner Name: Stancil Builders Facility ID# (if applicable):
 Physical Address, City, and Zip: Rick Adams Rd. Harnett
 County: Harnett Parcel Identification No. (PIN):

6. Latitude and Longitude in degrees/minutes/seconds or decimal degrees: (if well field, one lat/long is sufficient)
35.481022 N -78.676422 W

7. Is (are) the well(s): Permanent or Temporary

8. 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.

9. Number of wells constructed: 1
 For multiple injection or non-water supply wells ONLY with the same construction, you can submit one form.

10. Total well depth below land surface: 143.5 (ft.)
 For multiple wells list all depths if different (example- 3@200' and 2@100')

11. Static water level below top of casing: 20 (ft.)
 If water level is above casing, use "+"

12. Borehole diameter: 6 (in.)

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

13. FOR WATER SUPPLY WELLS ONLY:

13a. Yield (gpm): 50 Method of test: Flow
 13b. Disinfection type: HFL Amount: 116

For Internal Use ONLY: No. 6536 - P. 1
boxed 3/30/17

| FROM | TO | DESCRIPTION | | | |
|---------------------------------|----------|---|-----------------------------|-----------|----------|
| 100 ft | 105 ft | 25 GPM | | | |
| 110 ft | 115 ft | 25 GPM | | | |
| FROM | TO | DIAMETER | THICKNESS | MATERIAL | |
| +1.5 ft | 7.5 ft | 6 in. | .188 | Galv. | |
| FROM | TO | DIAMETER | THICKNESS | MATERIAL | |
| ft. | ft. | in. | | | |
| ft. | ft. | in. | | | |
| FROM | TO | DIAMETER | SLOT SIZE | THICKNESS | MATERIAL |
| ft. | ft. | in. | | | |
| ft. | ft. | in. | | | |
| FROM | TO | MATERIAL | EMPLACEMENT METHOD & AMOUNT | | |
| 0 ft | 20 ft | Portland | Pour | | |
| ft. | ft. | | | | |
| ft. | ft. | | | | |
| FROM | TO | MATERIAL | EMPLACEMENT METHOD | | |
| ft. | ft. | | | | |
| ft. | ft. | | | | |
| FROM | TO | DESCRIPTION (color, hardness, soil/rock type, grain size, etc.) | | | |
| 0 ft | 3 ft | Topsoil | | | |
| 4 ft | 11 ft | Sand | | | |
| 12 ft | 64 ft | Clay | | | |
| 65 ft | 143.5 ft | Slite | | | |
| ft. | ft. | | | | |
| ft. | ft. | | | | |
| ft. | ft. | | | | |
| REMARKS | | | | | |
| Used hardened steel drive shoe. | | | | | |

22. Certification:
Grant Mason 3/27/17
 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 Mall 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 Mall 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.