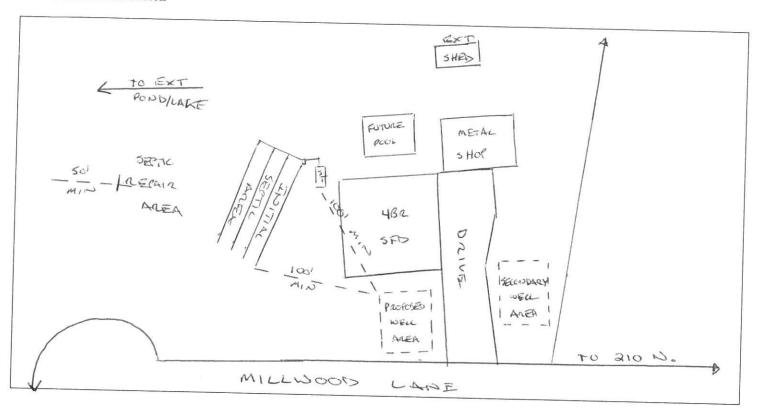
HARNETT DEPARTMENT OF PUBLIC HEALTH PERMIT TO COSTRUCT A DRINKING WATER SUPPLY ELL

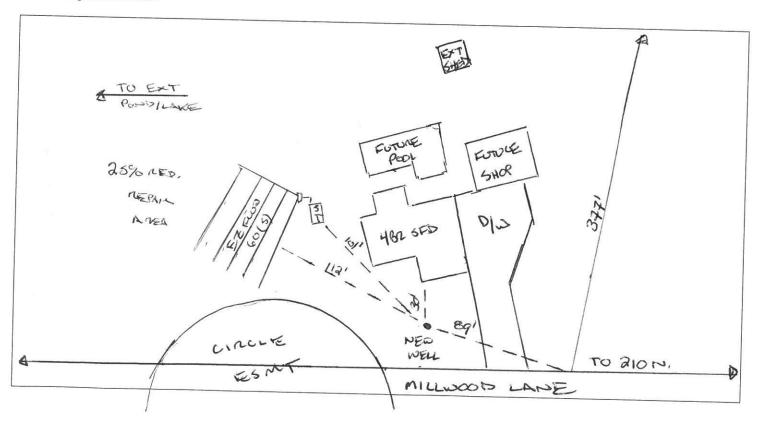
| PIN #: 0663-90-8150.000 Parcel #: 040673 0121 12 Application #: 18-5-43039 Subdivision: Adams Farm Lot #: 3B |
|--|
| Applicant Name: Karen Wood & Robin Cooper Address: 1000 Tyler Farms Drive Raleigh, NC 27603 |
| Type of Facility Served by Well: <u>SFD</u> |
| Sewage System: 25% Reduction |
| Permit 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 Date 02/09/18 |
| Grouting Inspection Witnessed |
| See attachment for construction sketch |
| WELL CERTIFICATE OF COMPLETION |
| Date: 05/30/18 Application #:18-5-43039 Well Contractor: \(\sum_{\infty} \) Poole |
| Applicant Name: Waven 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. |
| Water Zone (depth) Casing Grout From _ To _ |
| Inspector: On Hold Date: Release Date: |
| Remarks: |
| Well Head Information Casing Height: |
| Remarks: |
| Authorized State Agent (Market Market Day 05) 30 2010 |

See Attachment for completion sketch

Well Construction Sketch



Well Completion Sketch



| WELL CONSTRUCTION RECORD | Por Internal Use ONLY; | | | | | | | | |
|---|---|--|----------------|----------------------|-------------------------|--------------------------|--------------------|-------------------------------------|--|
| This form can be used for single or multiple wells | | | | | | | | | |
| 1. Well Contractor Information: | 14. WATER ZONES | | | | | | | | |
| Jason Poole | PHOM | 10 | DESCRIPTION | | | | | | |
| Well Contractor Name | 0 n. | 420 | 2 Gpm | | | | | | |
| 2279-A | 1.0.50 | CASING (for | multh pared a | | U I INIETI | Af anall | a blat | | |
| NC Well Contractor Certification Number | PROM | ER CASING (for multi-cased wells) OR LINER (if applicable) TO DIAMETER THICKNESS MATERIAL | | | | | | RIAL | |
| Grady Poole Well & Pump Co Inc | 0 0 | 120 " | 6 | iu. | | | PV | | |
| Company Name | FROM | CASING OR T | DIAMETE | 4 | THICKNE | ESS ES | MATE | RIAL | |
| 2. Well Construction Permit #: List all applicable well permits (i.e. County, State, Variance, Injection, etc.) | n. | ſt. | | in. | | | | | |
| 3. Well Use (check well use): | ft. | ft. | | in. | | | | | |
| Water Supply Well: | 17. SCREEN | TO 1 | DIAMETER | SI.OT | SIZE | THICKNE | USN | MATERIAL | |
| □Agricultural □Municipal/Public | Ñ. | IL. | in. | | | | | | |
| □Geothermal (Heating/Cooling Supply) □Residential Water Supply (single) | fr. | ft. | in. | | | | | | |
| □Industrial/Commercial □Residential Water Supply (shured) | 18. GROUT | TO | MATERIAL | | EMPLA | CEMENT | METH | OD & AMOUNT | |
| Clirination Non-Water Supply Well: | 0 ". | 20 ". | Portland | & | Gravit | у | | | |
| □ Monitoring □ Recovery | n. | n. | Screen | Ings | | | | | |
| Injection Welt: | n. | n. | | | | | | | |
| □Aquifer Recharge □Groundwater Remediation | 19. SAND/G FROM | O/GRAVEL PACK (if applicable) TO MATERIAL EMPLACEMENT METIOD | | | | | | | |
| DAquifer Storage and Recovery Disalinity Barrier | ſŧ. | ft. | | | | | | | |
| □Aquifer Test □Stormwater Drainage □Experimental Technology □Subsidence Control | n. | ñ. | | | | | | | |
| Geothermal (Closed Loop) | 20. DRILLE | NG LOG (attac | | | | | tuna a | ento plan ata l | |
| Geothermal (Heating/Cooling Return) Gother (explain under #21 Remarks) | 0 ft. | 15 m | t. Topsoll | | | | | | |
| 4. Date Well(s) Completed. HH27/18 Well IDH | 15 " | 440 ". | gate | Beo | - | xk. | _ | | |
| 5a. Well Location: | 61, | ft. | | ••• | | | | | |
| Larry Gregory | fı. | ft. | | | | | | | |
| Facility/Owner Name Facility ID# (if applicable) | ft. | fr. | | | | | | | |
| 192 Millwood Lane Angier 27501 | ft. | a. | | | | | | | |
| Physical Address, City, and Zip | 21 MPMAR | | | | | | | | |
| Harnett 0613-19-8150. 001 |) | | | | | | | | |
| County Purcel Identification No. (PIN) | | | | | | | | | |
| Sb. Latitude and Longitude in degrees/minutes/seconds or decimal degrees: (if well field, one lavlong is sufficient) | 22. Cerufica | | 1 | -2015 C | | | 1 | 3. | |
| Nw | 410 | M.K | 216 | | | _ 0 | 4/2 | 7/2018 | |
| 6. Is (are) the well(s): @Permanent or Temporary | Signature of Co | | ntractor | _ | | | Into | | |
| w. 15 (Me) the wental. Dierminient of Diemporniy | Dy signing this with 15A NCAC | form. 1 hereby | certify that i | the well 12C . 020 | (s) was (v 0 Well Ce | vera) com unstruction | rruetei n Stati | d in accordance durds and that a | |
| 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 | copy of this rec | | | | | | | | |
| repair under #21 remarks section or on the book of this form. | 23. Site diag | | | | la addici | | | Autulla, au comb | |
| 8. Number of wells constructed: One | construction | | | | | | | details or well ary. | |
| For multiple injection or non-water supply wells (NNLY with the same construction, you can submit one form. | SUBMITTA | LINSTUCT | IONS | | | | | | |
| 9. Total well depth below land surface: ### (ft.) For multiple wells list all depths if different (example-3@200' and 2@100') | 24a, For All Wells: Submit this form within 30 days of completion of well construction to the following: | | | | | | | | |
| 10. Static water level below top of casing: 20 (ft.) If water level is gluove casing, use "+" | | Division of Water Resources, Information Processing Unit, 1617 Mail Service Center, Raleigh, NC 27699-1617 | | | | | | | |
| | 2db De- tel | | | | 200 00 | | | to the calds as to | |
| 11. Borchole diameter: 6 (in.) | 24n nbove, n | 24b. For Intection Wells ONLY: In addition to sending the form to the address in 24n above, also submit a copy of this form within 30 days of completion of wel | | | | | | | |
| 12. Well construction method: All Rotary (i.e. auger, rotary, eable, direct push, etc.) | construction to the following: | | | | | | | | |
| FOR WATER SUPPLY WELLS ONLY: | Division of Water Resources, Underground Injection Control Program, 1636 Mail Service Center, Ruleigh, NC 27699-1636 | | | | | | | | |
| 13n. Yield (gpm) Method of test: Blow | 24c. For Water Supply & Injection Wells: Also submit one copy of this form within 30 days of completion of | | | | | | | | |
| 13b. Disinfection type: HTH Amount: 1 Lb. | well construction to the county health department of the county where | | | | | | | | |