

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

PIN #:0536-48-4429.000 Parcel #: 010536 0044 03 Application #:17-5-42823 Subdivision: _____ Lot #:

Applicant Name: Philip David Webb
Address: 553 Farrar Dairy Rd Lillington NC 27546

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 12/28/17

Grouting Inspection Witnessed _____ Date _____

Grouting self-certified by driller GW-I provided? Yes No

See attachment for construction sketch

WELL CERTIFICATE OF COMPLETION

Date: 07/16/18 Application #: 17-5-42823 Well Contractor: John Boyette

Applicant Name: Philip David Webb
Address: Same
Directions to Site: Same

↓ REFERENCE GW-I 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 _____

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

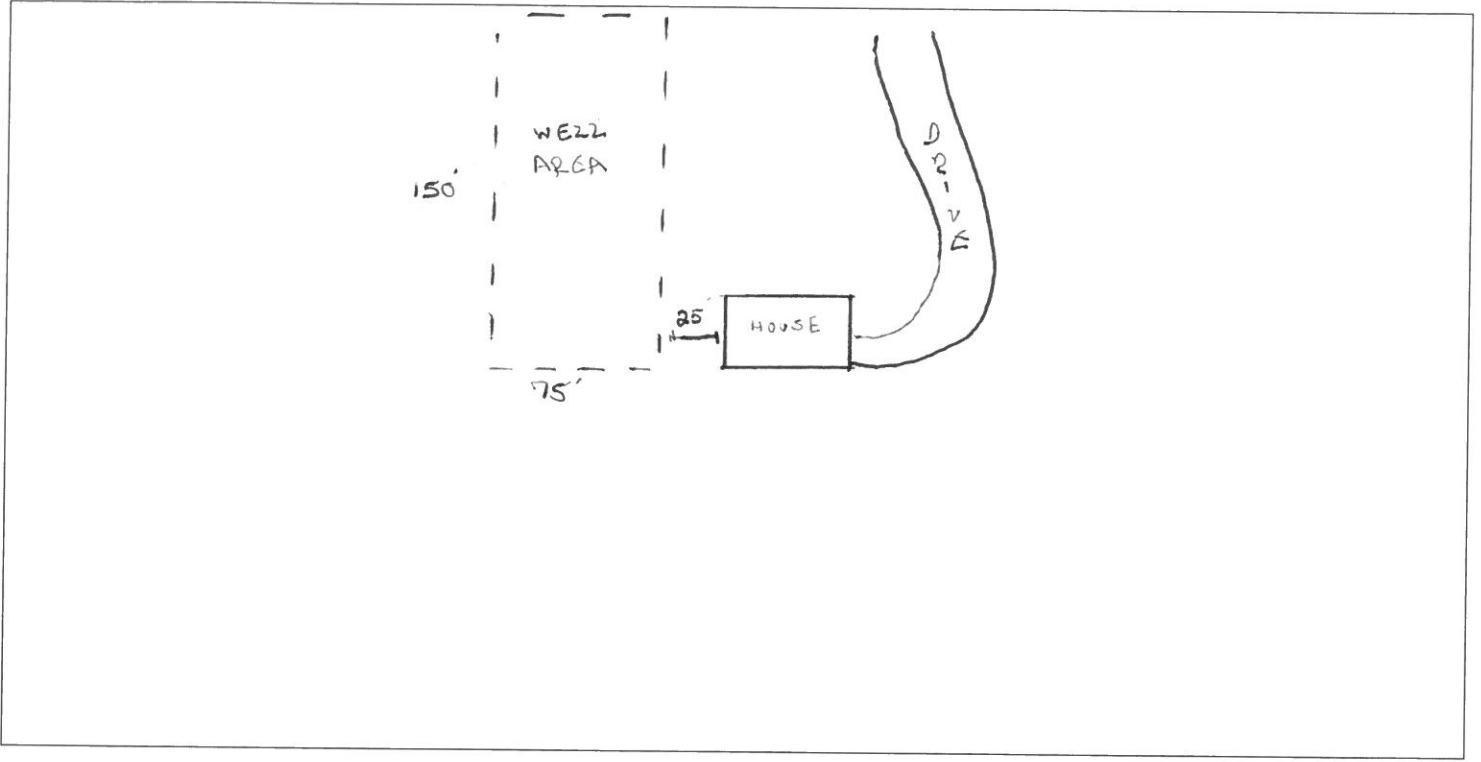
Casing Height: 16in (above finished grade) Access Port: Vent Stack:
Well ID Tag: Pump ID Tag: _____ Sampling Tap: Backflow Preventer:
Sample Taken? Yes No Well Head properly sealed:

Remarks: _____

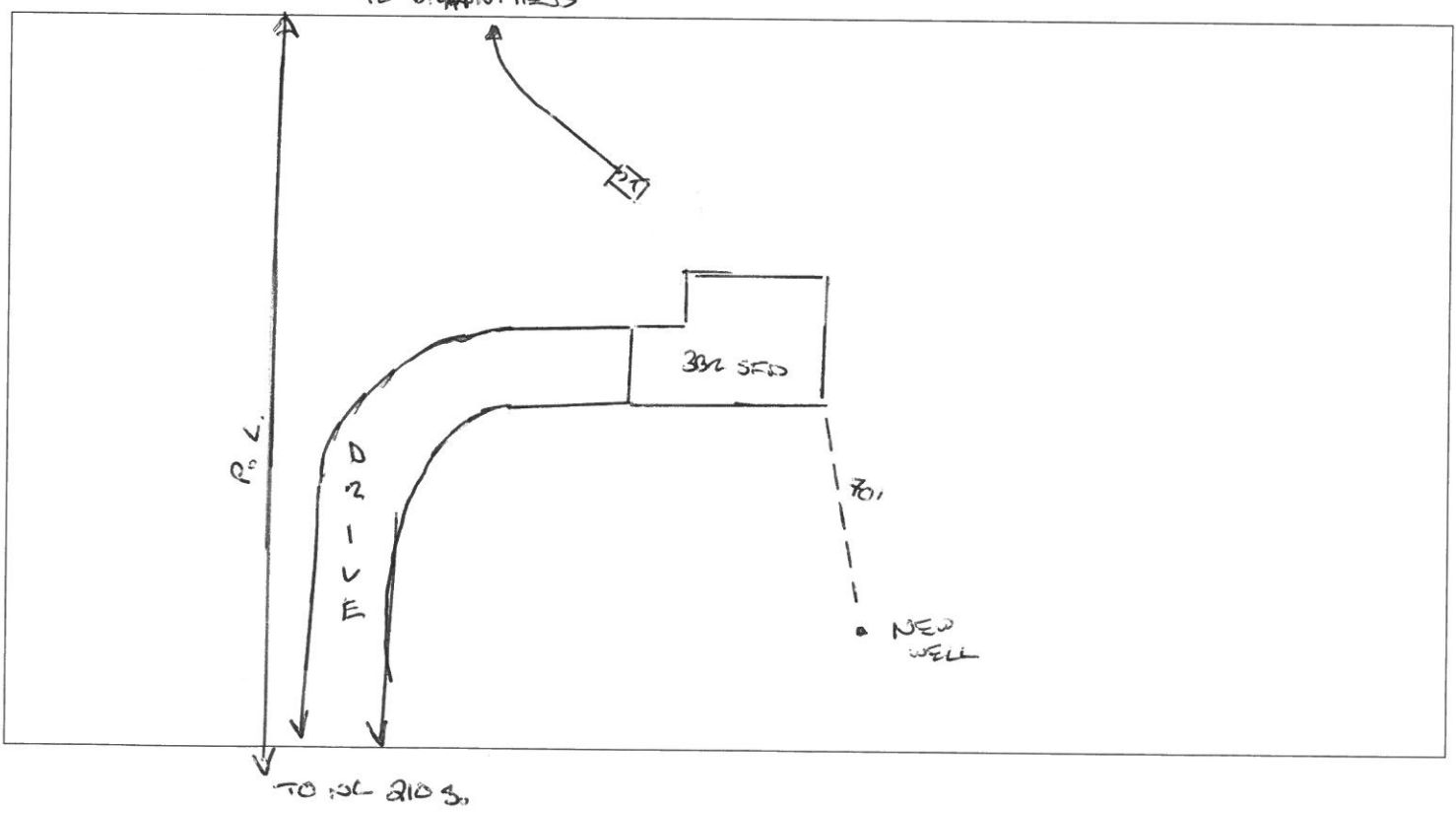
Authorized State Agent [Signature] Date 7/26/18

See Attachment for completion sketch

Well Construction Sketch



Well Completion Sketch



WELL CONSTRUCTION RECORD (GW-1)

1. Well Contractor Information:

John H Boyette Jr.

Well Contractor Name

2505

NC Well Contractor Certification Number

Boyette Well & Septic Inc.

Company Name

2. Well Construction Permit #:

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

3. Well Use (check well use):

Water Supply Well:

- Agricultural
- Geothermal (Heating/Cooling Supply)
- Industrial/Commercial
- Irrigation
- Municipal/Public
- Residential Water Supply (single)
- Residential Water Supply (shared)

Non-Water Supply Well:

- Monitoring
- Recovery

Injection Well:

- Aquifer Recharge
- Aquifer Storage and Recovery
- Aquifer Test
- Experimental Technology
- Geothermal (Closed Loop)
- Geothermal (Heating/Cooling Return)
- Groundwater Remediation
- Salinity Barrier
- Stormwater Drainage
- Subsidence Control
- Tracer
- Other (explain under #21 Remarks)

4. Date Well(s) Completed: 6/7/18 Well ID# _____

5a. Well Location:

Phillip Webb

Facility/Owner Name

7163 NC2105 Bunnleaf

Facility ID# (if applicable)

Physical Address, City, and Zip

Annnett

County

Parcel Identification No. (PIN)

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

35.310336 N -78.984515 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. For Geoprobe/DPT or Closed-Loop Geothermal Wells having the same construction, only 1 GW-1 is needed. Indicate TOTAL NUMBER of wells drilled: _____

9. Total well depth below land surface: 285 (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: 6.25 (in.)

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

FOR WATER SUPPLY WELLS ONLY:

13a. Yield (gpm) 20 Method of test: Flow

13b. Disinfection type: HTH Amount: 16 OZ

For Internal Use Only:

14. WATER COLUMN		DESCRIPTION			
FROM	TO				
26.0 ft.	263 ft.				
ft.	ft.				
15. THE WELL CASING (See Remarks Section for Further Information)					
FROM	TO	DIAMETER	THICKNESS	MATERIAL	
ft.	ft.	in.			
16. THE WELL CASING OR TUBING (See Remarks Section for Further Information)					
FROM	TO	DIAMETER	THICKNESS	MATERIAL	
ft.	ft.	in.			
4.5 ft.	121 ft.	6.25 in.	50221	Hot C	
121 ft.	126 ft.	6.25 in.	488	Galv. Steel	
17. GROUT					
FROM	TO	DIAMETER	SLOT SIZE	THICKNESS	MATERIAL
ft.	ft.	in.			
ft.	ft.	in.			
18. GROUT					
FROM	TO	MATERIAL	EMPLACEMENT METHOD & AMOUNT		
0 ft.	22 ft.	Bentonite	pumped		
ft.	ft.				
ft.	ft.				
19. SAND/GRAVEL PACK (See Remarks Section for Further Information)					
FROM	TO	MATERIAL	EMPLACEMENT METHOD		
ft.	ft.				
ft.	ft.				
20. BOREHOLE LOG (See Remarks Section for Further Information)					
FROM	TO	DESCRIPTION (color, hardness, soil/rock type, grain size, etc.)			
0 ft.	40 ft.	clay			
40 ft.	110 ft.	sandstone			
110 ft.	285 ft.	granite			
ft.	ft.				
ft.	ft.				
ft.	ft.				
ft.	ft.				
ft.	ft.				

22. Certification:

[Signature]
Signature of Certified Well Contractor

6/10/18
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: In addition to sending the form to the address in 24a above, also submit one 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: 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.