

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

PIN #: 1519-06-6316.000 Parcel #: 071509 0062 16 Application #: SFD1905-0007 Subdivision: \_\_\_\_\_ Lot #: 1

Applicant Name: Progress Homes, LLC  
Address: 817 Merry Street Dunn, NC 28334

Type of Facility Served by Well: SFD

Sewage System: 25% Reduction System

Permit Conditions: Location - 665 Mann Road (SR 1853)

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] Date 05/23/2019

Grouting Inspection Witnessed [Signature] Date 11/7/19  
 Grouting self-certified by driller  GW provided?  Yes  No

See attachment for construction sketch

**WELL CERTIFICATE OF COMPLETION**

Date: 05/24/2019 Application #: SFD1905-0007 Well Contractor: \_\_\_\_\_

Applicant Name: Progress Homes, LLC  
Address: 817 Merry Street Dunn, NC 28334  
Directions to Site: 665 Mann Road (SR 1853)

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**

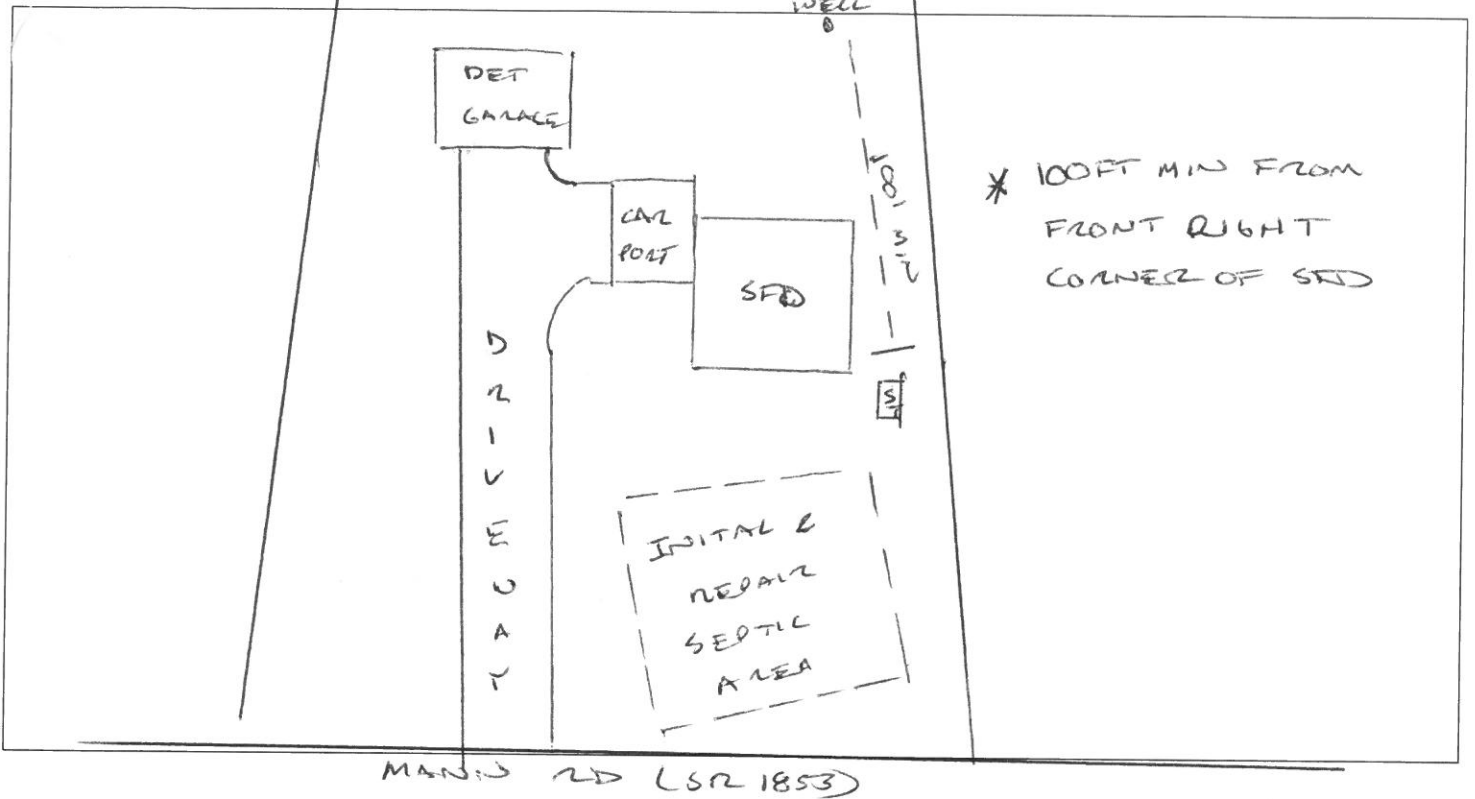
Casing Height: 4 in (above finished grade) Access Port:  Vent Stack:   
 Well ID Tag:  Pump ID Tag:  Sampling Tap:  Backflow Preventer: \_\_\_\_\_  
 Sample Taken?  Yes  No Well Head properly sealed:

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

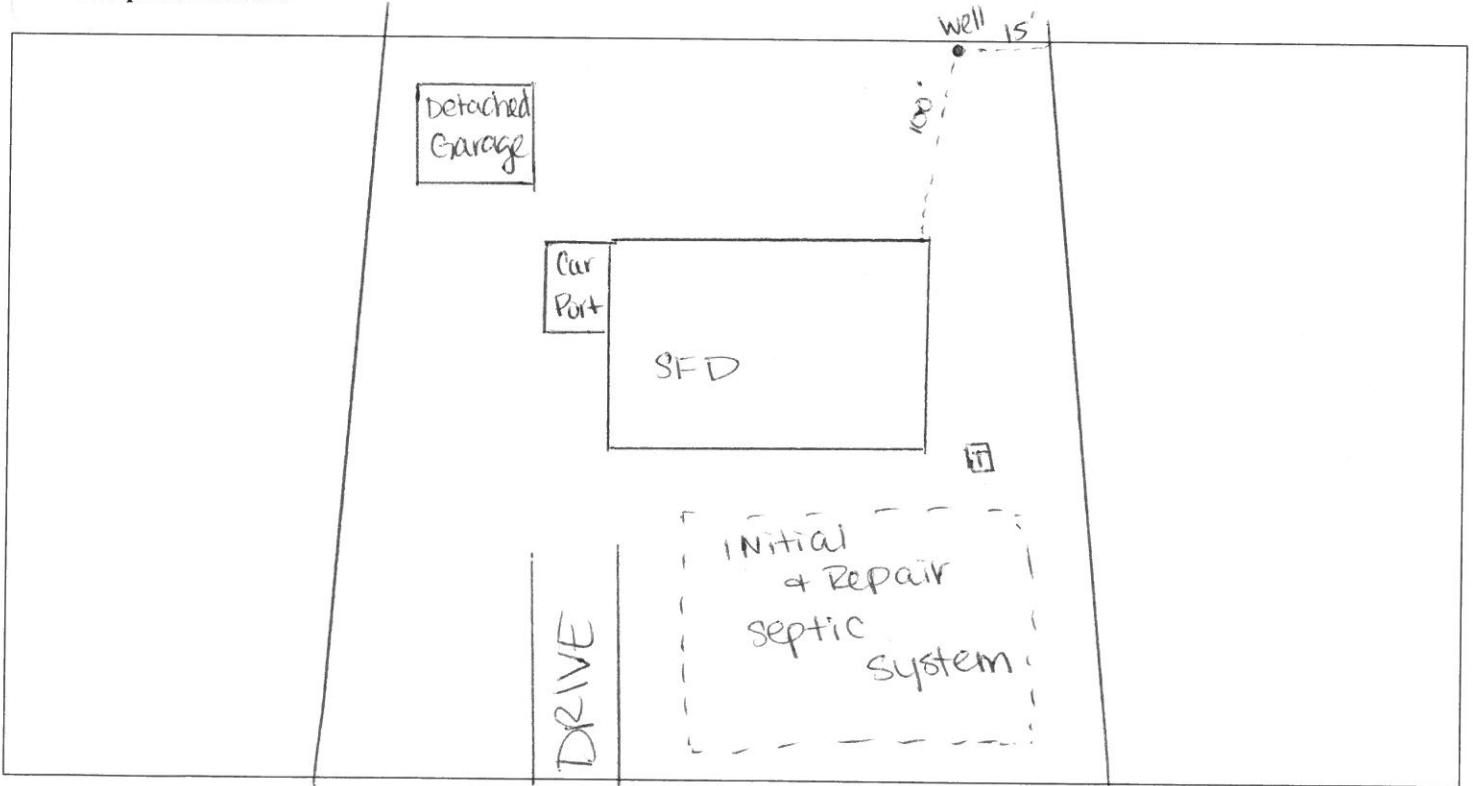
Authorized State Agent: [Signature] Date 12/11/19

See Attachment for completion sketch

Well Construction Sketch



Well Completion Sketch



Print Form

WELL CONSTRUCTION RECORD (GW-1)

1. Well Contractor Information:

John Boyette

Well Contractor Name

2505

NC Well Contractor Certification Number

Boyette Well & 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: 11/07/2019

Well ID#

5a. Well Location:

Progress Homes

Facility/Owner Name

Facility ID# (if applicable)

665 Mann Rd, Coats, NC

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, one lat/long is sufficient)

35° 23' 06" N 78° 37' 59" W

6. Is (are) the well(s) [X] Permanent or [ ] Temporary

7. Is this a repair to an existing well: [ ] Yes or [X] 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: 225 (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 1/4 (in.)

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

FOR WATER SUPPLY WELLS ONLY:

13a. Yield (gpm) Method of test: Air

13b. Disinfection type: HTH Amount: 16

For Internal Use Only:

14. WATER ZONES

Table with columns FROM, TO, DESCRIPTION. Rows: 170 ft. to 175 ft., 200 ft. to 205 ft.

15. OUTER CASING (for multi-cased wells) OR LINER (if applicable)

Table with columns FROM, TO, DIAMETER, THICKNESS, MATERIAL. Row: +1 ft. to 135 ft., in.

16. INNER CASING OR TUBING (geothermal closed-loop)

Table with columns FROM, TO, DIAMETER, THICKNESS, MATERIAL. Rows: ft. to ft., in.

17. SCREEN

Table with columns FROM, TO, DIAMETER, SLOT SIZE, THICKNESS, MATERIAL. Rows: ft. to ft., in.

18. GROUT

Table with columns FROM, TO, MATERIAL, EMPLACEMENT METHOD & AMOUNT. Row: 0 ft. to 20 ft., Bentonite, Pump.

19. SAND/GRAVEL PACK (if applicable)

Table with columns FROM, TO, MATERIAL, EMPLACEMENT METHOD. Rows: ft. to ft.

20. DRILLING LOG (attach additional sheets if necessary)

Table with columns FROM, TO, DESCRIPTION (color, hardness, soil/rock type, grain size, etc.). Rows: 0 ft. to 3 ft. (Topsoll), 3 ft. to 8 ft. (Sand), 8 ft. to 128 ft. (Clay), 128 ft. to 225 ft. (Dolomite).

21. REMARKS

22. Certification:

Signature of Certified Well Contractor

Dec 03, 2019

Date

By signing this form, I hereby certify that this 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.