

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

PIN #:0517-34-4110.000 Parcel #:01 236.0028.20 Application #: Subdivision: Little River Plantation Lot #:103

Applicant Name: Barbara Sanders
Address: 192 Mount Vista Dr. Lillington NC 27546

Type of Facility Served by Well: SFD

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 [Signature] REMS Date 2/2/14

Grouting Inspection Witnessed _____ Date _____

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

See attachment for construction sketch

WELL CERTIFICATE OF COMPLETION

Date: 4/24/14 Application #: _____ Well Contractor: JOHN H BOYETTE

Applicant Name: BARBARA SANDERS
Address: 192 MOUNT VISTA DR.
Directions to Site: _____

Use of Well: _____ Date Drilled: _____ Total Depth: GW1 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

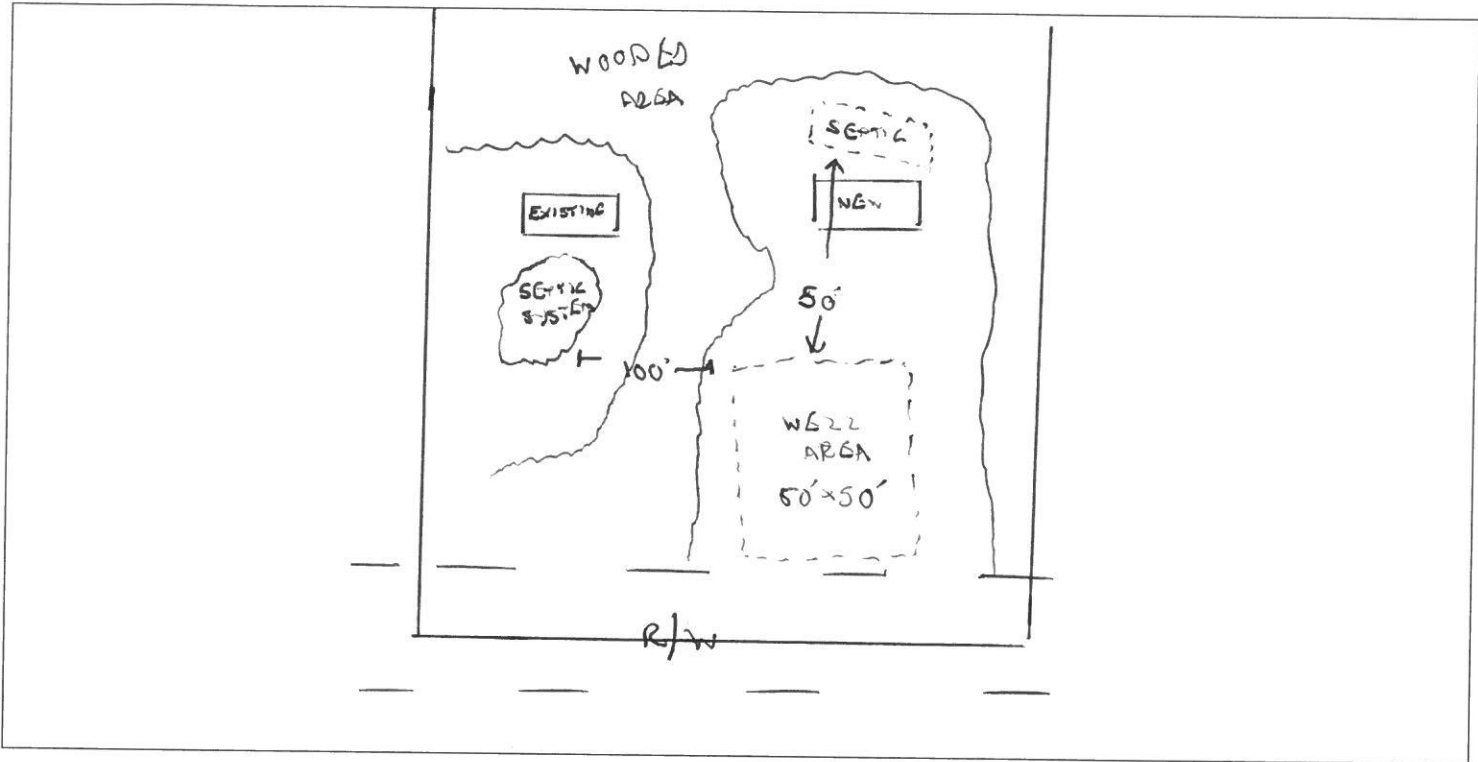
Casing Height: 11.5" (above finished grade) Access Port: Vent Stack:
Well ID Tag: Pump ID Tag: Sampling Tap: Backflow Preventer: _____
Sample Taken? Yes No Well Head properly sealed:

Remarks: _____

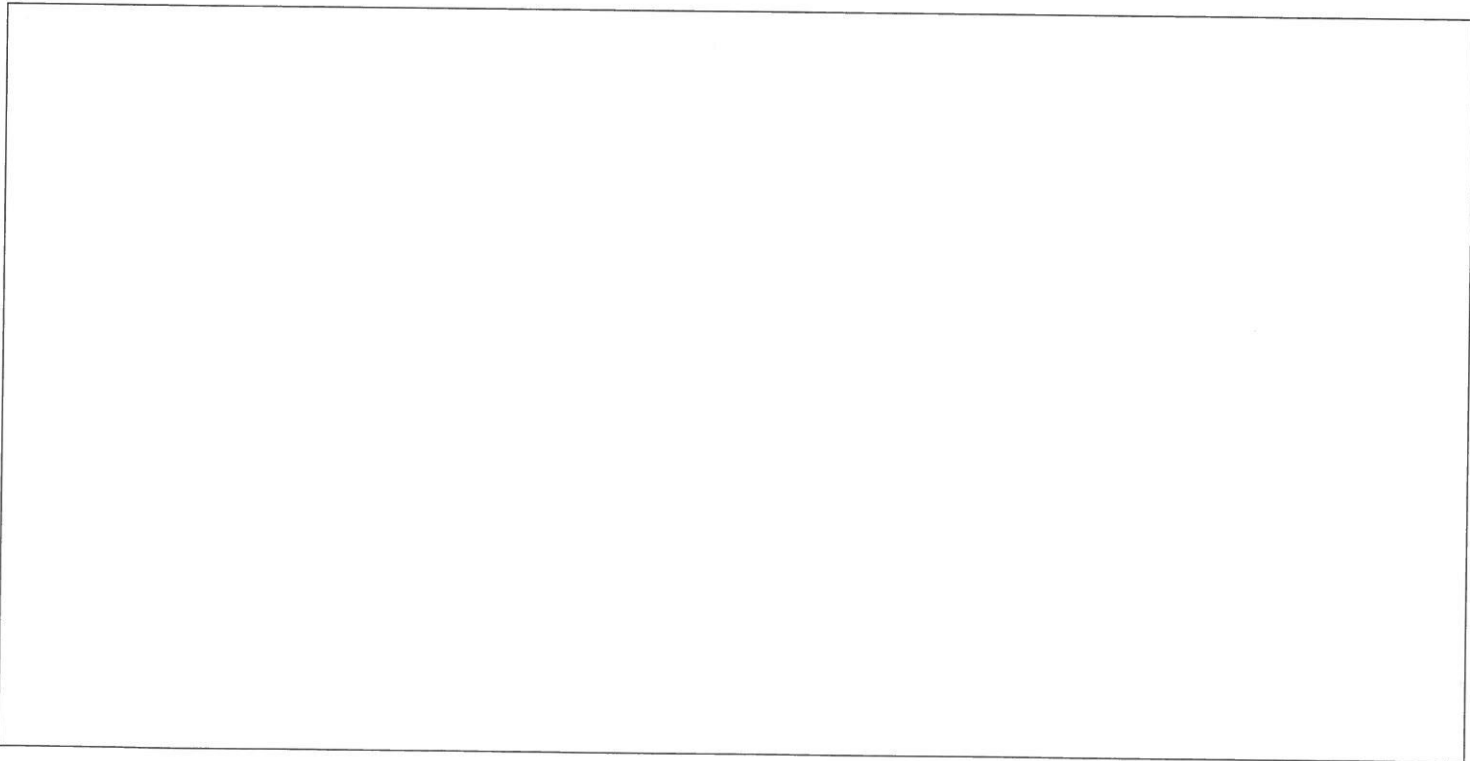
Authorized State Agent [Signature] REMS Date 4/25/14

See Attachment for completion sketch

Well Construction Sketch



Well Completion Sketch



WELL CONSTRUCTION RECORD (GW-1)

Print Form

1. Well Contractor Information:

John H. Boyette Jr.

Well Contractor Name

2505

NC Well Contractor Certification Number

Boyette Well and 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
- Geothermal (Heating/Cooling Supply)
- Industrial/Commercial
- Irrigation
- Municipal/Public
- Residential Water Supply (single)
- Residential Water Supply (shared)

Non-Water Supply Well:

- Monitoring
- Recovery

Injection Well:

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

4. Date Well(s) Completed:

3/19/18

Well ID#

5a. Well Location:

Raymond Marett

Facility/Owner Name

Mount Vista Pt.

Facility ID# (if applicable)

Willington

Physical Address, City, and Zip

Hamnett

County

Parcel Identification No. (PIN)

5b. Latitude and longitude in degrees/minutes/seconds or decimal degrees:

35.327716 N

78.953584 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: **205** (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) **10** Method of test: **Flow**

13b. Disinfection type: **Hth** Amount: **16 oz.**

For Internal Use Only:

14. WATER ZONES		FROM		TO		DESCRIPTION	
180	ft.	182	ft.				
	ft.		ft.				
15. OUTER CASING (for most-well) OR LAYER (if applicable)							
FROM	TO	DIAMETER	THICKNESS	MATERIAL			
415	ft.	128	ft.	6.25	in.	SMP 21	DVC
175	ft.	130	ft.	6.25	in.	-188	OTH. Steel
16. INNER CASING OR TUBING (for most-well)							
FROM	TO	DIAMETER	THICKNESS	MATERIAL			
0	ft.	22	ft.				
	ft.		ft.				
17. SCREEN							
FROM	TO	DIAMETER	SLOT SIZE	THICKNESS	MATERIAL		
0	ft.	22	ft.				
	ft.		ft.				
18. BACKFILL							
FROM	TO	MATERIAL	REPLACEMENT METHOD & AMOUNT				
0	ft.	22	ft.	Concrete	poured		
	ft.		ft.	Concrete	poured		
	ft.		ft.				
19. BACKFILL (continued)							
FROM	TO	MATERIAL	REPLACEMENT METHOD				
	ft.		ft.				
	ft.		ft.				
20. REMARKS (describe construction details)							
0	ft.	40	ft.	Clay			
40	ft.	100	ft.	Sandy loam			
100	ft.	170	ft.	Sandstone			
170	ft.	205	ft.	Gravel			
	ft.		ft.				
	ft.		ft.				
	ft.		ft.				
21. REMARKS (continued)							

22. Certification

[Signature]

Signature of Certified Well Contractor

4/1/18

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: 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.