

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

PIN #: 0654-70-8511.000 Parcel #: 080653 0108 Application #: 18-5-43967 Subdivision: _____ Lot #: 1

Applicant Name: Randy & Ramona Byrd
Address: 6600 Walnut Cove Drive Raleigh, NC 27603

Type of Facility Served by Well: SFD

Sewage System: 25% Reduction System

Permit Conditions: Shady Brook Lane (Lafayette Road - 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 07/02/18

Grouting Inspection Witnessed [Signature] Date 09/21/18

Grouting self-certified by driller GW-1 provided? Yes No

See attachment for construction sketch

WELL CERTIFICATE OF COMPLETION

Date: 09/21/18 Application #: 18-5-43967 Well Contractor: John Boyette

Applicant Name: Randy & Ramona Byrd
Address: 6600 Walnut Cove Drive Raleigh, NC 27603
Directions to Site: Shady Brook Lane (Lafayette Road - 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 _____

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

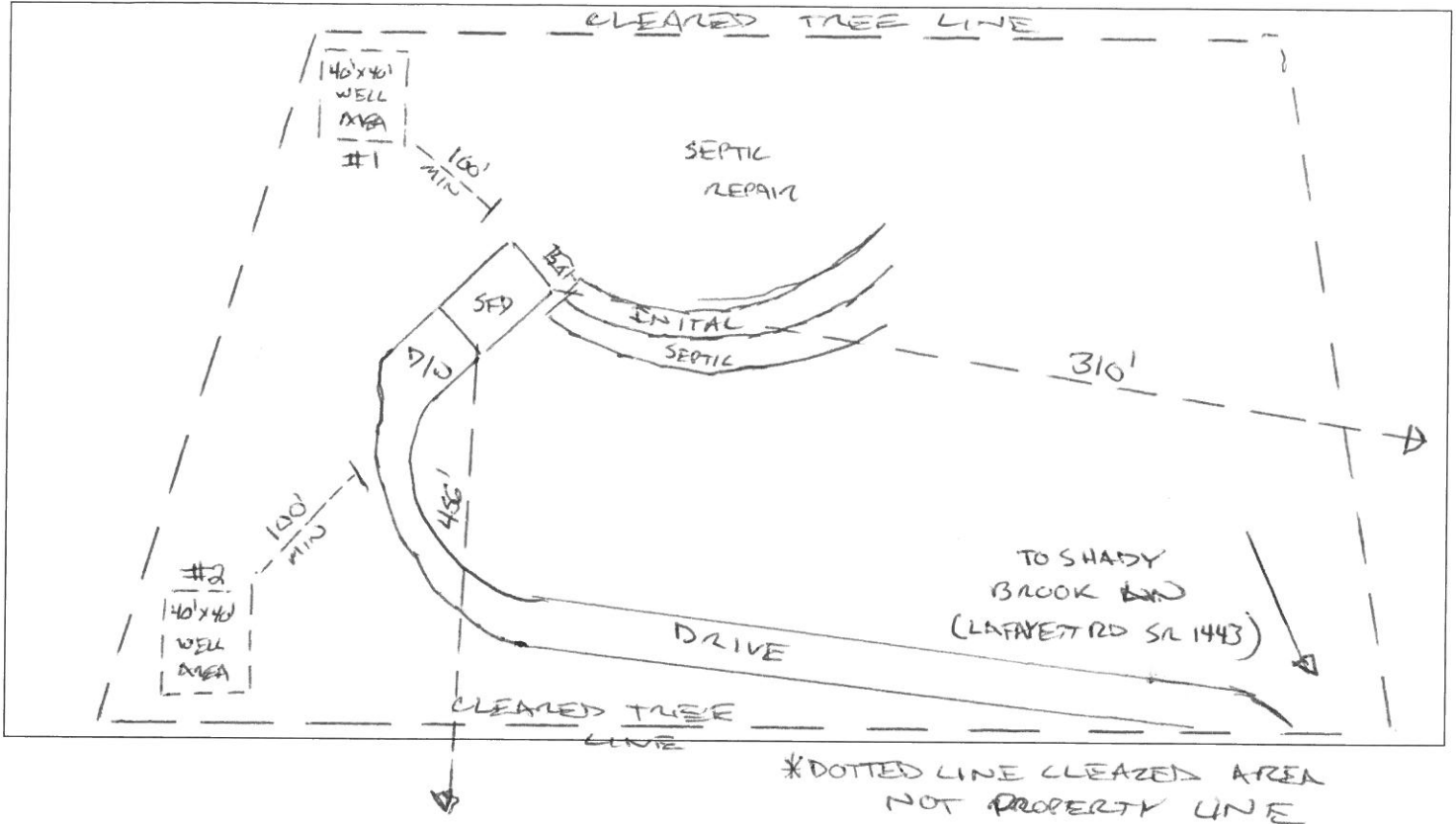
Casing Height: 12 in ± (above finished grade) Access Port: Vent Stack:
Well ID Tag: Pump ID Tag: Sampling Tap: Backflow Preventer: _____
Sample Taken? Yes No Well Head properly sealed:

Remarks: _____

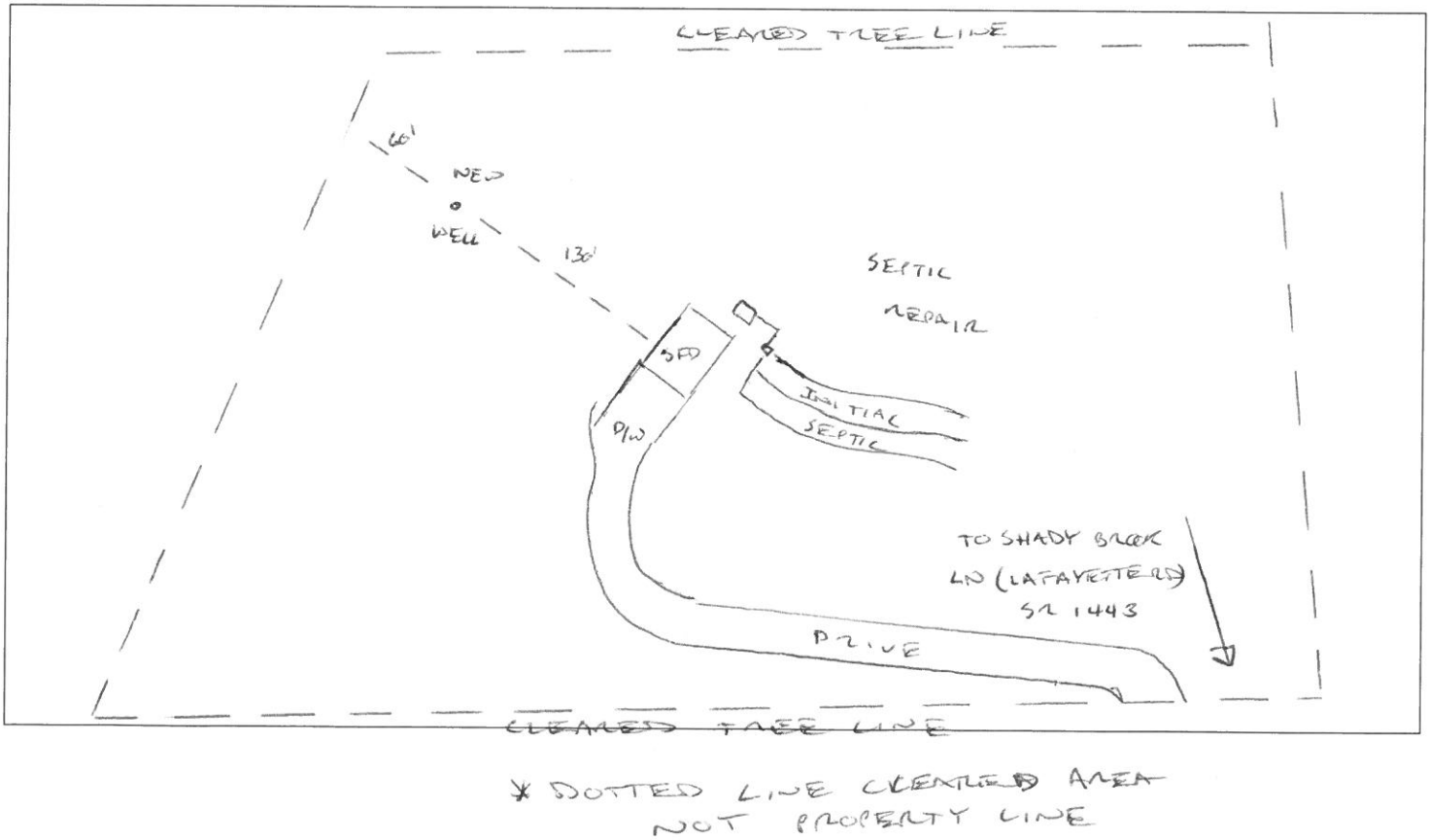
Authorized State Agent [Signature] Date 01/15/19

See Attachment for completion sketch

Well Construction Sketch



Well Completion Sketch



18-5-43967

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, Non-Water Supply Well: Monitoring, Recovery, Injection Well: Aquifer Recharge, Storage and Recovery, Test, Experimental Technology, Geothermal (Closed Loop), Geothermal (Heating/Cooling Return)

4. Date Well(s) Completed: 9/20/18 Well ID#

5a. Well Location: Ruddy Burd Facility/Owner Name 417 Shady Brook Lane Physical Address, City and Zip Hannett County

5b. Latitude and longitude in degrees/minutes/seconds or decimal degrees: 35.79835 N -78.95744 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: 385 (ft.)

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

11. Borehole diameter: 6.25 (in.)

12. Well construction method: DTH/Notary

FOR WATER SUPPLY WELLS ONLY:

13a. Yield (gpm) 10 Method of test: Flow

13b. Disinfection type: MTH Amount: 16 OZ

For Internal Use Only: received by fax 9/27/18

Table with columns: FROM, TO, DESCRIPTION, DIAMETER, THICKNESS, MATERIAL. Includes entries for casing materials like Bentonite, Clay, Sand, Schist, Dolomite.

22. Certification Signature of Certified Well Contractor Date 9/27/18

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.

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.