

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

PIN #: 0643 19 1737 000 Parcel #: 08 0643 0014 02 Application #: 17-5-40996 Subdivision: Craven Langston Lot #: 2

Applicant Name: Micahel & Jessica Altier  
Address: Gentle Valley Ln (Cotton Rd. - SR 1426)

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 *[Signature]* Date 4-5-17

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

See attachment for construction sketch

**WELL CERTIFICATE OF COMPLETION**

Date: 06/05/19 Application #: 17-5-40996 Well Contractor: Jason Roole

Applicant Name: Genesis Const. Co. LLC  
Address: Gentle Valley Ln (SR 1426)  
Directions to Site: \_\_\_\_\_

↓ REFERENCE  
GW-1 FORM

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: 125 ft (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 06/05/2019

See Attachment for completion sketch

17-S-40996

MICHAEL & JESSICA

Conver  
Lynsle

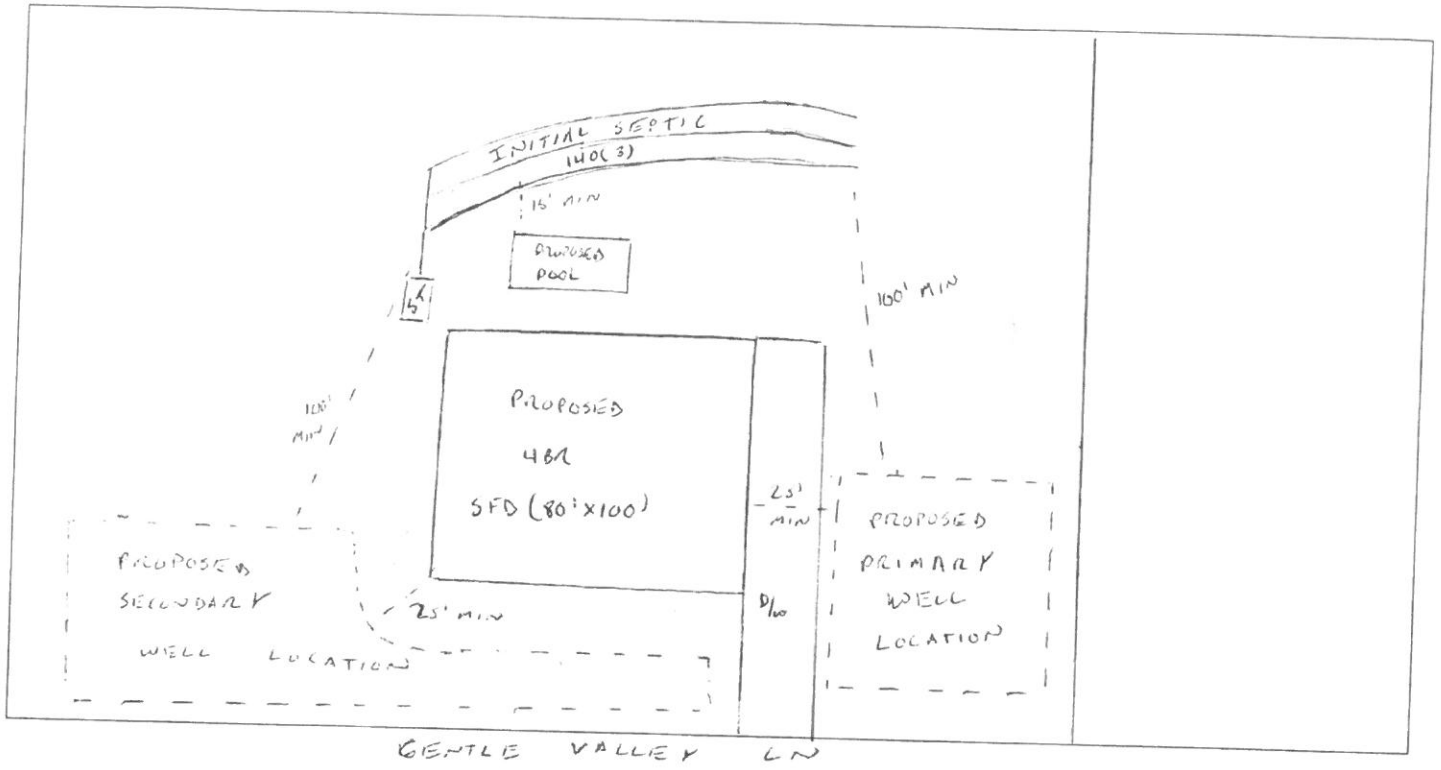
Application #:

Applicant Name: Allier

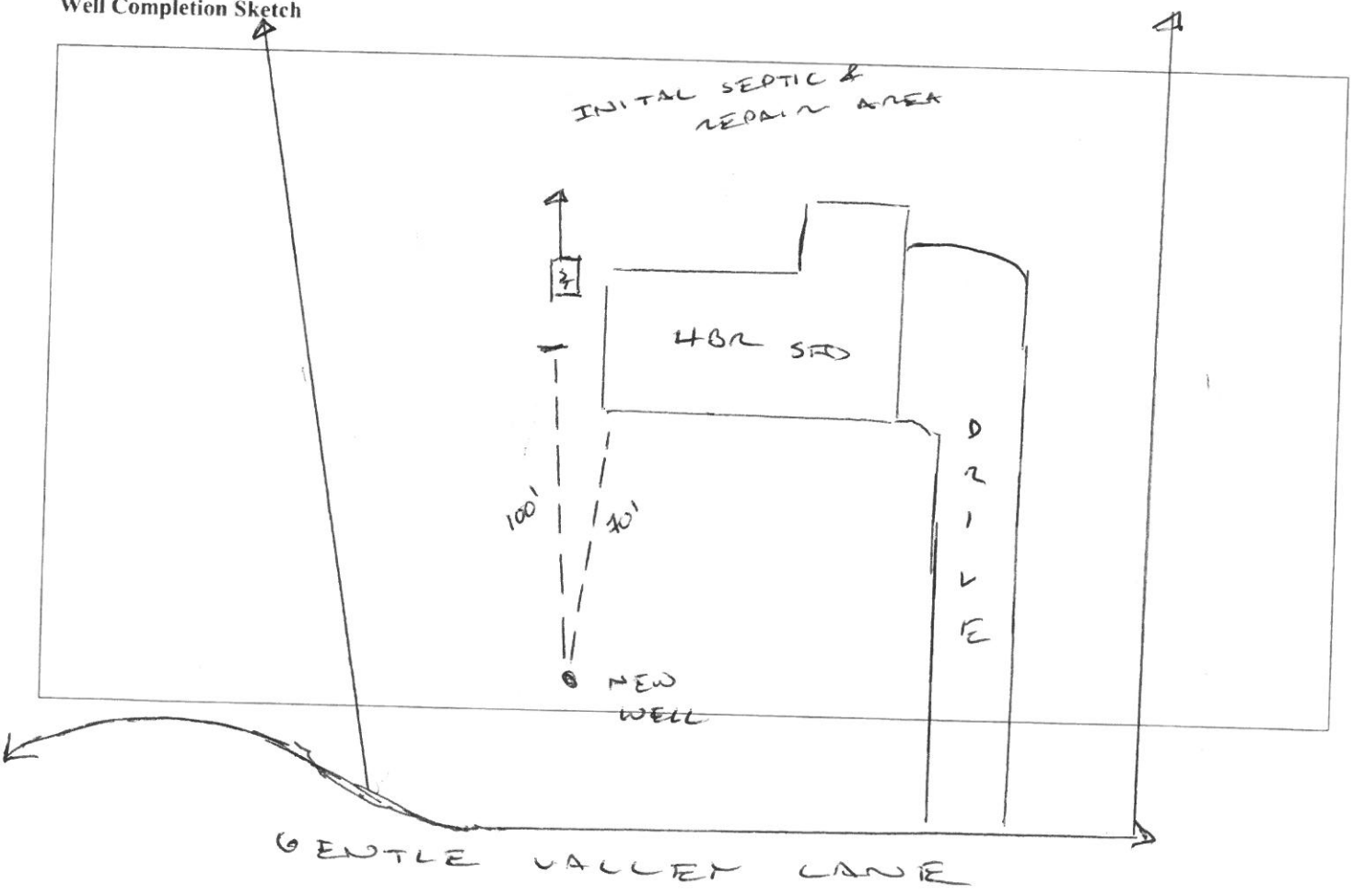
Subdivision:

Lot #: 2

### 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

29350

## 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: 5/29/2019 Well ID#

## 5a. Well Location:

Genesis Const. Co. LLC

Facility/Owner Name

Facility ID# (if applicable)

Gentle Valley Ln (SR 1426)

Physical Address, City, and Zip

Harnett

0643 19 1737 000

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: 400 (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) 3 Method of test: Blow

13b. Disinfection type: HTH Amount: 1 Lb.

For Internal Use ONLY:

## 14. WATER ZONES

FROM	TO	DESCRIPTION
0	ft. 240	3 GPM
	ft.	

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

FROM	TO	DIAMETER	THICKNESS	MATERIAL
0	ft. 46	6	in.	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. 20	Portland &	Gravity
	ft.	Screenings	
	ft.		

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

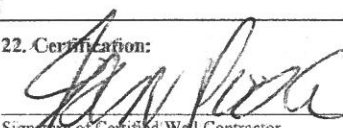
FROM	TO	MATERIAL	EMPLACEMENT METHOD
	ft.	ft.	
	ft.	ft.	

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

FROM	TO	DESCRIPTION (color, hardness, soil/rock type, grain size, etc.)
0	ft. 26	Topsoil
20	ft. 30	clay
30	ft. 400	crystalline Bed Rock
	ft.	
	ft.	
	ft.	

## 21. REMARKS

## 22. Certification:



Signature of Certified Well Contractor

5/29/2019

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.

## 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.