

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

PIN #: 0633-28-0827.000 Parcel #: 050633020903 Application #: 17-5-41554 Subdivision: _____ Lot #: _____

Applicant Name: Dennis Patten
Address: 1260 Cokesbury Road Fuquay-Varina, NC 27526

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. Mankin Date 8-7-17

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

See attachment for construction sketch

WELL CERTIFICATE OF COMPLETION

Date: 06/08/18 Application #: 17-5-41554 Well Contractor: Chauvey Leggett

Applicant Name: Same
Address: Same
Directions to Site: Same

↓ REFERENCE
GW-1 FORM A

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

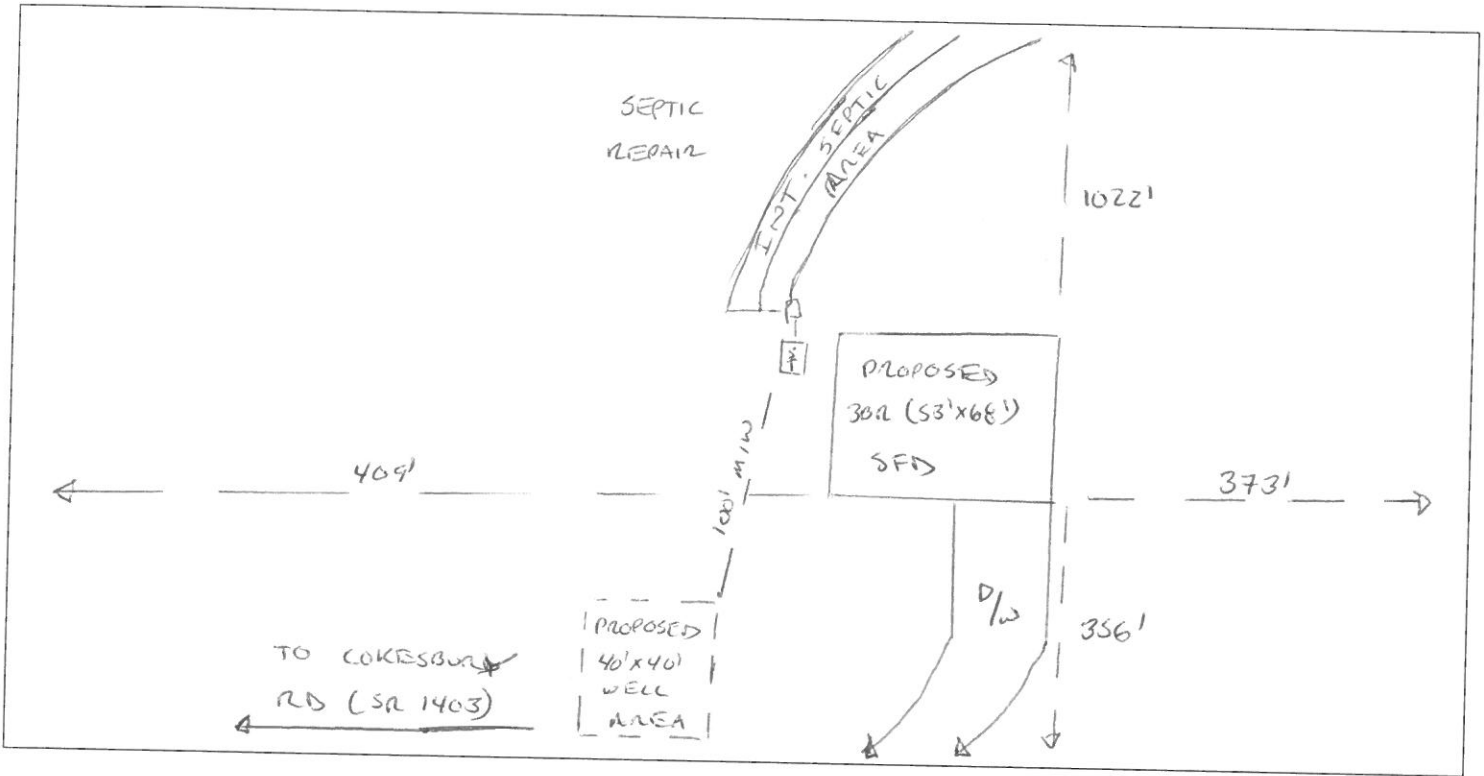
Casing Height: 12 ft (above finished grade) Access Port: Vent Stack:
Well ID Tag: _____ Pump ID Tag: _____ Sampling Tap: Backflow Preventer:
Sample Taken? Yes No Well Head properly sealed:

Remarks: Contractor notified to call when power to well

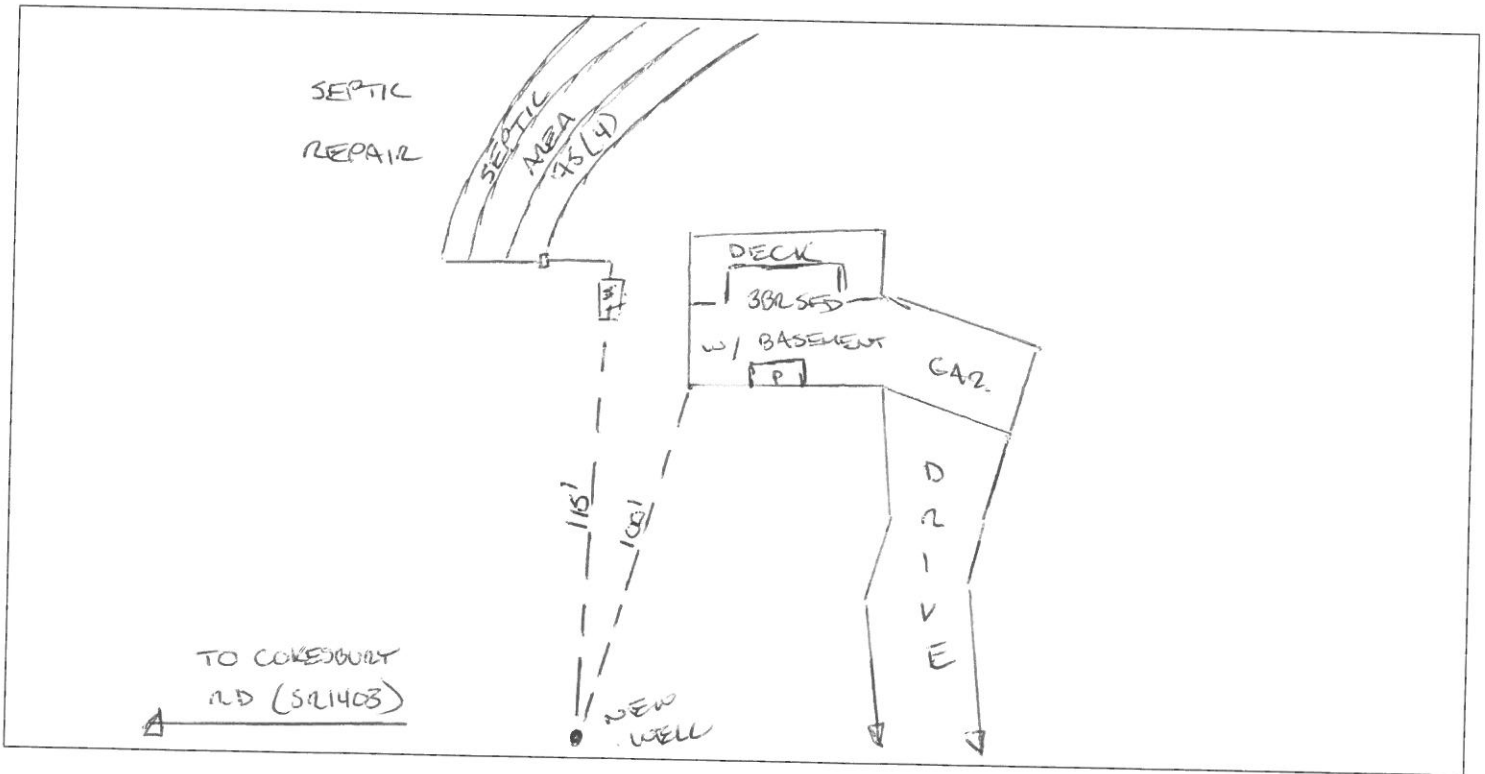
Authorized State Agent James E. Mankin Date 06/08/2018

See Attachment for completion sketch

Well Construction Sketch



Well Completion Sketch



WELL CONSTRUCTION RECORD

For Internal Use ONLY

This form can be used for single or multiple wells

1. Well Contractor Information:

Chauncey Leggett
Well Contractor Name
2269-A
NC Well Contractor Certification Number
Lake Valley Well Co., Inc
Company Name

2. Well Construction Permit #: 17-5-41554

List all applicable well construction permits (ie County, State, Variance, etc.)

3. Well Use:

4. Date Well(s) Completed: 5/18/2018 **Well ID#**

5a. Well Location:

List all applicable well construction permits (ie County, State, Variance, etc.)

Dennis Patten
Facility/Owner Name
1280 Cokesbury Road Fuquay-Varina 27528 Lot
Physical Address, City, and Zip
Harnett
County
Facility ID (if applicable)
Parcel Identification No. (PIN)

5b. Latitude and Longitude degrees/minutes/seconds or decimal degrees:
(if well field, one lat/long is sufficient.)

35.50549 N -78.89211 W

6. Is (are) the well(s): Permanent

7. Is this a repair to an existing well: 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 wells ONLY with the same construction, you can submit one form

9. Total well depth below land surface: 502 (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:
(i.e. auger, rotary, cable, direct push, etc.)

FOR WATER SUPPLY WELLS ONLY:

13a. Yield (gpm): 2 Method of test: Air

13b. Disinfection type: HTH Amount: 12

Form GW-1

North Carolina Department of Environment and Natural Resources - Division of Water Quality

Revised Jan 2013

14. WATER ZONES

FROM	TO	DESCRIPTION
100 ft.	502 ft.	

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

FROM	TO	DIAMETER	THICKNESS	MATERIAL
0 ft.	38 ft.	6.25 in.	SDR21	PVC plastic

16. INNER CASING OR TUBING (geothermal closed loop)

FROM	TO	DIAMETER	THICKNESS	MATERIAL
ft.	ft.	in.		

17. SCREEN

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

18. GROUT

FROM	TO	MATERIAL	EMPLACEMENT METHOD & AMOUNT
0 ft.	2 ft.	Concrete	1 Grouting Through
2 ft.	25 ft.	Bentonite slurry	5 Tremie Pipe

19. SAND/GRAVEL PACK (if applicable)

FROM	TO	MATERIAL	EMPLACEMENT METHOD & AMOUNT
ft.	ft.		

20. DRILLING LOG (attach additional sheets if necessary)

FROM	TO	DESCRIPTION (color, hardness, soil/rock type, grain size, etc)
0 ft.	2 ft.	Orange Clay
2 ft.	6 ft.	Orange Clay & Cobbles
6 ft.	35 ft.	Brown Clay & Silt
35 ft.	100 ft.	Brown Rock
100 ft.	502 ft.	Gray Granite

21. REMARKS

Water Zone 315,335,435

22. Certification
Signature of Certified Well Contractor: 
Date: 5/18/2018

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.

SUBMITAL 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 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 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 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.