

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

PIN #: _____ Parcel #: _____ Application #: EH207-0005 Subdivision: _____ Lot #: 5

Applicant Name: Harrington Properties

Address: 65 Green Acres Dr (SR1280)

Type of Facility Served by Well: 60' x 70' SFD

Sewage System: Pump to 25% reduction

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 Meh [Signature] RETH Date 7-19-21

Grouting Inspection Witnessed _____ Date _____

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 _____

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: 13 (above finished grade)

Access Port:

Vent Stack:

Well ID Tag:

Pump ID Tag: NA

Sampling Tap:

Backflow Preventer: NA

Sample Taken? Yes No

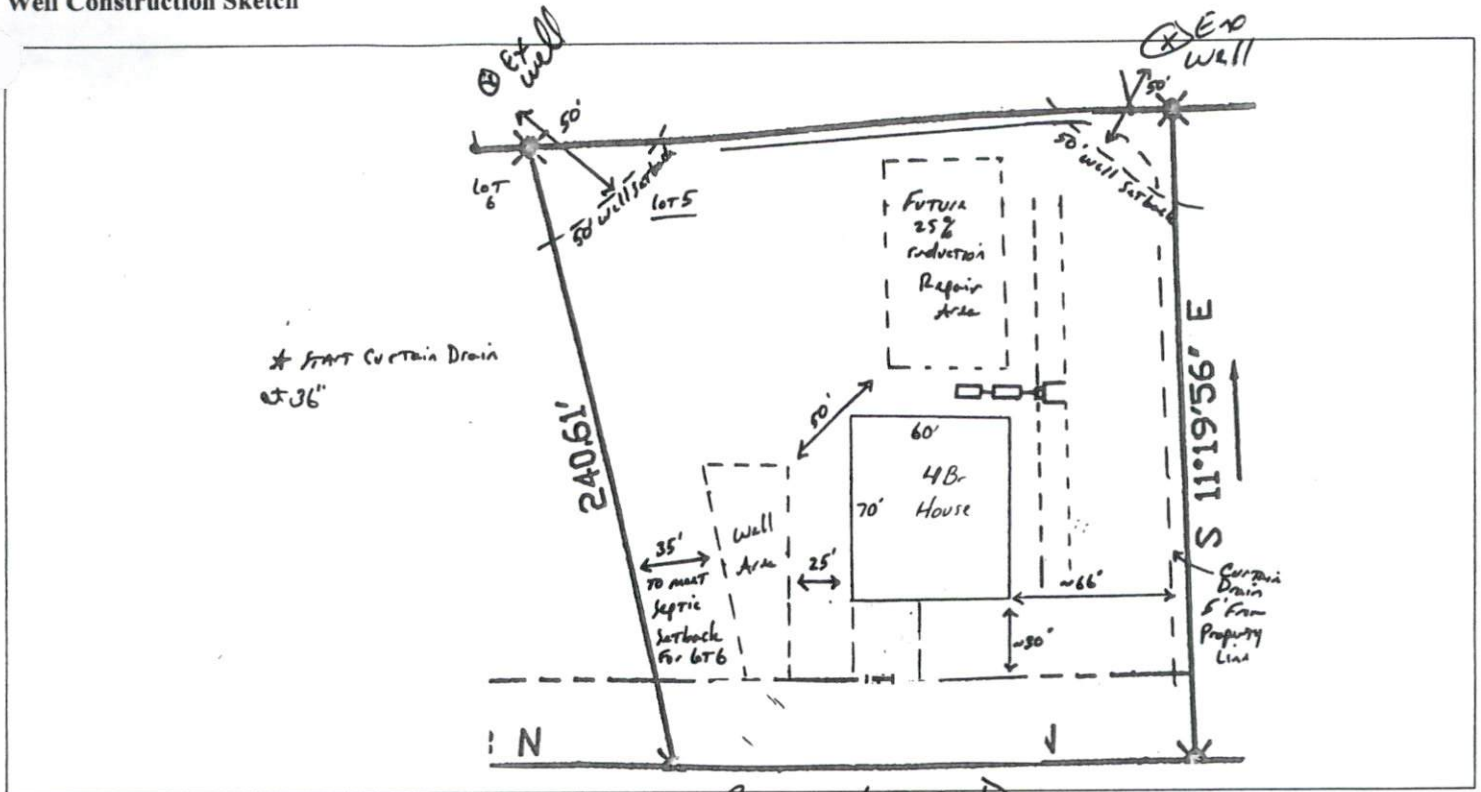
Well Head properly sealed:

Remarks: _____

Authorized State Agent Meh [Signature] RETH Date 4-4-22

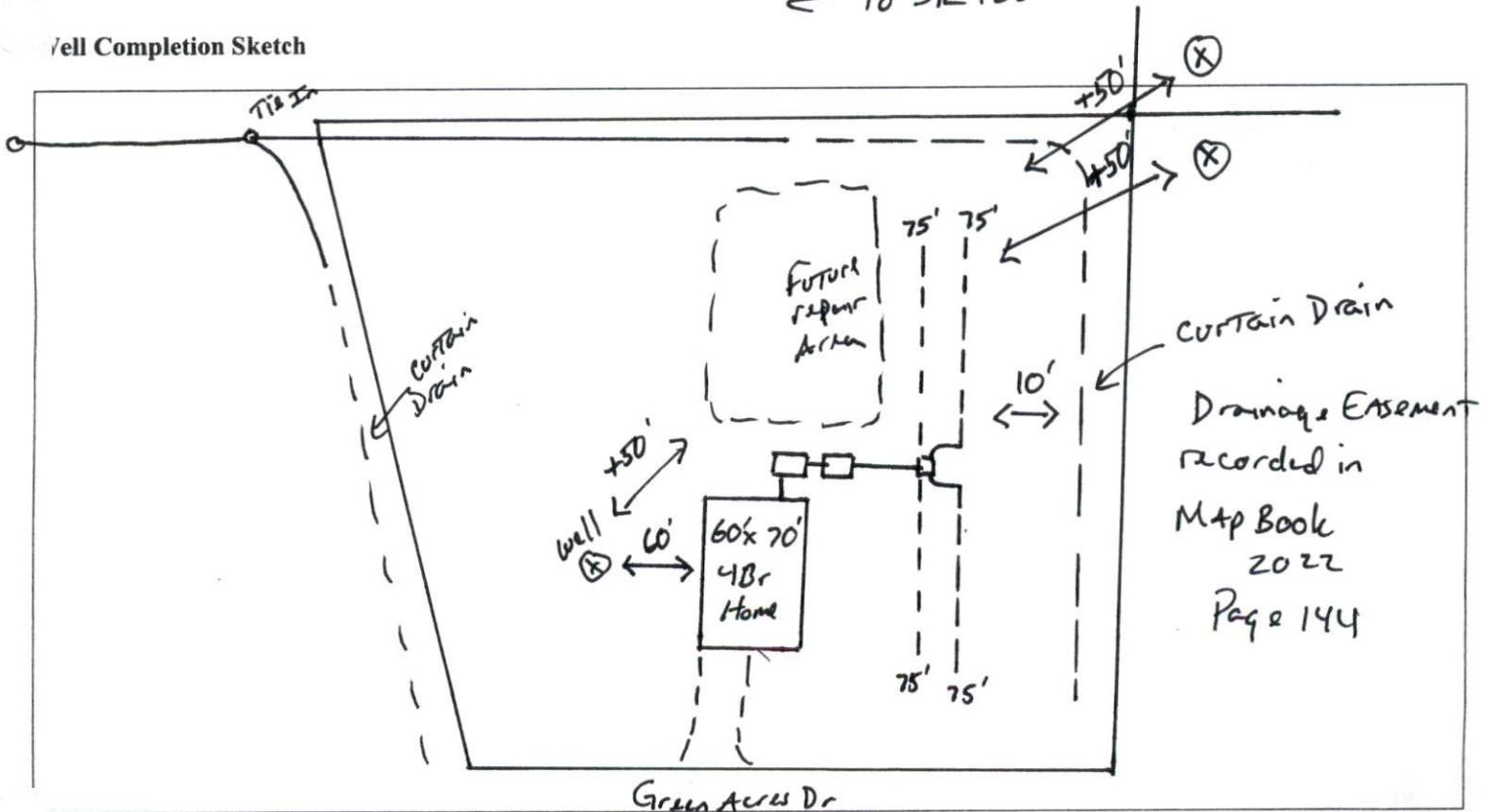
See Attachment for completion sketch

Well Construction Sketch



Green Acres Dr
← TO SR 1280 ←

Well Completion Sketch



WELL CONSTRUCTION RECORD (GW-1)

1. Well Contractor Information:

Michael Maress

Well Contractor Name

NCWC 2470-A

NC Well Contractor Certification Number

WV Maress & Sons

Company Name

2. Well Construction Permits:

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)

Injection

Non-Water Supply Well:

- Monitoring Recovery
 Injection Well:
 Aquifer Recharge Groundwater Remediation
 Aquifer Storage and Recovery Salinity Barrier
 Aquifer Test Steamwater Drainage
 Experimental Technology Subsidence Control
 Geothermal (Closed Loop) Tracer
 Geothermal (Heating/Cooling Return) Other (explain under #21 Remarks)

4. Date Well(s) Completed: 8-24-21 Well ID#

5a. Well Location:

Harrington Properties

Facility/Owner Name

Facility ID# (if applicable)

Lot 5 Green Acres PR

Physical Address, City, and Zip

Broadway N.C.

Harnett

27505

County

Parcel Identification No. (PIN)

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

35° 26' 34" N 79° 2' 34" 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: 380 (ft.)
For multiple wells list all depths if different (example: 3@200' and 2@100')

10. Static water level below top of casing: 60 (ft.)
If water level is above casing, use "+"

11. Borehole diameter: 6 (in.)

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

FOR WATER SUPPLY WELLS ONLY:

13a. Yield (gpm) 20 Method of test: Air
13b. Disinfection type: H+H Amount: 1 pound

For Internal Use Only:

| 14. WATER ZONES | | | | | | |
|--|---------|---|------------------------------------|-----------|----------|--|
| FROM | TO | DESCRIPTION | | | | |
| ft. | 210 ft. | 10 gpm | | | | |
| ft. | 230 ft. | 10 gpm | | | | |
| 15. OUTER CASING (for unconfined wells) OR LINER (if applicable) | | | | | | |
| FROM | TO | DIAMETER | THICKNESS | MATERIAL | | |
| ft. | 185 ft. | 6 1/4 in. | | SDR21 | PVC | |
| 16. INNER CASING OR TUBING (if present and 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 | EMULSION/CEMENT RATIO OR S. AMOUNT | | | |
| ft. | 20 ft. | Bedstone | Pumped | | | |
| ft. | ft. | | | | | |
| ft. | ft. | | | | | |
| 19. NANNI (GRAVEL) PACK (if applicable) | | | | | | |
| FROM | TO | MATERIAL | INSTALLATION METHOD | | | |
| ft. | ft. | | | | | |
| ft. | ft. | | | | | |
| 20. IDENTIFIED LITHOLOGICAL UNITS | | | | | | |
| FROM | TO | DESCRIPTION (soils, sandstone, siltstone, etc.) | | | | |
| ft. | 5 ft. | Sand | | | | |
| ft. | 175 ft. | Clay | | | | |
| ft. | 175 ft. | Blue slate | | | | |
| ft. | ft. | | | | | |
| ft. | ft. | | | | | |
| ft. | ft. | | | | | |
| ft. | ft. | | | | | |
| 21. REMARKS | | | | | | |

22. Certification:

Michael Maress
Signature of Certified Well Contractor

8-24-21
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.0300 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 AH Wells: Submit this form within 30 days of completion of well construction to the following:

Division of Water Resources, Information Processing Unit,
1627 Bell Service Center, Raleigh, NC 27699-1627

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 Bell 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.