

HARNEY COUNTY DEPARTMENT OF PUBLIC HEALTH PERMITTING  
TO CONSTRUCT A DRINKING WATER SUPPLY WELL

PIN #: Parcel #: Application #: 15-5-35336 Subdivision: \_\_\_\_\_ Lot #: 26

Applicant Name: Barry Elliott  
Address: 90 Pit Rd. Erwin, NC 28339

Type of Facility Served by Well: SFD

Sewage System: 25% Reduction System

Permit Conditions: Well to be drilled in Well Area

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 Barry McLean, PEHS Date 2/3/2015

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 \_\_\_\_\_

<u>Water Zone (depth)</u>	<u>Casing</u>	<u>Grout</u>
From _____ To _____	From _____ To _____	From <u>0</u> 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**

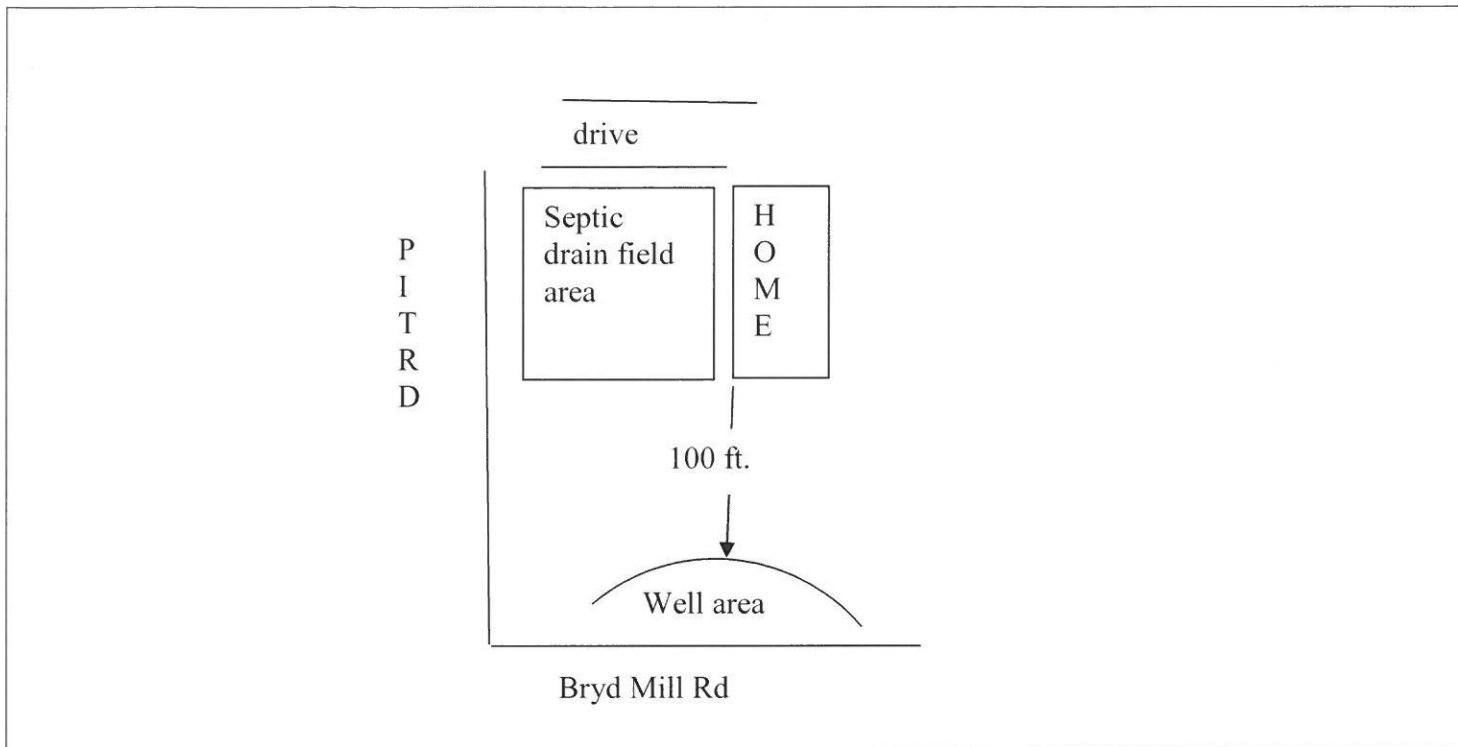
Casing Height: 12.0 (above finished grade) Access Port:  Vent Stack:   
Well ID Tag:  Pump ID Tag:  Sampling Tap:  Backflow Preventer:   
Sample Taken?  Yes  No Well Head properly sealed:

Remarks: \_\_\_\_\_

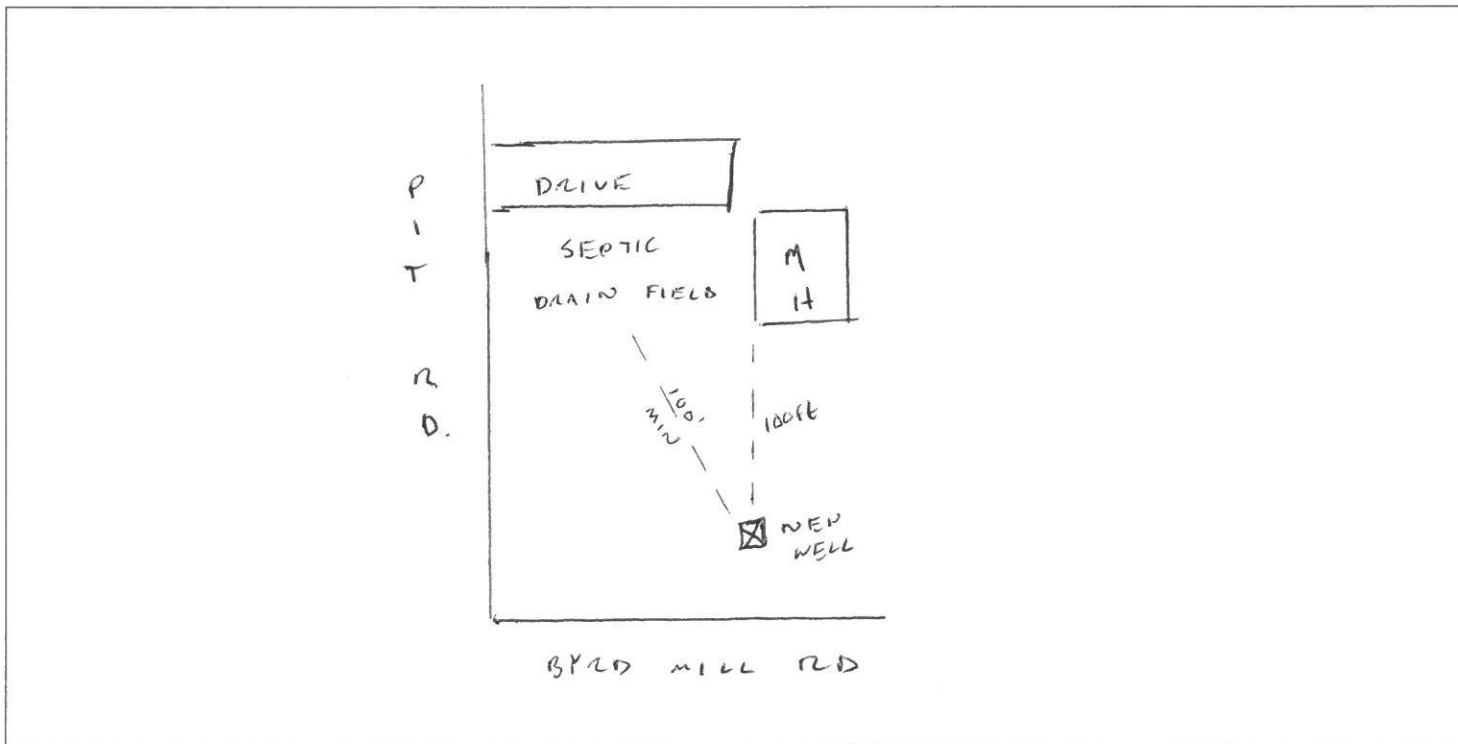
Authorized State Agent James E. Mahan, PEHS Date 7-12-17

See Attachment for completion sketch James E. Mahan, PEHS

Well Construction Sketch



Well Completion Sketch



# WELL CONSTRUCTION RECORD

This form can be used for single or multiple wells

## 1. Well Contractor Information:

Larry Williford Jr.

Well Contractor Number  
2863-A

NC Well Contractor Certification Number  
Williford's Well Drilling

Company Name

2. Well Construction Permit #: 15-5-35336  
*List all applicable well permits (i.e. County, State, Fisheries, Injection, 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:

- Mining  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: 5-9-16 Well ID#

## 5a. Well Location:

Barry Elliot

Facility/Owner Name Facility ID# (if applicable)  
90 Pit Rd Erwin NC 28339

Physical Address, City, and Zip  
Harnett

County Parcel Identification No. (PIN)

5b. Latitude and Longitude in degrees/minutes/seconds or decimal degrees:  
(if well field, use lat/long in sufficient)  
35° 19.740 N 78° 44.255 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. Number of wells constructed: 1  
*For multiple injection or non-water supply wells ONLY with the same construction, you can submit one form.*

9. Total well depth below land surface: 23 (ft.)  
*For multiple wells list all depths if different (example- 3@200' and 2@100')*

10. Static water level below top of casing: 7 (ft.)  
*If water level is above casing, use "+"*

11. Borehole diameter: 6 (in.)

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

## FOR WATER SUPPLY WELLS ONLY:

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

13b. Disinfection type: HTH Amount: 1/4 Cup

For Internal Use ONLY:

FROM	TO	DESCRIPTION			
15 ft.	23 ft.	white sand			
FROM	TO	DIAMETER	THICKNESS	MATERIAL	
ft.	ft.	in.	in.		
FROM	TO	DIAMETER	THICKNESS	MATERIAL	
ft.	ft.	in.	in.		
17 ft.	20 ft.	2 in.		SCH40 PVC	
FROM	TO	DIAMETER	SLOT SIZE	THICKNESS	MATERIAL
ft.	ft.	in.	in.	in.	
20 ft.	23 ft.	2 in.	10/32		SCH40 PVC
FROM	TO	MATERIAL	REPLACEMENT METHOD & AMOUNT		
ft.	ft.				
0 ft.	20 ft.	Brokenite	pour/gravity		
FROM	TO	MATERIAL	REPLACEMENT METHOD		
ft.	ft.				
20 ft.	39 ft.	sand #2	pour/gravity		
FROM	TO	DESCRIPTION (color, hardness, soil type, grain size, etc.)			
ft.	ft.				
0 ft.	2 ft.	topsoil			
2 ft.	9 ft.	sandy clay			
9 ft.	15 ft.	tan clay			
15 ft.	23 ft.	white sand			

22. Certification:  
Larry Williford Jr. 5-9-16  
Signature of Certified Well Contractor 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 ONLY: In addition to sending the form to the address in 24a above, also submit a 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:  
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.