

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

PIN #:0633-62-7522000 Parcel #: Application #:EH1812-0015 Subdivision: _____ Lot #:

Applicant Name: Aaron Ward Renfrow
Address: 3710 Christian Light Rd Fuquay-Varina NC 27526

Type of Facility Served by Well: Hair Salon

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 RENS Date 1/10/19

Grouting Inspection Witnessed RENS Date 11/26/19

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

See attachment for construction sketch

WELL CERTIFICATE OF COMPLETION

Date: Application #: Well Contractor: John Boyette

Applicant Name: _____
Address: _____
Directions to Site: _____

Use of Well: Hair Salon Date Drilled: 11/25/19 Total Depth: 265' Replacement Well? Yes No
Static Water Level: 20 Top of Casing is _____ in. above surface. Yield: 7 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: B. Adams On Hold Date: _____ Release Date: _____

Remarks: _____

Well Head Information

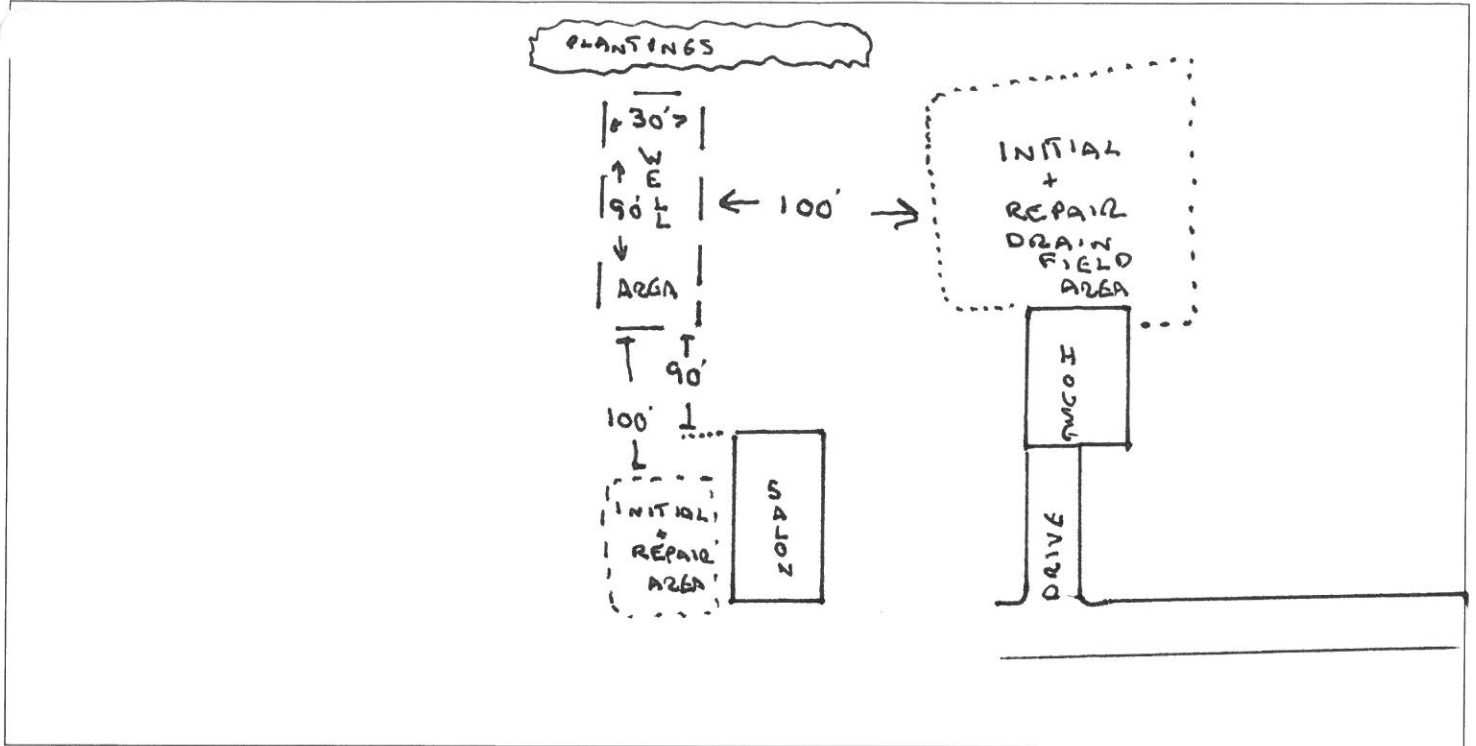
Casing Height: 24" (above finished grade) Access Port: Vent Stack:
Well ID Tag: Pump ID Tag: Sampling Tap: Backflow Preventer: _____
Sample Taken? Yes No Well Head properly sealed:

Remarks: _____

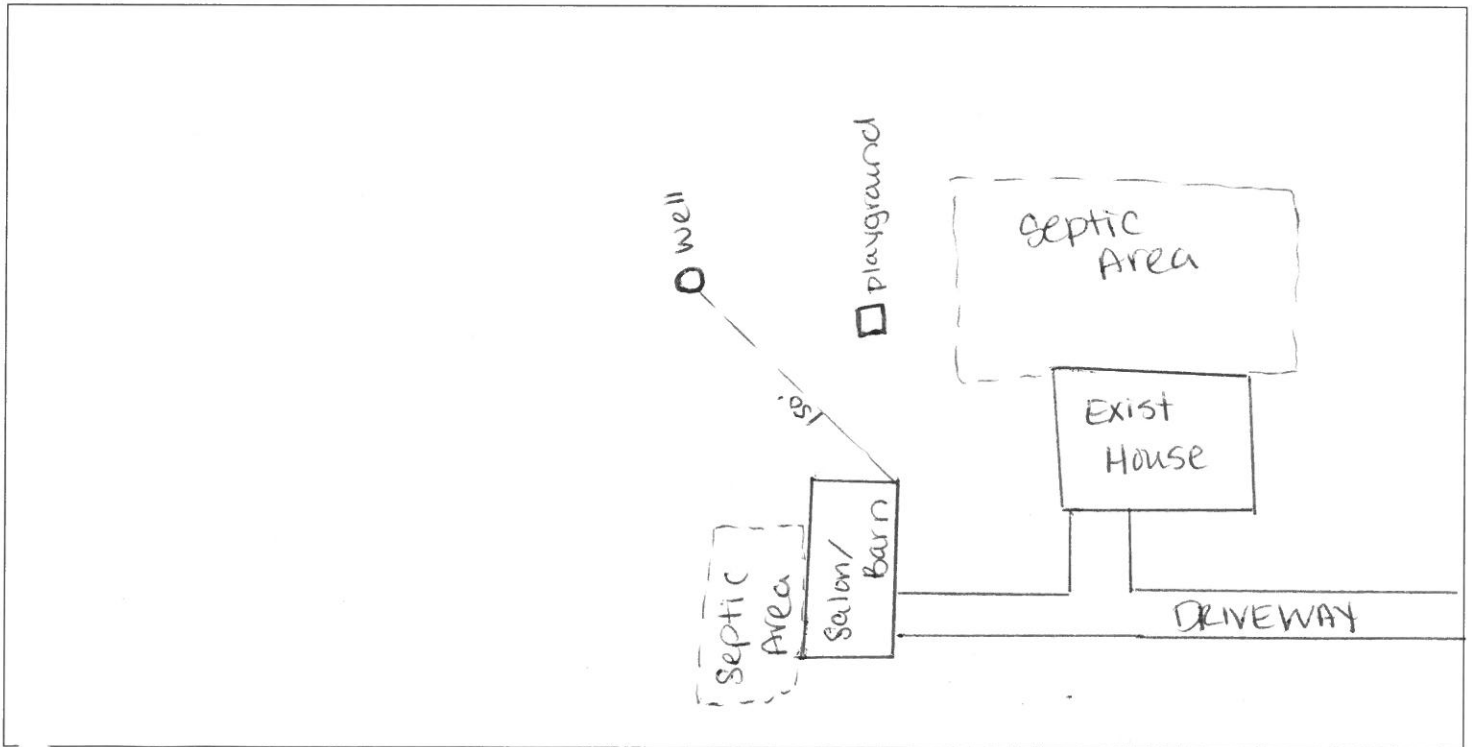
Authorized State Agent RENS Date 1/16/2020

See Attachment for completion sketch

Well Construction Sketch



Completion Sketch



WELL CONSTRUCTION RECORD (GW-1)

1. Well Contractor Information:

John Boyette
 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: Nov 25, 2019 Well ID# _____

5a. Well Location:
Ward Renfrow
 Facility/Owner Name Facility ID# (if applicable)
3710 Christian Light Rd Fuquay Varina, NC
 Physical Address, City, and Zip
Hamett
 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° 29' 16" N 78° 59' 35" 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/DPI 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: 265 (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 1/4 (in.)

12. Well construction method: Air Rotary
 (i.e. auger, rotary, cable, direct push, etc.)

For Internal Use Only:

14. WATER ZONES

FROM	TO	DESCRIPTION
200 ft.	210 ft.	
245 ft.	265 ft.	

15. OUTER CASING (for multi-cased wells) OR LINER (if applicable)

FROM	TO	DIAMETER	THICKNESS	MATERIAL
+1 ft.	68 ft.	6 1/4 in.	SDR 21	PVC

16. INNER CASING OR TUBING (geothermal closed-loop)

FROM	TO	DIAMETER	THICKNESS	MATERIAL
ft.	ft.	in.		
ft.	ft.	in.		

17. SCREEN

FROM	TO	DIAMETER	SLOT SIZE	THICKNESS	MATERIAL
ft.	ft.	in.			
ft.	ft.	in.			

18. GROUT

FROM	TO	MATERIAL	EMPLACEMENT METHOD & AMOUNT
0 ft.	20 ft.		
ft.	ft.		
ft.	ft.		

19. SAND/GRAVEL PACK (if applicable)

FROM	TO	MATERIAL	EMPLACEMENT METHOD
ft.	ft.		
ft.	ft.		

20. DRILLING LOG (attach additional sheets if necessary)

FROM	TO	DESCRIPTION (color, hardness, soil/rock type, grain size, etc.)
0 ft.	2 ft.	topsoil
2 ft.	10 ft.	Sandy Clay
10 ft.	62 ft.	Clay
62 ft.	266 ft.	Shale
ft.	ft.	
ft.	ft.	
ft.	ft.	

21. REMARKS

22. Certification:
 Signature of Certified Well Contractor: [Signature] Date: Jan 13, 2020

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

FOR WATER SUPPLY WELLS ONLY:

13a. Yield (gpm) 7 Method of test: Air

13b. Disinfection type: HTH Amount: 16