

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

PIN #: 0653-89-8738.000 Parcel #: 080653 0108 02 Application #: 18-5-43344R Subdivision: _____ Lot #: 2

Applicant Name: HMT Construction LLC
Address: 228 George Wilton Dr. Clayton, NC 27570

Type of Facility Served by Well: SFD

Sewage System: 25% Reduction System

Permit Conditions: 391 Shady Brook Lane (Lafayette Rd. SR 1443)

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 4/24/2018

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

See attachment for construction sketch

WELL CERTIFICATE OF COMPLETION

Date: 05/14/18 Application #: 18-5-43344R Well Contractor: John Boyette

Applicant Name: HMT Construction LLC
Address: 228 George Wilton Dr. Clayton, NC 27570
Directions to Site: 391 Shady Brook Lane (Lafayette Rd. SR 1443)

↓ 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 _____

<u>Water Zone (depth)</u>	<u>Casing</u>	<u>Grout</u>
From _____ To _____	From _____ To _____	From <u>0</u> 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

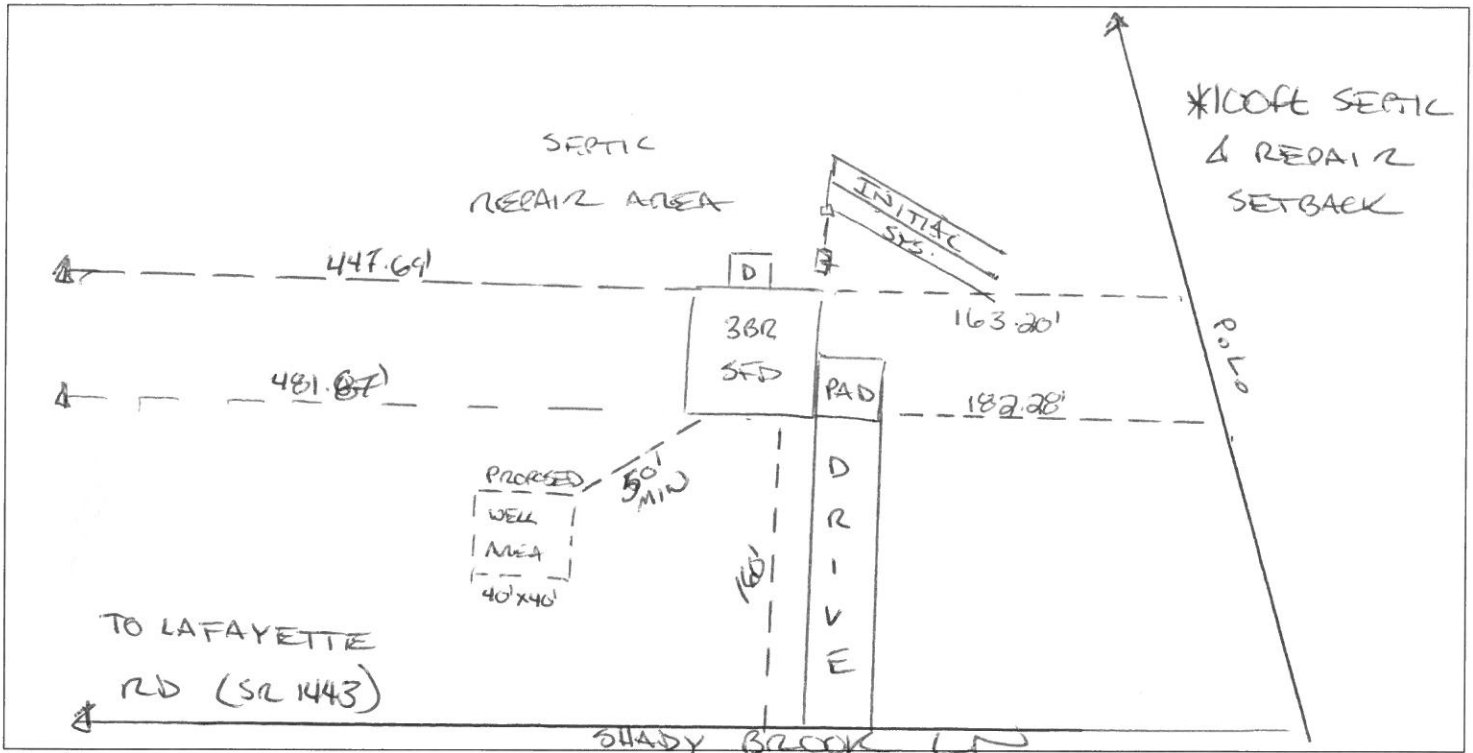
Casing Height: 12.0 (above finished grade) Access Port: Vent Stack:
Well ID Tag: Pump ID Tag: Sampling Tap: Backflow Preventer: _____
Sample Taken? Yes No Well Head properly sealed:

Remarks: C

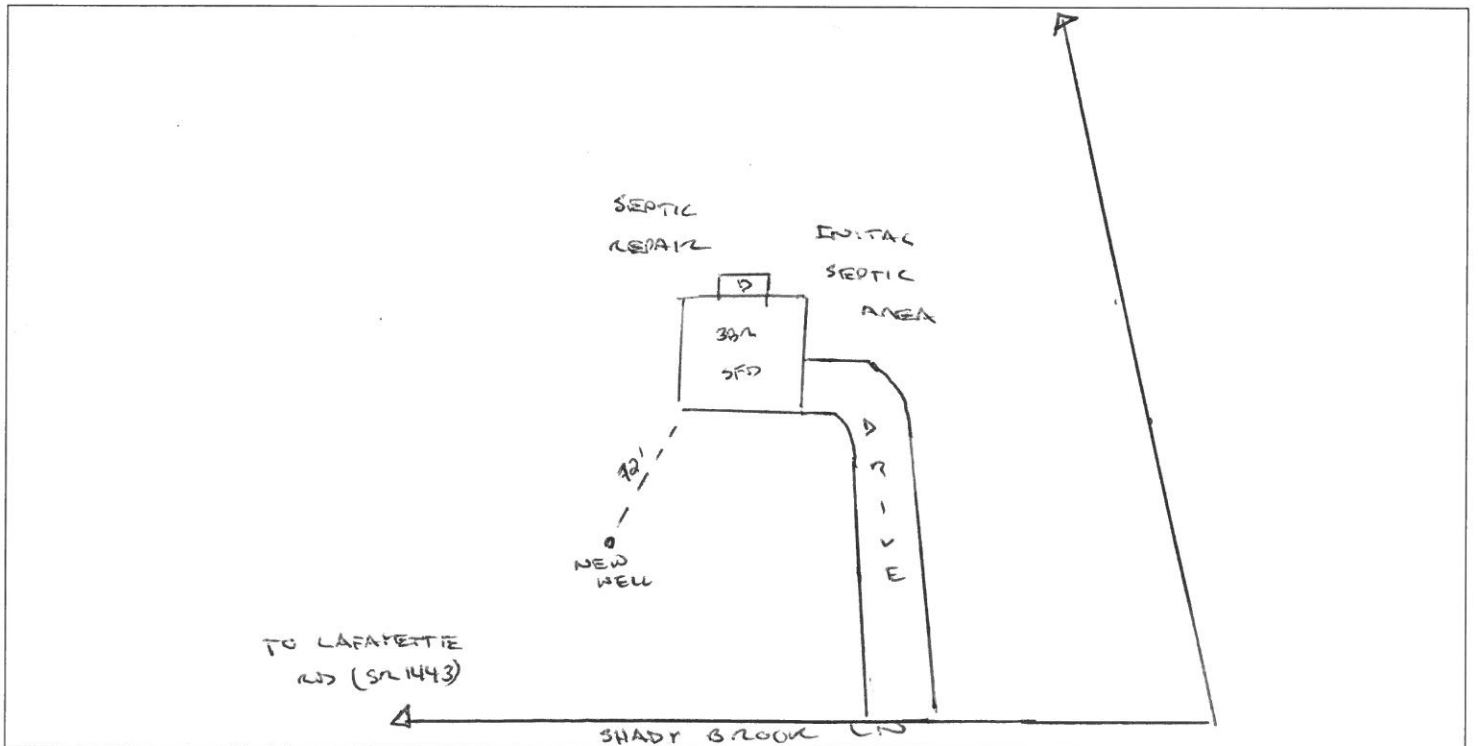
Authorized State Agent [Signature] Date 09/24/2018

See Attachment for completion sketch

Well Construction Sketch



Well Completion Sketch



18-5-43344

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, Industrial/Commercial, Irrigation, Municipal/Public, Residential Water Supply (single), Residential Water Supply (shared), Non-Water Supply Well: Monitoring, Recovery, Injection Well: Aquifer Recharge, Groundwater Remediation, Salinity Barrier, Stormwater Drainage, Subsidence Control, Tracer, Other (explain under #21 Remarks)

4. Date Well(s) Completed: 5/14/18 Well ID#

5a. Well Location: Michael Tabon

Facility/Owner Name: 391 Sandy Brook Lane Fuquay Varina

Physical Address, City, and Zip: Hammett

County: Parcel Identification No. (PIN)

5b. Latitude and longitude in degrees/minutes/seconds or decimal degrees: 35.50975 N -78.80354 W

6. Is (are) the well(s) Permanent or Temporary

7. Is this a repair to an existing well: Yes or No

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: 185 (ft.)

10. Static water level below top of casing: 40 (ft.)

11. Borehole diameter: 6.25 (in.)

12. Well construction method: Rotary / DTH

FOR WATER SUPPLY WELLS ONLY:

13a. Yield (gpm): 30 Method of test: Flow

13b. Disinfection type: HTH Amount: 16 OZ

For Internal Use Only: received 9/22/18 by fax

Table with columns: FROM, TO, DESCRIPTION, DIAMETER, THICKNESS, MATERIAL, SLOTTING, EMPLACEMENT METHOD & AMOUNT, EMPLACEMENT METHOD, DESCRIPTION (color, hardness, soil/rock type, grain size, etc.)

22. Certification: Signature of Certified Well Contractor: 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 Mall 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 Mall 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.