

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

PIN #: 0512-19-1653.00 Parcel #: 130602 0144 24 Application #: EH2009-0011 Subdivision: _____ Lot #: 344 RECombo

Applicant Name: Rachael Buchanan
Address: 135 Faincloth Ln Broadway N.C.

Type of Facility Served by Well: SFD

Sewage System: TIRE clips

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. Marshall ^{REBMS} Date 9-21-20

Grouting Inspection Witnessed _____ Date _____

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

See attachment for construction sketch

WELL CERTIFICATE OF COMPLETION

Date: 10-13-20 Application #: 13142009-0011 Well Contractor: JOAN Bayette
self grouted

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 _____

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: 18" (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 James E. Marshall ^{REBMS} Date 10-13-20

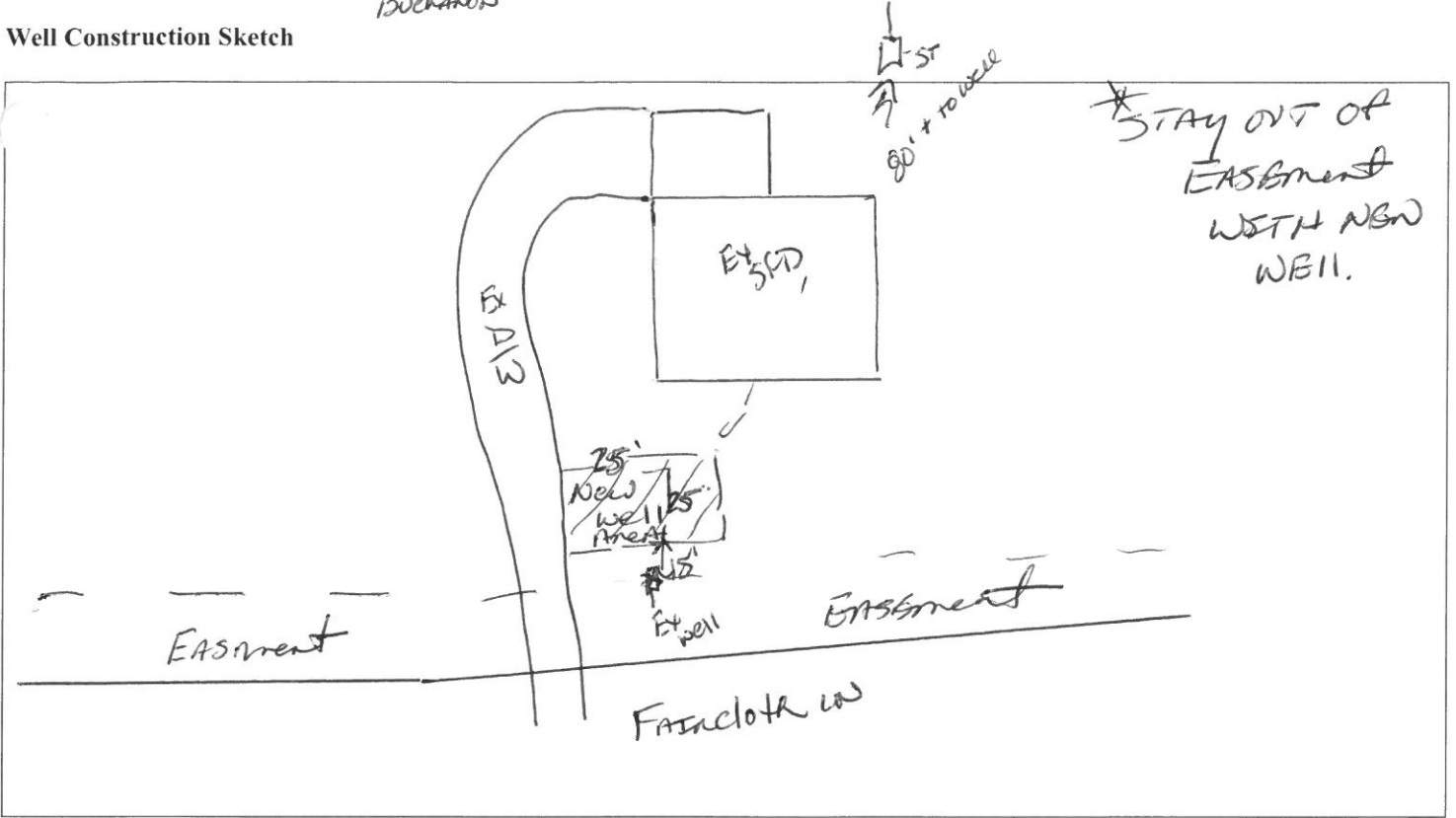
See Attachment for completion sketch

Application #: EH 2009-0011 Applicant Name: Michael Buchanan

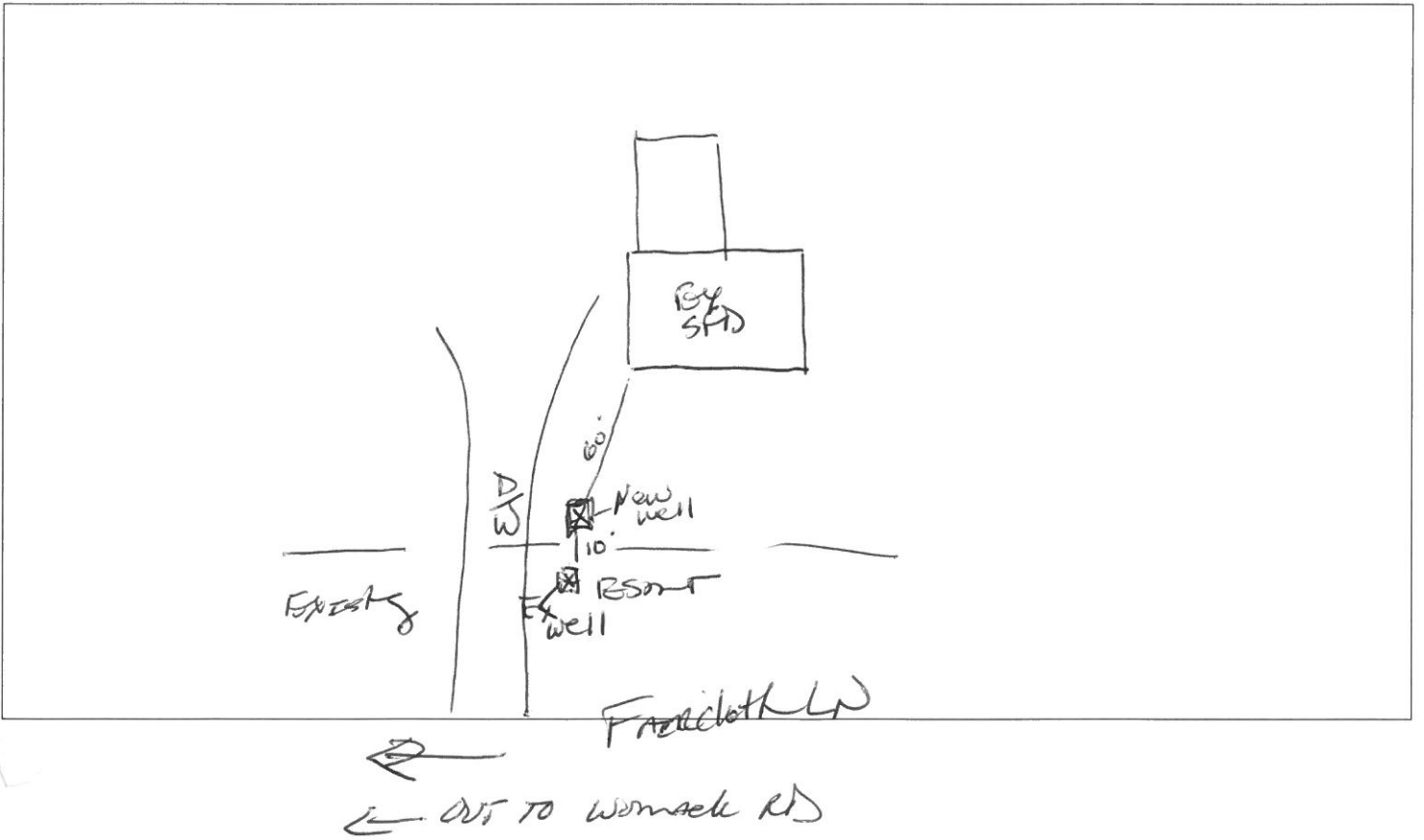
Subdivision: Franclote

Lot #: 374 Recombo

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, Variances, 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: 9/29/20 Well ID#

5a. Well Location: Rachel Buchanan

Facility/Owner Name: 135 FAIRL OTH LANE Facility ID# (if applicable)

Physical Address, City, and Zip: HARRIETT

County

Parcel Identification No. (PIN)

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

35.479652 N -78.961991 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: 265 (ft.)

10. Static water level below top of casing: 20 (ft.)

11. Borehole diameter: 6.25 (in.)

12. Well construction method: Rotary / OTH

FOR WATER SUPPLY WELLS ONLY:

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

13b. Disinfection type: HTH Amount: 16 Oz.

For Internal Use Only:

14. WATER ZONES

Table with columns: FROM, TO, DESCRIPTION. Row 1: 240 ft. to 243 ft.

15. OUTER CASING (for uncased wells) OR LINER (if applicable)

Table with columns: FROM, TO, DIAMETER, THICKNESS, MATERIAL.

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

Table with columns: FROM, TO, DIAMETER, THICKNESS, MATERIAL. Row 1: 115 ft. to 130 ft., 6.75 in., 5DR21, PVC. Row 2: 130 ft. to 135 ft., 6.75 in., .185, GALV. Steel

17. SCREEN

Table with columns: FROM, TO, DIAMETER, SLOT SIZE, THICKNESS, MATERIAL.

18. GROUT

Table with columns: FROM, TO, MATERIAL, EMPLACEMENT METHOD & AMOUNT. Row 1: 0 ft. to 22 ft., Bentonite, Pumped

19. SAND/GRAVEL PACK (if applicable)

Table with columns: FROM, TO, MATERIAL, EMPLACEMENT METHOD.

20. DRILLING LOG (attach additional sheets if necessary)

Table with columns: FROM, TO, DESCRIPTION. Rows: 0-30 ft. Clay soil, 30-40 ft. Sand, 40-75 ft. Supportive Granite, 75-265 ft.

21. REMARKS

22. Certification:

Signature of Certified Well Contractor

Date: 10/5/20

By signing this form, I hereby certify that the well(s) was (were) constructed in accordance with 15A NCAC 02C .0160 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.