

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

PIN #: 0611-98-7673.000 Parcel #: 130611 0013 Application #: 18-5-43297 Subdivision: _____ Lot #: _____

Applicant Name: Adam Rich
Address: 7562 Decator Drive Fayetteville, NC 28376

Type of Facility Served by Well: SFD

Sewage System: 25% Reduction System

Permit Conditions: Cummings Road (SR 1263)

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] ANDREW CURRIN, NCHS Date 08/26/18

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

See attachment for construction sketch

WELL CERTIFICATE OF COMPLETION

Date: 07/23/18 Application #: 18-5-43297 Well Contractor: J. Boyette Jr.

Applicant Name: Adam Rich
Address: 7562 Decator Drive Fayetteville, NC 28376
Directions to Site: Cummings Road (SR 1263)

↓ REFERENCE
GW-1 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)	Casing	Grout
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

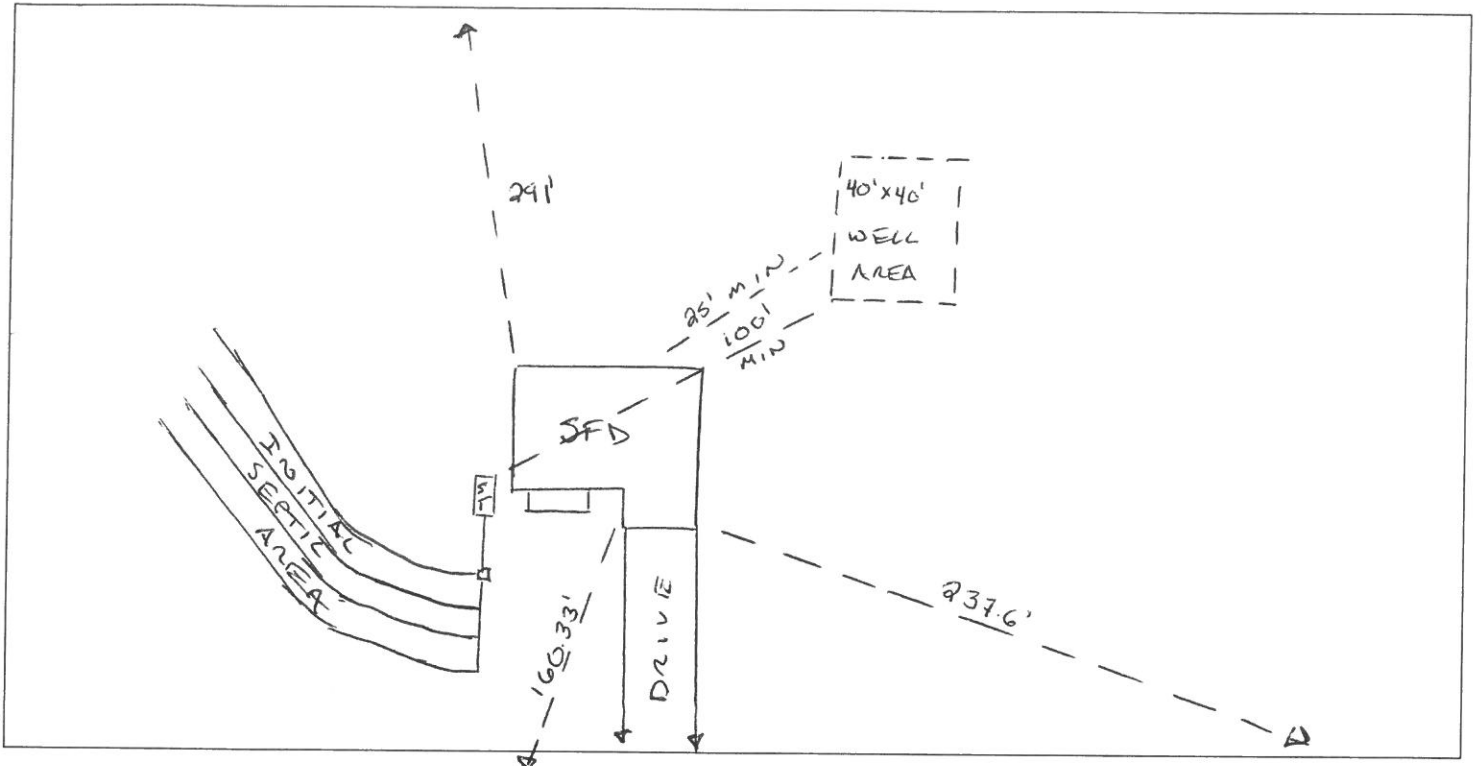
Casing Height: 12.5 ft (above finished grade) Access Port: Vent Stack:
Well ID Tag: _____ Pump ID Tag: _____ Sampling Tap: Backflow Preventer:
Sample Taken? Yes No Well Head properly sealed:

Remarks: _____

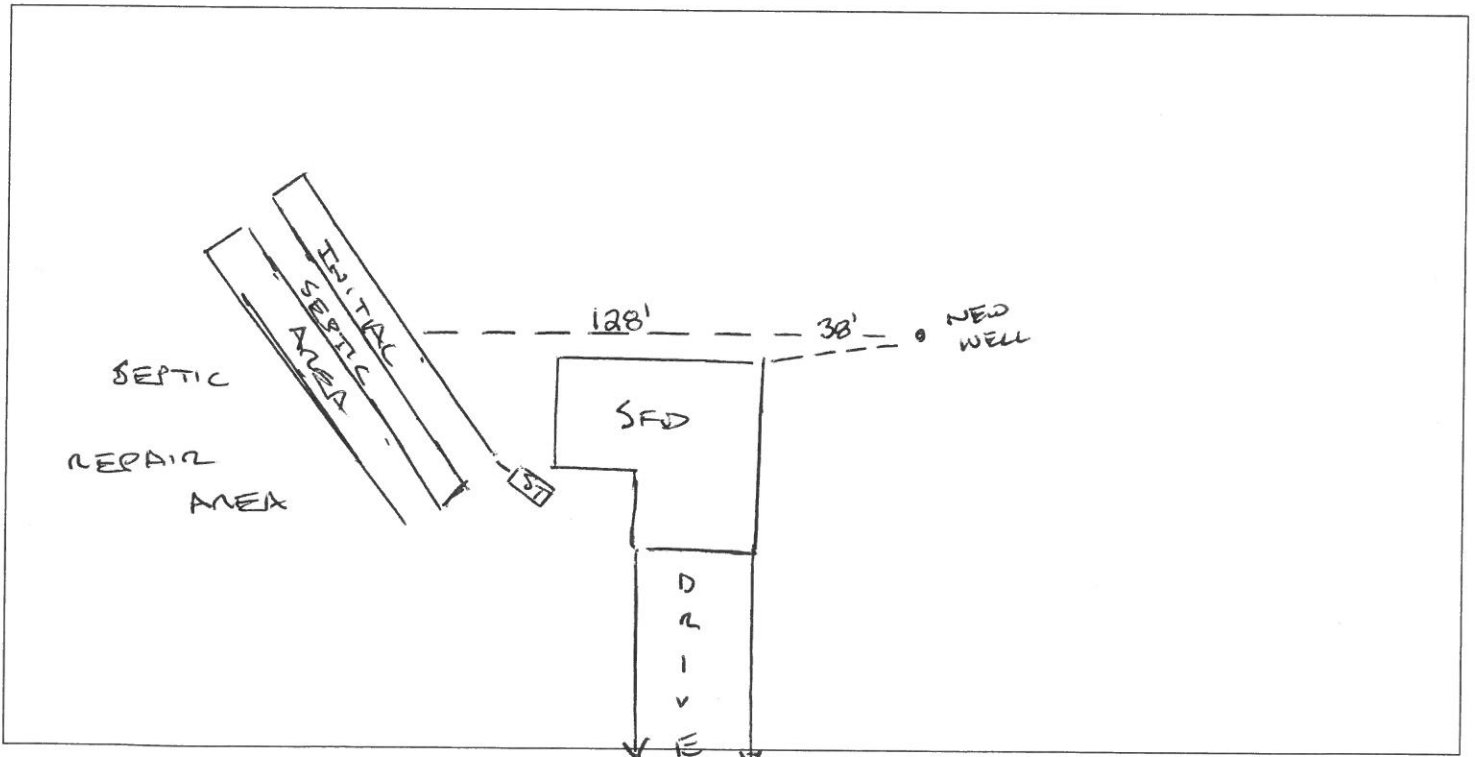
Authorized State Agent [Signature] Date 07/23/2018

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
- 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)
- Recovery

4. Date Well(s) Completed: 5/15/18 Well ID# _____

5a. Well Location:

Red Oak Homes

Facility Owner Name

Facility ID# (if applicable)

Physical Address, City, and Zip

1826 Cummings Rd. Lillington
North Carolina

County

Parcel Identification No. (PIN)

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

35.66089 N -78.62011 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: 405 (ft.)
For multiple wells list all depths if different (example- 3@200' and 2@100')

10. Static water level below top of casing: 25 (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): 1 1/2 Method of test: Flow

13b. Disinfection type: HTH Amount: 16 oz

For Internal Use Only:

FROM	TO	DESCRIPTION			
360 ft.	364 ft.				
FROM	TO	DIAMETER	THICKNESS	MATERIAL	
ft.	ft.	in.			
FROM	TO	DIAMETER	THICKNESS	MATERIAL	
45 ft.	47 ft.	6.25 in.	50021	DOC	
87 ft.	92 ft.	6.25 in.	.188	0-1/4" Steel	
FROM	TO	DIAMETER	SLOT SIZE	THICKNESS	MATERIAL
ft.	ft.	in.			
FROM	TO	MATERIAL	EMPLACEMENT METHOD & AMOUNT		
0 ft.	22 ft.	Bentonite	pumped		
FROM	TO	MATERIAL	EMPLACEMENT METHOD		
ft.	ft.				
FROM	TO	DESCRIPTION (color, hardness, soil/rock type, grain size, etc.)			
0 ft.	10 ft.	CHT			
10 ft.	405 ft.	Shale			

22. Certification: [Signature] Date: 5/20/18

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.