

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

0680-11-4475 0706 80 002901 1805-0033
 PIN #: _____ Parcel #: _____ Application #: _____ Subdivision: _____ Lot #: _____

Applicant Name: Robert + Deborah Appel
 Address: 1304 548 Coats W.C. 27521

Type of Facility Served by Well: SFD

Sewage System: 2590 Red

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 Jane E. Markert JEBWS Date 10-11-18

Grouting Inspection Witnessed _____ Date _____
 Grouting self-certified by driller GW-1 provided? Yes No

See attachment for construction sketch

WELL CERTIFICATE OF COMPLETION

Date: 2-19-19 Application #: _____ Well Contractor: _____

Applicant Name: Bob Appel
 Address: 944 McLaure RD
 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 0 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

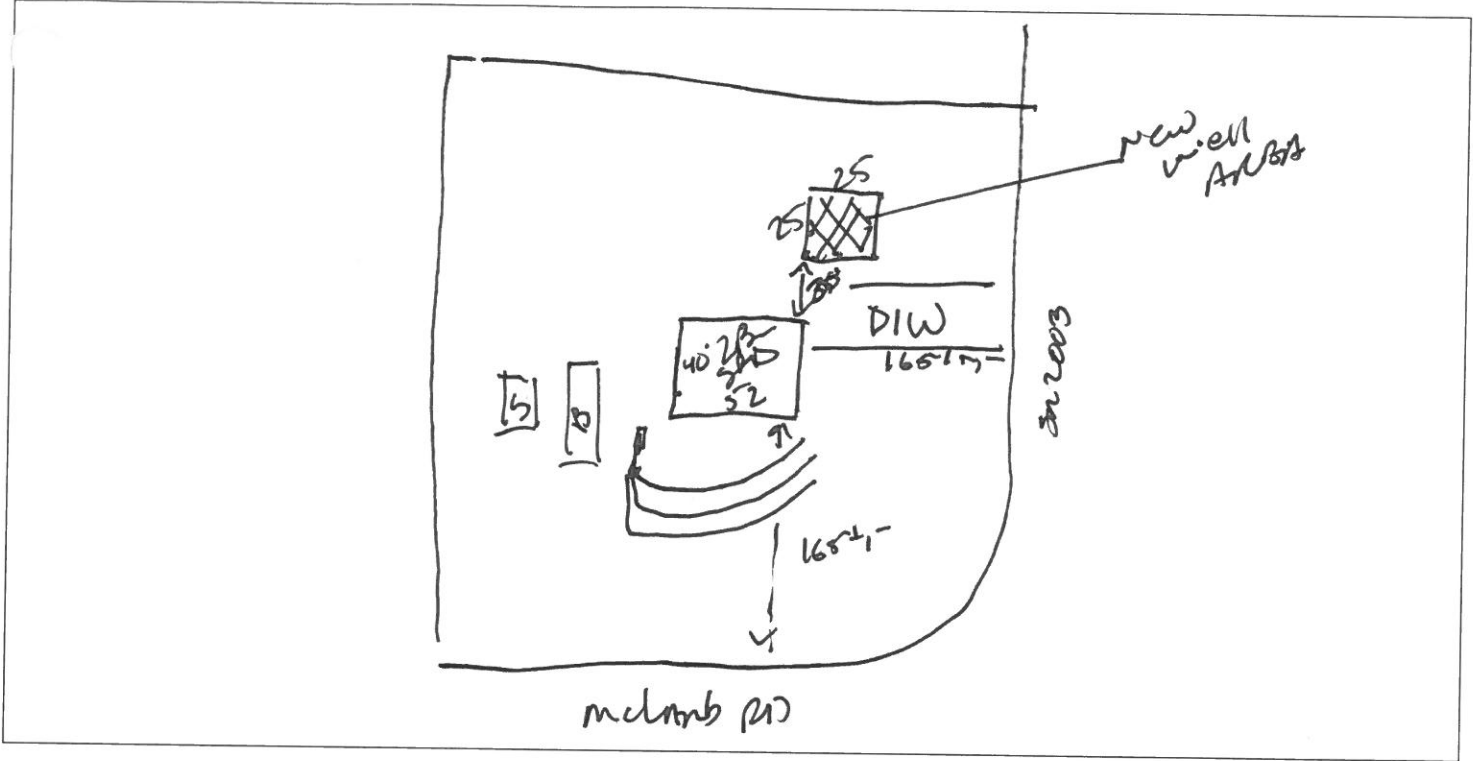
Casing Height: 12 (above finished grade) Access Port: Vent Stack:
 Well ID Tag: _____ Pump ID Tag: _____ Sampling Tap: Backflow Preventer:
 Sample Taken? Yes No Well Head properly sealed:

Remarks: water was muddy

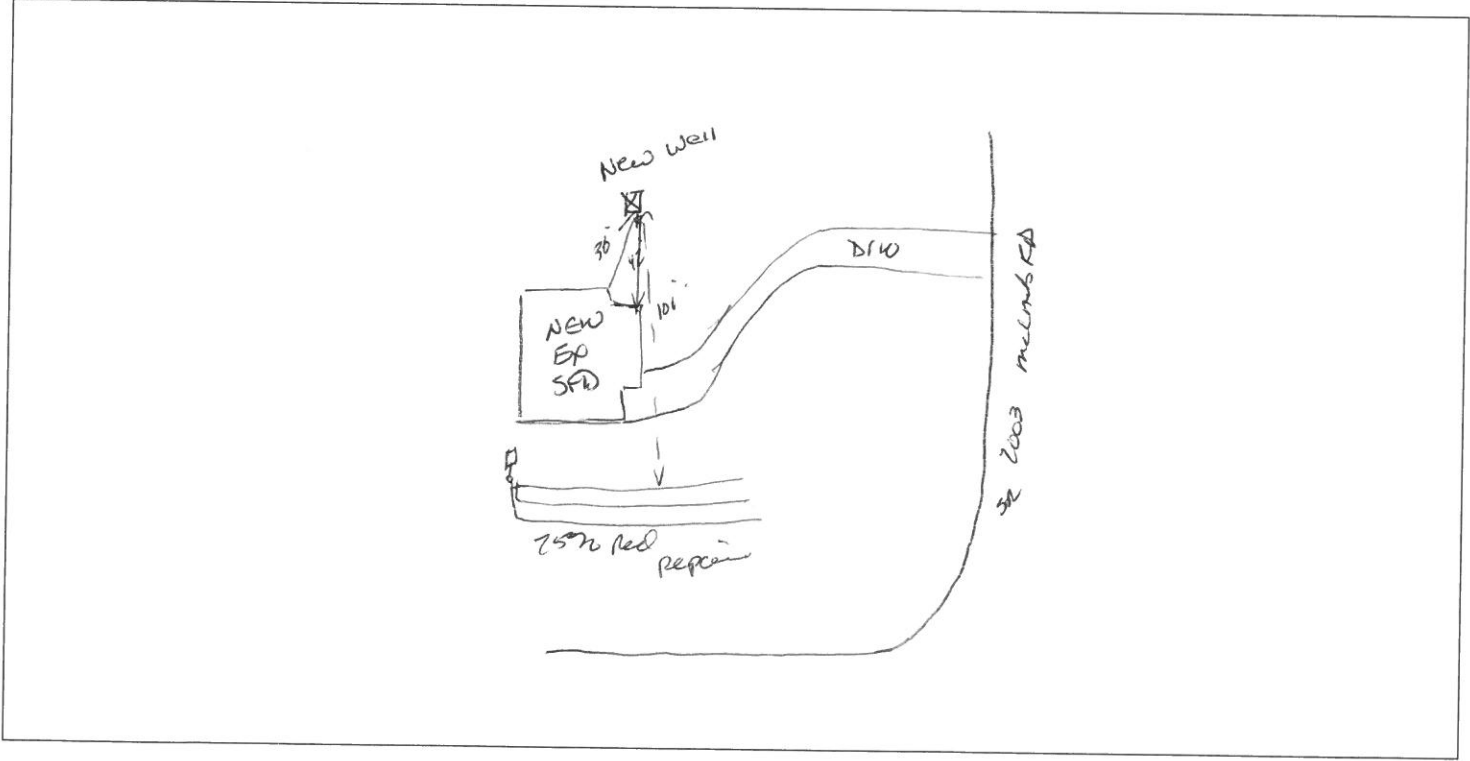
Authorized State Agent Jane E. Markert JEBWS Date 2-19-19

See Attachment for completion sketch

Well Construction Sketch



Well Completion Sketch



WELL CONSTRUCTION RECORD

This form can be used for single or multiple wells

1. Well Contractor Information:
Felton Jacobs

Well Contractor Name
2765A

NC Well Contractor Certification Number
N.W. Poole Well & Pump Co.

Company Name

2. Well Construction Permit #: **1809-0033**
List all applicable well permits (i.e. County, State, Variance, 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:

- 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: **12-5-18** Well ID# _____

5a. Well Location:

Facility/Owner Name: **Bob Appel** Facility ID# (if applicable) _____

Physical Address, City, and Zip: **944 McLamb Rd, Lillington NC**

County: **Harnett** Parcel Identification No. (PIN) _____

5b. Latitude and Longitude in degrees/minutes/seconds or decimal degrees: (if well field, one lat/long is sufficient)
35.402504 N -78.706102 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: **144** (ft.)
For multiple wells list all depths if different (example: 3@200' and 2@100')

10. Static water level below top of casing: **20** (ft.)
If water level is above casing, use "+"

11. Borehole diameter: **6** (in.)
Rotary

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

FOR WATER SUPPLY WELLS ONLY:

13a. Yield (gpm) _____ Method of test: **Blow**

13b. Disinfection type: **HTH** Amount: **1 lb.**

For Internal Use ONLY:

14. WATER ZONES		
FROM	TO	DESCRIPTION
ft.	130 ft.	20 Gpm
ft.	ft.	

15. OUTER CASING (for multi-cased wells) OR LINER (if applicable)				
FROM	TO	DIAMETER	THICKNESS	MATERIAL
ft.	62 ft.	6 in.	188	64W

16. INNER CASING OR TUBING (geothermal 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	EMPLACEMENT METHOD & AMOUNT	
ft.	20 ft.	Hole Plug	poured	
ft.	ft.			
ft.	ft.			

19. SAND/GRAVEL PACK (if applicable)			
FROM	TO	MATERIAL	EMPLACEMENT METHOD
ft.	ft.		
ft.	ft.		

20. DRILLING LOG (attach additional sheets if necessary)		
FROM	TO	DESCRIPTION (color, hardness, soil/rock type, grain size, etc.)
0 ft.	3 ft.	top soil
3 ft.	20 ft.	clay
20 ft.	50 ft.	sand
50 ft.	145 ft.	slate
ft.	ft.	
ft.	ft.	
ft.	ft.	

21. REMARKS
Also used hardened steel drive shoe

22. Certification:
Signature of Certified Well Contractor: **Felton Jacobs** Date: **12-5-18**

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 .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.

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 Mall 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 Mall 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.