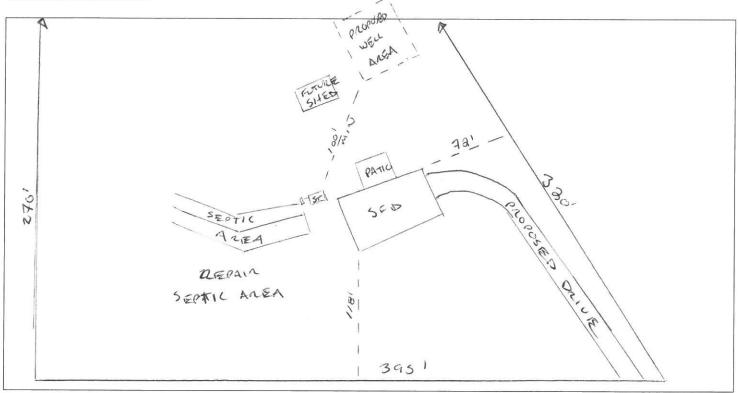
HARNETT DEPARTMENT OF PUBLIC HEALTH PERMIT TO CC STRUCT A DRINKING WATER SUPPLY ELL

1

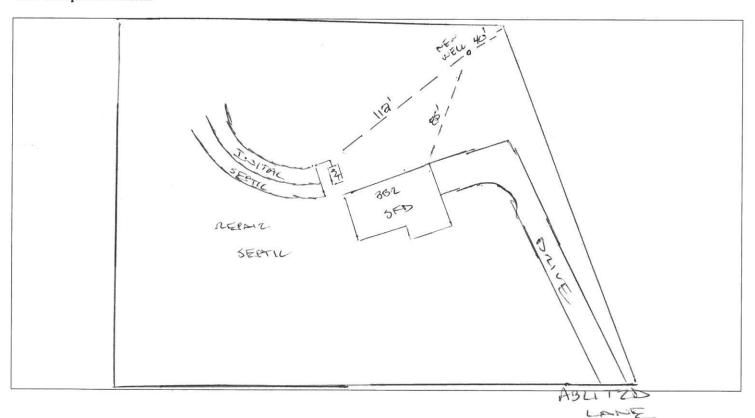
PIN #: <u>0692-78-0141.000</u> Parcel #: <u>070692 0036 033</u> Application	#: <u>17-5-42291</u>	Subdivision: <u>Joseph Gerrell</u> Lot #:
Applicant Name: <u>Richard & Rebecca Lamy</u> Address: <u>3717 Melrose Drive Raleigh, NC 27604</u>		
Type of Facility Served by Well: <u>SFD</u>		
Sewage System: <u>25% Reduction System</u>		
Permit Conditions: <u>Location - 229 Ablitzd Lane Angier, NC 27501</u>		
5 21 6 42	e with the SITE PL	ance) or modification in use of the well, may
Grouting Inspection Witnessed Date Grouting self-certified by driller GW-1 provided? Yes	e No	-
See attachment for construction sketch		
WELL CERTIFICATE OF	COMPLETION	
Date: 07/02/18 Application #: 17-5-429/ Well Contractor: Fellon Journal	كهان.	
•	Replacement We	ell?
Water Zone (depth) Casing From To From To From To Diameter: Material: Thick From To Diameter: Material: Thick From To Diameter: Material: Thick	ness:	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: 125 (above finished grade) Well ID Tag: Pump ID Tag: Sampling Tap: Sample Taken? Yes No Well Head properly sealed:	Vent Stack:Backflow	w Preventer:
Remarks:		
Authorized State Agent This Date	07/02/2018	

See Attachment for completion sketch

Well Construction Sketch



Well Completion Sketch



WELL CONSTRUCTION R Thus form can be used for single or multiple we	ECORD	For Internal L	se ONLY:	,		312
1. Well Contractor Information:		1		: •		
Felton Jacobs	100 E	II/WATER ZONES FROM TO DESCRIPTION				
Well Contractor Name		U.	1350	57	01	
2765A		ft.	ft			
NC Well Contractor Certification Number		15 OUTER	CASING (for	multicased wells)	OR LINER (If ap	pjičable)
N.W. Poole Well & Pump	Co.	FROM N.	7) 14	DIAMETER In.	THICKNESS	MATERIAL
Company Name			1//	TUBING (geother)	188	15-41V
2. Well Construction Permit #:		FROM	TO	DIAMETER	THICKNESS	MATERIAL
List all applicable well parinits (i.e. County, Sta	18, Variance, Injection, etc.)	- ft.	ľ	lp.		
3. Well Use (check well use):		fL	fL.	In,		
Water Supply Well:		FROM	10	DIAMETER SLO	T SIZE THICK	NESS MATERIAL
□Agricultural	□Municipal/Public	(L	n.	In.		
Geothermal (Heating/Cooling Supply)	Exesidential Water Supply (single)	n	ft.	ln.		
□Industrial/Commercial	□Residential Water Supply (shared)	FROM	TO	MATERIAL		
□lrrigation Non-Water Supply Well:		0 (L	20 ft	Hole Mug	77-	NT METHOD & AMOUNT
□Monitoring	□Recovery	n.	ſĿ	10/11/19	4 6 6	All Ed
Injection Well:	URecovery	- fL	ſŁ			*
□Aquifer Recharge	Groundwater Remediation	19 SAND/G	RAVEL PACE	i G(inapplicable)	3800 * 151-0 (1560 to 1	Nogegy, strengthy in the
DAquifer Storage and Recovery	OSalinity Barrier	FROM (L.	TO [L	MATERIAL		EMENT METHOD
□Aquifer Test	☐Stormwater Drainage	fa.				
□Experimental Technology	DSubsidence Control	11	ft.	CAN be the thirty and and at 1 NA	IZ venderov	
□Geothernal (Closed Loop)	□Tracer	FROM	TO TO	n no althornia de co description (co	ir necessary) lor, barduess, coll/re	ock type, grain size, etc.)
Geothermal (Heating/Cooling Return)	□Other (explain under #21 Remarks)		3 "		TOD SOI	
4. Date Well(8) Completed: 6-6-/	Swell ID#	3 m	20"		Clay	
Richard & Rebec	ca Lamy	4/5 14	1450	ر د	and	
Facility/Owner Name	Facility ID# (If applicable)	n.	n.			
Physical Address, City, and Zip	-M. Argiel	ft.	[L			
Harnett 10	0692-78-0141.000 Parcel Identification No. (PIN)	2213 REMARK	Use	d hardened ste	el drive shoe	419) (Maje 7
5b. Latitude and Longitude in degrees/m	300 MARKON WARE	22. Certificat	fon:	1-		
(if well field, one lattlong is sufficient)	7817 2979	A	./	// "		1110
	78.673929 w	Signature of Cer	tified Well Con	ntractor (LE)		0-6-18 Date
6. Is (are) the well(s): Permanent or	DTemporary	By signing this with ISA NCAC	form, I hereby 02C .0100 or	certify that the well	l(s) was (were) co	oristructed in accordance
7. Is this a repair to an existing well: If this is a repair, fill out known well construction repair under 821 remarks section or on the back of	IXes or IXO Information and explain the nature of the f this form.	copy of this reco	rd has been pr	ovided to the well on onal well details:	vitar.	over over over and man a
0. Number of wells constructed: For multiple injection or non-water supply walls 0	ONLY with the same construction, you can	You may use construction d	the back of t suails. You n	his page to provi nay also attach add	de additional w	ell site details or well necessary
submitt one form. 9. Total well depth below land surface:	144 (st.)	SUBMITTAL 24a. For All	Wells: Sub	mit this form wi	thin 30 days o	completion of well
For multiple wells list all depths if different (exam) 10. Static water level below top of casing:	ole-3@200' and 2@1007 (fL)	construction to	the followin	g: er Resources, In		
() water level is above casing, use "4" 6 1.1. Borehole diameter:		,r	1617 Mail Se	rvice Center, Ra	leigh, NC 2769	9-1617
i.e. auger, rotary, cable, direct push, etc.)	_ (ln.)	24b. For Inlection Wells ONLY: In addition to sending the form to the address in 24a above, elso submit a copy of this form within 30 days of completion of we construction to the following:				
FOR WATER SUPPLY WELLS ONLY:		Division o	f Water Res 1636 Mail Se	ources, Undergr rvice Center, Ra	ound Injection leigh, NC 2769	Control Program, 9-1636
3a. Yield (gpm) 50 M	ethod of test:	24c For Wate	r Supply & 1	njection Wells: this form within		
3b. Disinfection type:	Amount: 1 lb.	well constructi	on to the co	unty health depai	ment of the c	onuth where

WELL CONSTRUCTION F. This form can be used for single or multiple we	RECORD	For Internal	Use ONLY:	·			-	
K. Well Contractor Information: Folton Jacobs	M.	THE PARTY AND THE	D ZANGOSO	10 T 10 - 10 A 10 H 10 H				
Well Contractor Name		FROM	TO	DESCRIPTION	N	19-179-19		er trans
2765A		ſt.	1350	5	OF			
1 1 10 15 15 15 15 15 15 15 15 15 15 15 15 15		ſt.		* 				
NC Well Contractor Certification Number N.W. Poole Well & Pump	. Co	FROM	R CASING (Io	multicated stel	ORLIN	ER (II. app	licable)	Zhi Willia
	7 00.	11.		DIAMETER	THICE	CNESS	MATI	ERIAL
Company Name		16:INNER	CASINGOR	EUBING (Recitio	PHALE SAN	14006)	1 6	GIV
2. Well Construction Permit #:		FROM ft.	10	DIAMETER	THICH	NESS	MATE	FUAL
List all applicable well pennits (i.e. Coung. Sta.	te, Variance, Injection, etc.)	n.	-	- In			<u> </u>	
3. Well Use (check well use):					9	.i	L	
Water Supply Well:		FROM	10	PIAMETER BI	OT SIZE	THICK	NESS	MATERIAL
DAgricultural Geothermal (Heating/Cooling Supply)	OMunicipal/Public	16	ft.	Jn.				
□ Industrial/Commercial	EResidential Water Supply (single)	[L	rt.	ln.				
□ Irrigation	Residential Water Supply (shared)	PROM	70	MATERIAL	FMDI	ACPMEN	FAIDTU	10.00
Non-Water Supply Well:		0 11.	20 IL	Holeple		Donre	C	OD & AMOUNT
□Monitoring	□Recovery	fi.	ſL	1017 1017	9 1		-	
Injection Well;		(L	ſĿ		-			-
□Aquifer Recharge	Groundwater Remediation	019 SAND/G	RAVELEACE	(Olimpia) Lable)	Mess : Too	Market A	Add Bridge	\$816 EV. 1
☐ Aquifer Storage and Recovery ☐ Aquifer Test	OSalinity Barrier	FROM ft.	TO	MATERIAL	$-\top$	EMPLACE	MENT	МЕТНОВ
DExperimental Technology	□Stormwater Drainage	1	1L					
Geothernal (Closed Loop)	☐Subsidence Control	20s DRIITA		ndahinggali ke	NA WENT LENGT	10. No. 1 . 1	141 - 1	
Geothermal (Heating/Cooling Return)	□Tracer	2 2 2 4 1 4	10	DESCRIPTION	color, hards	ess, roll/roc	k type gr	ralu size, etc.)
20 conto mai (Heating/Cooling Raidm)	DOther (explain under #21 Remarks)		3 1	10	\$ 50	',' / -		
4. Date Well(s) Completed: 5-4-18	Well DON	3 "	20"		010	V		
5a, Well Location:		20"	45°		sand			
Richard & Achec	on lamit	45 2	145-12	S	afr			_
Facility/Owner Name	Facility ID# (if applicable)	n.	ſı.					
229 11611221	And a complete to the control of the	ft.	IL.					
Physical Address, City, and Zip	-11, Angrer	ft.	ft.			-		
11000 11	Nan 79 mul no	221 REMARI	SHARRY	KARIGAKAN/A	WEART I	Goser et	Way or	7 7
County CO	0/01/2-18-0141-000)	Usec	hardened s	teel driv	e shoe		
70.707. 5 0.	Parcel Identification No. (PIN)							
5b. Latitude and Longitude in degrees/mi (if well field, one lationg is sufficient)	nutes/seconds or decimal degrees:	22. Certifica	tlog:	1				
35.475307 .N	78.673929 w	1	/	//			1	11 101
	10.01312 W	Simolon Iss	rtilied Well Con	X6CO)		_ !	9-	4-18
i. ls (are) the well(s): @Permanent or	□Temporary					67	Date	star
. Is this a repair to an existing well:	1V	WIND AND INCHE	. VAL UIUU OF I	certify that the w	700 W_II C	ivere) cons	structed	In accordance
f this is a rapair, fill out known well construction to	Yes or ONo information and explain the nature of the	copy of this rect	or a ras veen pro	wided to the wall	pie <i>lier</i> .	viisii iieng		area (into more
1	This form.	23. Site diagr	am or additio	nal well detail	s:			
Number of wells constructed:		construction d	the back of the	as page to prov ay also attach a	ide additi	onal well	site de	etails or well
or multiple injection or non-water supply wells Of	NLY with the same construction, you can				dontonar h	ages It n	ecessar	у.
Total well depth below land surface:	144	SUBMITTAL						
or multiple wells list all depiks if different (examp)	le- 3@200' and 2@100')	construction to	Wells: Subr	nit this form v	vithin 30	days of	comple	tion of well
. Static water level below top of sacing	20							
water level is above casing. use "+"	(ft)	DIV	18100 of Wate	er Resources, I vice Center, R	oliam Ni	n Proces	sing U	nit,
l. Borehole diameter:	(lg.)							
Well construction methods Rotary		24b. For Inject 24a above, also construction to			ion to sen	ding the	form to	the address in
e. auger, forary, cable, direct push, e(o.)		construction to	the following:	13 42 mms (A)1	within	-v days	OI COLL	ibletton of wel
OR WATER SUPPLY WELLS ONLY:		Division o	Water Reso	urces, Underg	round Ini	ection C	nnirol	Program
	Blow	•	COO MANU GEL	AICE COULSE, W	leigh, NC	27699-1	636	r rogram,
B. Yield (gpm) Mei	hod of test:	24c. For Water	Supply & In	lection Wells:				
b. Disinfection type:	1 lb	Also submit of	ne copy of th	is form within	30 days	of compl	elion o	ſ
	trainmit.	well construction	on to the com	nty health dops	dment of	the cou	nty wh	ere