

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

PIN #: 0663-90-8150.000 Parcel #: 040673 0121 12 Application #: 18-5-43039 Subdivision: Adams Farm Lot #: 3B

Applicant Name: Karen Wood & Robin Cooper  
Address: 1000 Tyler Farms Drive Raleigh, NC 27603

Type of Facility Served by Well: SFD

Sewage System: 25% Reduction

Permit Conditions: Millwood Lane (Hwy 201 N.) - Adams Farm S/D Lot 3B

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 02/09/18

Grouting Inspection Witnessed [Signature] Date 04/26/18  
 Grouting self-certified by driller GW-1 provided?  Yes  No

See attachment for construction sketch

**WELL CERTIFICATE OF COMPLETION**

Date: 05/30/18 Application #: 18-5-43039 Well Contractor: Jason Poole

Applicant Name: Karen Wood & Robin Cooper  
Address: \_\_\_\_\_  
Directions to Site: \_\_\_\_\_

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: 0 (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 05/30/2018

See Attachment for 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

**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 (shured)
- 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: 04/27/18 Well ID# \_\_\_\_\_

**5a. Well Location:**

Larry Gregory

Facility/Owner Name

Facility ID# (if applicable)

192 Millwood Lane Angier

27501

Physical Address, City, and Zip

Harnett

0663-91-8150.000

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: 440 (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 "A"

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) 2 Method of test: Blow

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

For Internal Use ONLY:

14. WATER ZONES		
FROM	TO	DESCRIPTION
0	ft. 420	2 GPM
	ft.	

15. OUTER CASING (for multi-used wells) OR LINER (if applicable)				
FROM	TO	DIAMETER	THICKNESS	MATERIAL
0	ft. 120	6	in.	PVC
	ft.			

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/sack type, grain size, etc.)
0	ft. 15	Topsoll
15	ft. 440	slate Bed Rck
	ft.	
	ft.	
	ft.	
	ft.	
	ft.	

21. REMARKS

**22. Certification:**

*Jason Poole*  
Signature of Certified Well Contractor

04/27/2018  
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.