

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

PIN #: 0509-24-1202.000 Parcel #: 130509007703 Application #: 17-5-42674 Subdivision: _____ Lot #: _____

Applicant Name: David Etheridge
Address: 470 Fox Hunters Ln Broadway NC 27505

Type of Facility Served by Well: Existing Migrant House

Sewage System: Conventional

Permit Conditions:

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 *James E. Mathison* Date 11-7-17

Grouting Inspection Witnessed *James E. Mathison* Date 11/7/17
 Grouting self-certified by driller GW-1 provided? Yes No

See attachment for construction sketch

WELL CERTIFICATE OF COMPLETION

Date: _____ Application #: _____ Well Contractor: _____

Applicant Name: _____
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 _____ 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

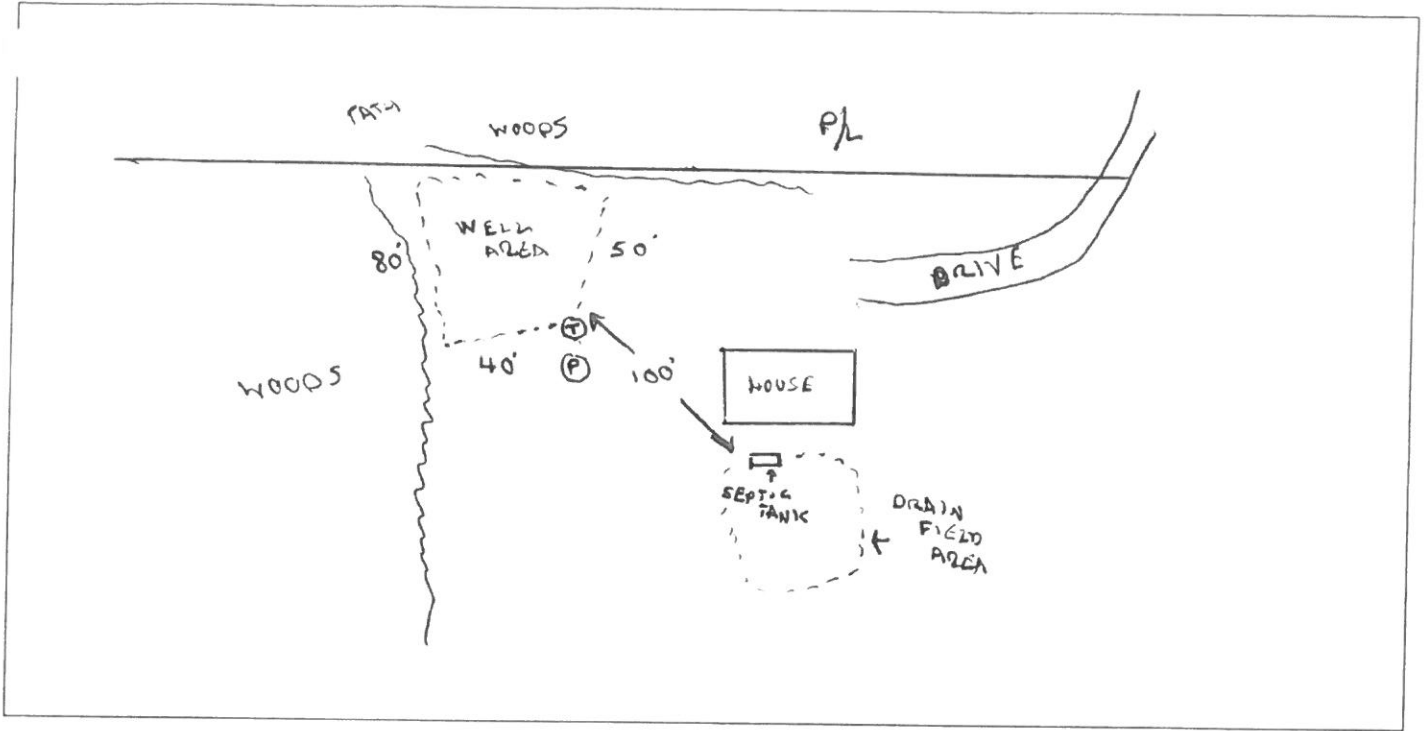
Casing Height: 11" (above finished grade) Access Port: Vent Stack:
 Well ID Tag: A Pump ID Tag: _____ Sampling Tap: Backflow Preventer: _____
 Sample Taken? Yes No Well Head properly sealed:

Remarks: _____

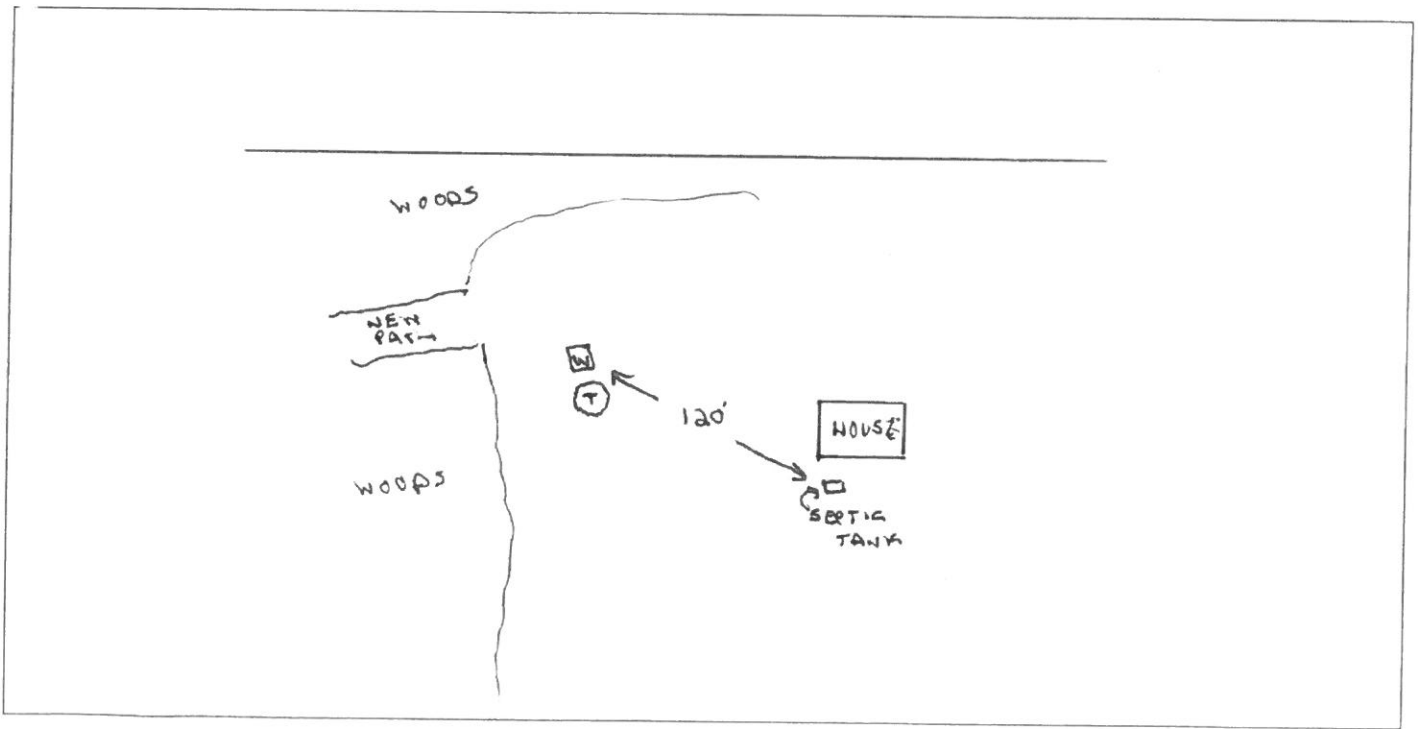
Authorized State Agent *James E. Mathison* Date 7/23/18

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 Municipal/Public

Geothermal (Heating/Cooling Supply) Residential Water Supply (single)

Industrial/Commercial Residential Water Supply (shared)

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: 11/7/17 Well ID# _____

5a. Well Location:
David Etheridge
 Facility/Owner Name: _____ Facility ID# (if applicable): _____
470 Fox Hunters Way
 Physical Address, City, and Zip: _____
Harris
 County: _____ Parcel Identification No. (PIN): _____

5b. Latitude and longitude in degrees/minutes/seconds or decimal degrees:
 (if well field, one lat/long is sufficient)
35.378594 N -78.995624 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: 325 (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 "+"

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) 5 Method of test: Flow

13b. Disinfection type: HTH Amount: 16 OZ

For Internal Use Only:

14. WATER ZONES		DESCRIPTION		
FROM	TO			
260 ft.	287 ft.			
ft.	ft.			
15. CASING				
FROM	TO	DIAMETER	THICKNESS	MATERIAL
ft.	ft.	in.		
16. LINER CASING (IF APPLICABLE)				
FROM	TO	DIAMETER	THICKNESS	MATERIAL
ft.	ft.	in.		
ft.	ft.	in.		
ft.	ft.	in.		
17. GROUT				
FROM	TO	MATERIAL	EMPLACEMENT METHOD & AMOUNT	
0 ft.	22 ft.	Bentonite	pumped	
ft.	ft.			
ft.	ft.			
18. SUBMERGED PUMP (IF APPLICABLE)				
FROM	TO	MATERIAL	EMPLACEMENT METHOD	
ft.	ft.			
ft.	ft.			
19. REMARKS (color, barite, sand, mud/creek type, grade etc., etc.)				
FROM	TO	DESCRIPTION		
0 ft.	35 ft.	Clay		
35 ft.	60 ft.	sandstone		
60 ft.	325 ft.	Granite		
ft.	ft.			
ft.	ft.			
ft.	ft.			

22. Certification:
[Signature]
 Signature of Certified Well-Contractor
11/15/18
 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: 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.