

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

PIN #: _____ Parcel #: _____ Application #: EH2107-0006 Subdivision: _____ Lot #: 6

Revised

Applicant Name: Harrington Properties
Address: 35 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 *M. H. R. E. H.* Date 12-30-21

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: 14' (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 *M. H. R. E. H.* Date 4-7-22

See Attachment for completion sketch

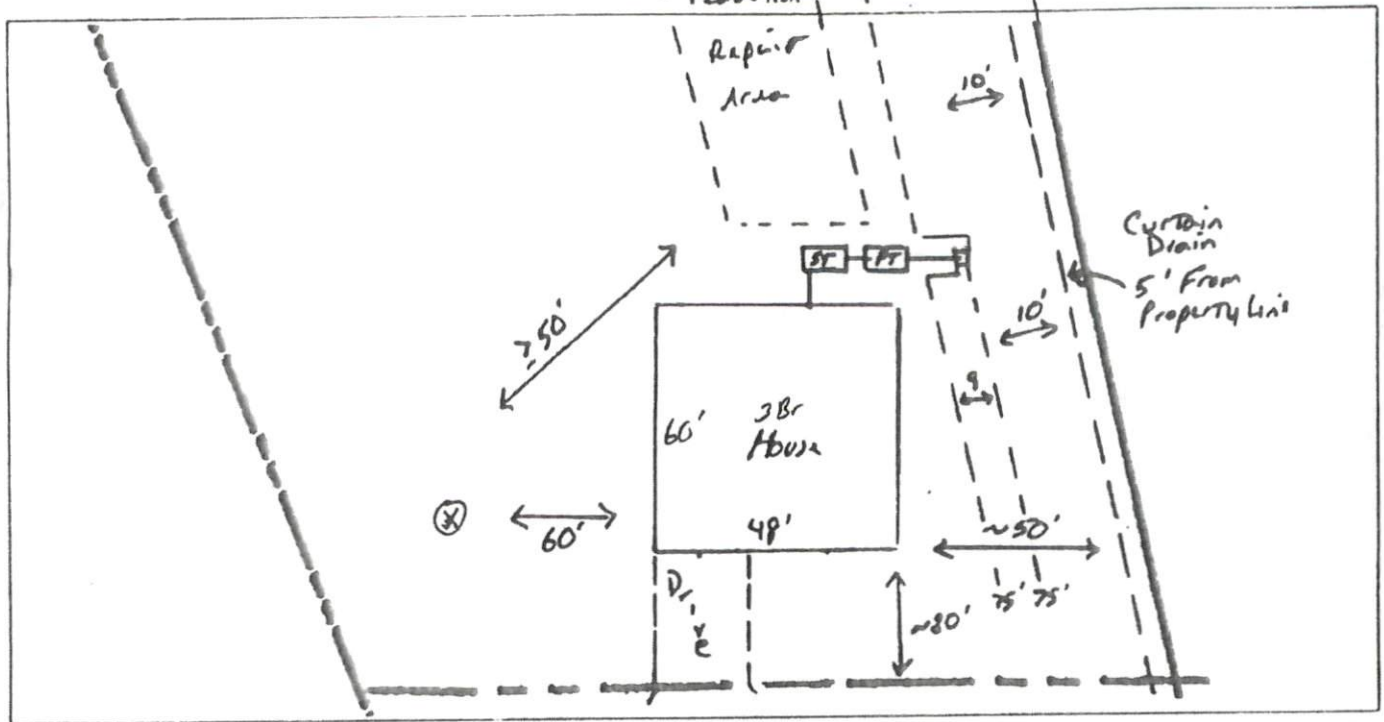
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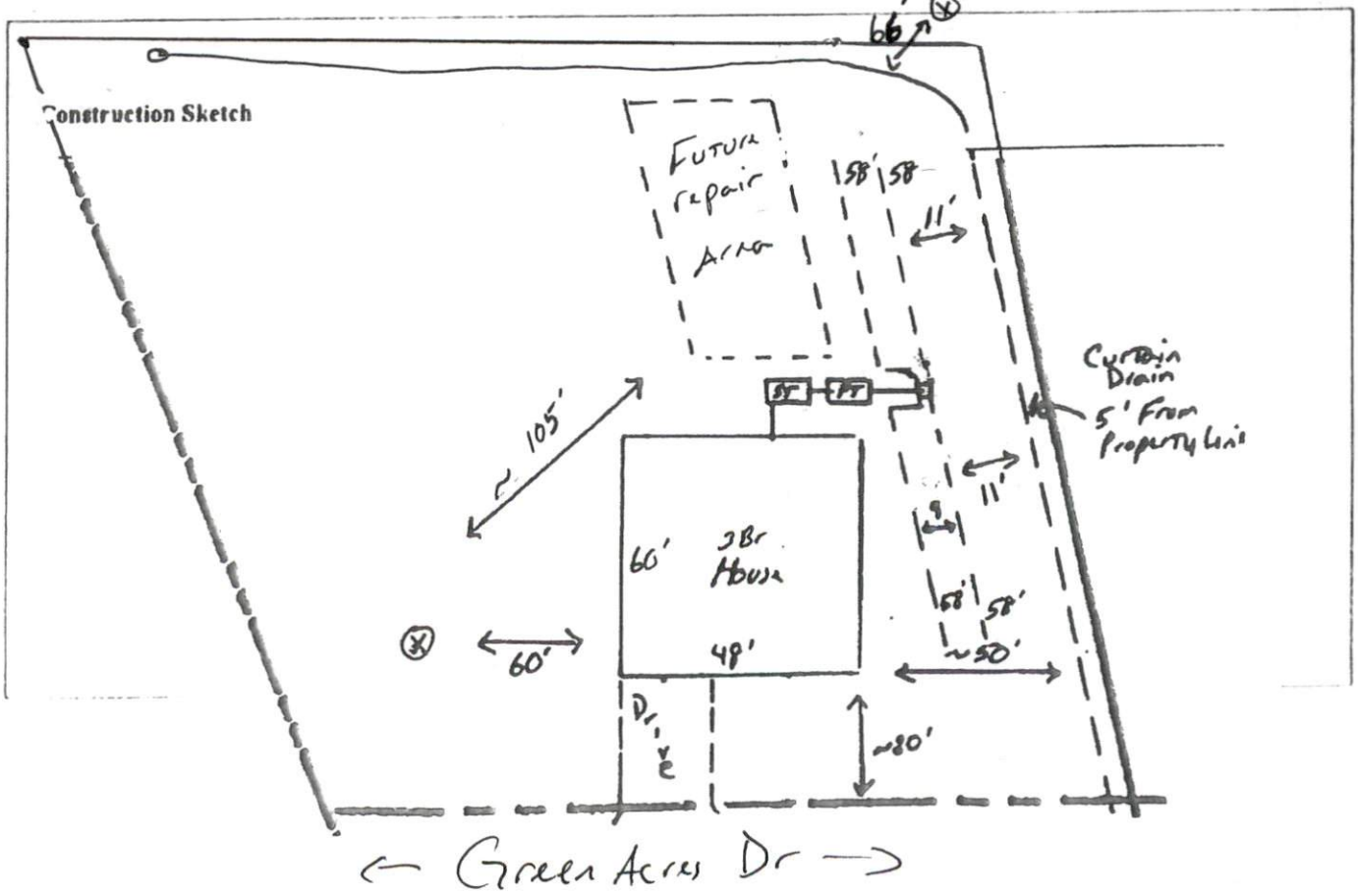
Subdivision:

Lot #: 6

Well Construction Sketch



Well Completion Sketch



WELL CONSTRUCTION RECORD (GW-1)

1 Well Contractor Information:

Well Contractor Name: Michael Mess

Well Contractor License Number: NC WC 2470-A

Company Name: M W Mess & Sons

2 Well Construction Permit #:

3 Well Use (check well use):

- Agricultural
- Residential/Commercial
- Residential Water Supply (single)
- Residential Water Supply (shared)
- Non-Water Supply Well
- Irrigation
- Recovery
- Groundwater Recharge
- Aquifer Storage and Recovery
- Aquifer Test
- Experimental Technology
- Steamwater Discharge
- Subsidence Control
- Trace
- Geothermal (Closed Loop)
- Geothermal (Flowing/Cooling Return)
- Other (explain under #21 Remarks)

4 Date Well(s) Completed: 8-25-21 Well ID#

5a Well Location: Herrington Properties

Facility/Owner Name: Lot 6 Green Acres DR

Physical Address, City, and Zip: Highway NK

County: 27505

Parcel Identification No. (PIN): 35026'35" N 79° 2' 31" 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

8 For Geoprobe/BPT or Closed-Loop Geothermal Wells having the same construction only I GW-1 is needed. Indicate TOTAL NUMBER of wells drilled:

9 Total well depth below land surface: 520

For multiple wells list all depths if different (example: 520' and 2010')

10 Static water level below top of casing: 60

If water level is above casing, use "+"

11 Borehole diameter: 6

12 Well construction method: Air Rotary

13a Yield (gpm): 10

13b Distribution type: H+H

Approximate: 2000 pounds

FOR WATER SUPPLY WELLS ONLY:

14 WATER ZONES:

FROM	TO	DESCRIPTION
0	5	Sand
5	150	Clay
150	520	Blue slate

15 SCREEN:

FROM	TO	DIAMETER	SLOT SIZE	THICKNESS	MATERIAL
0	20	20"	1/8"	1/2"	Rebar tie rebar

16 CASING OR TUBING (check one):

FROM	TO	DIAMETER	THICKNESS	MATERIAL
0	164	8 1/4"	1/2"	SDR21 PVC

17 OTHER CASING OR TUBING (check one):

FROM	TO	DIAMETER	THICKNESS	MATERIAL
0	400	5"	5/16"	5 gpm
400	238	5"	5/16"	5 gpm

18a. Distribution type: H+H

18b. Yield (gpm): 10

18c. Method of test: Air

Approximate: 2000 pounds

For Internal Use Only:

22 Certification:

Signature of Certified Well Contractor: Michelle Mess

Date: 8-25-21

By signing this form, I hereby certify that the well(s) was (were) constructed in accordance with 15A N.C.A.C. 01.00 or 15A N.C.A.C. 02C.0100 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.

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 Main 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,
1635 Main Service Center, Raleigh, NC 27699-1635

25c. For Water Security & 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.