

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

PIN #: _____ Parcel #: _____ Application #: 17-5-41364 Subdivision: _____ Lot #: A

Applicant Name: Buddy R Nighswonger
Address: 1048 Country Hollow Lane Madison VA. 22727
Type of Facility Served by Well: SFD

Sewage System: SFD 2500 Reductor

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. Mandant for DHS Date 6-6-17

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

See attachment for construction sketch

WELL CERTIFICATE OF COMPLETION

Date: 5-9-19 Application #: 17-5-41364 Well Contractor: Bells Well

Applicant Name: Buddy R Nighswonger
Address: _____
Directions to Site: WISSE RD

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: 18" (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. Mandant for DHS Date 5-9-19

See Attachment for completion sketch

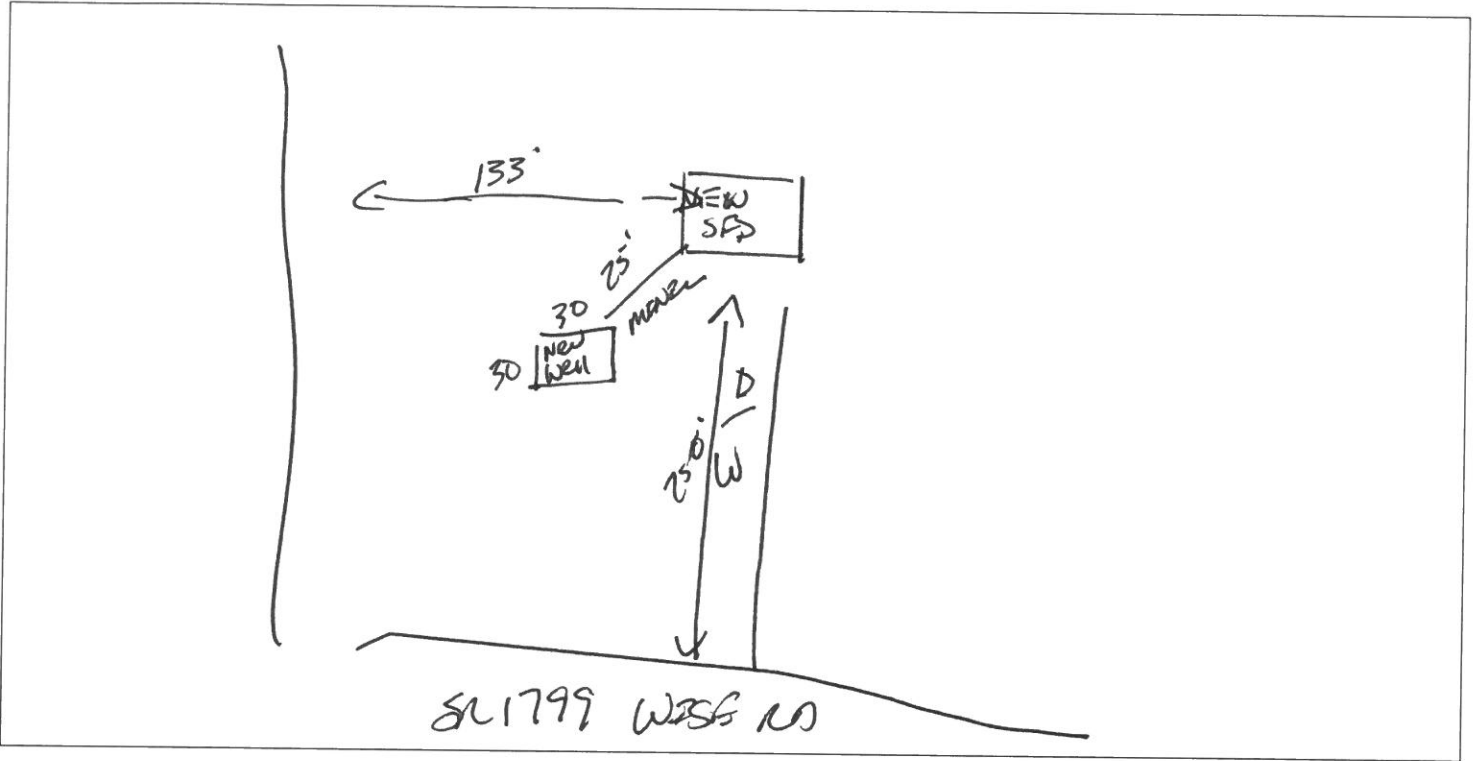
Application #: 17-S-41564

Applicant Name: Duddy K. Nelson

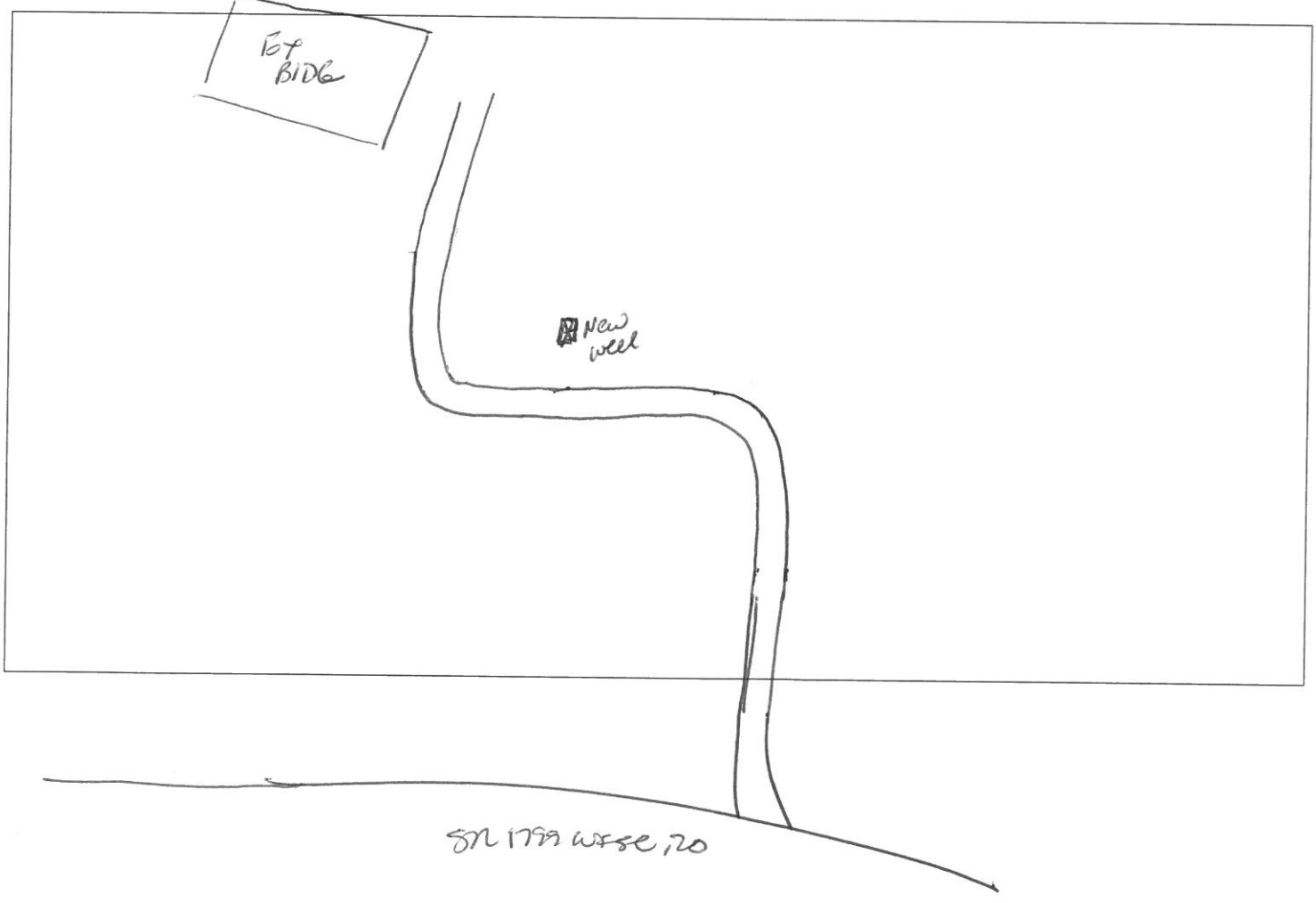
Subdivision: _____

Lot #: A

Well Construction Sketch



Well Completion Sketch



WELL CONSTRUCTION RECORD

This form can be used for single or multiple wells

1. Well Contractor Information:

Eric Haulsey

Well Contractor Name

4403-A

NC Well Contractor Certification Number

Bill's Well Drilling Co.

Company Name

2. Well Construction Permit #: **17-5-41364**

List all applicable well permits (i.e. County, State, Variance, Injection, etc.)

3. Well Use (check well use):

Water Supply Well:	
<input type="checkbox"/> Agricultural	<input type="checkbox"/> Municipal/Public
<input type="checkbox"/> Geothermal (Heating/Cooling Supply)	<input checked="" type="checkbox"/> Residential Water Supply (single)
<input type="checkbox"/> Industrial/Commercial	<input type="checkbox"/> Residential Water Supply (shared)
<input type="checkbox"/> Irrigation	
Non-Water Supply Well:	
<input type="checkbox"/> Monitoring	<input type="checkbox"/> Recovery
Injection Well:	
<input type="checkbox"/> Aquifer Recharge	<input type="checkbox"/> Groundwater Remediation
<input type="checkbox"/> Aquifer Storage and Recovery	<input type="checkbox"/> Salinity Barrier
<input type="checkbox"/> Aquifer Test	<input type="checkbox"/> Stormwater Drainage
<input type="checkbox"/> Experimental Technology	<input type="checkbox"/> Subsidence Control
<input type="checkbox"/> Geothermal (Closed Loop)	<input type="checkbox"/> Tracer
<input type="checkbox"/> Geothermal (Heating/Cooling Return)	<input type="checkbox"/> Other (explain under #21 Remarks)

4. Date Well(s) Completed: **4-26-19** Well ID# _____

5a. Well Location:

Buddy & Paula Nighswonger

Facility/Owner Name

Facility ID# (if applicable)

456 Wise Rd, Dunn, NC 28334

Physical Address, City, and Zip

Harnett

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: **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: **320** (ft.)
For multiple wells list all depths if different (example- 3@200' and 2@100')

10. Static water level below top of casing: **184** (ft.)
If water level is above casing, use "+"

11. Borehole diameter: **6** (in.)

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

For Internal Use ONLY:

14. WATER ZONES						
FROM	TO	DESCRIPTION				
219 ft.	220 ft.					
240 ft.	241 ft.					
15. OUTER CASING (for multi-cased wells) OR LINER (if applicable)						
FROM	TO	DIAMETER	THICKNESS	MATERIAL		
ft.	ft.	in.				
16. INNER CASING OR TUBING (geothermal closed-loop)						
FROM	TO	DIAMETER	THICKNESS	MATERIAL		
+1 ft.	170 ft.	6-1/4 in.	13 lbs	steel		
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.	170 ft.	bentonite	pumped			
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.	1 ft.	Topsoll				
1 ft.	5 ft.	Orange Sand & Clay				
10 ft.	160 ft.	Gray Sand & Clay				
160 ft.	165 ft.	White Clay w/soft green rock				
165 ft.	240 ft.	Hard Black Rock				
240 ft.	241 ft.	Layer of Quartz				
241 ft.	320 ft.	Hard Black Rock				
21. REMARKS						

22. Certification:

Eric Haulsey
Signature of Certified Well Contractor

4-26-19
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 Mall 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 Mall 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.

FOR WATER SUPPLY WELLS ONLY:	
13a. Yield (gpm) 2	Method of test: pumped
13b. Disinfection type: HTH	Amount: 1 cup