

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

PIN #: 0674-17-2972.000 Parcel #: 040674 0053 Application #: SFD1910-0012 Subdivision: _____ Lot #: _____

Applicant Name: Stephenson Builders Inc.
Address: 1187 N. Raleigh St. Angier, NC 27501

Type of Facility Served by Well: SFD

Sewage System: 25% Reduction Sys.

Permit Conditions: Location - 146 Moore Ln. (Rawls Church Rd. - SR 1415)

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  Date 10/22/2019

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 #: SFD1910-0012 Well Contractor: _____

Applicant Name: Stephenson Builders Inc.
Address: 1187 N. Raleigh St. Angier, NC 27501
Directions to Site: 146 Moore Ln. (Rawls Church Rd. - SR 1415)

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)	Casing	Grout
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: _____

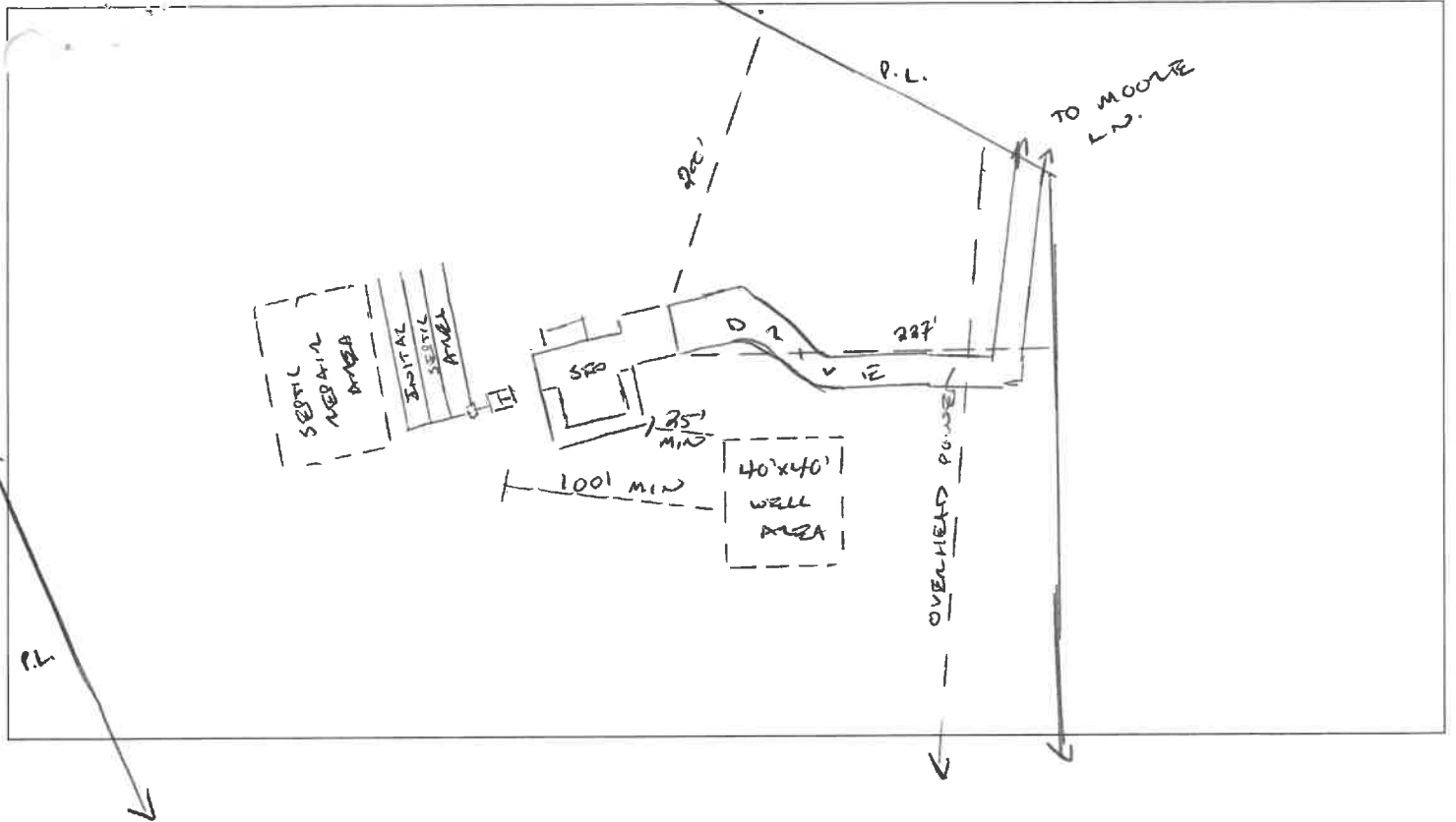
Well Head Information

Casing Height: 145 (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:

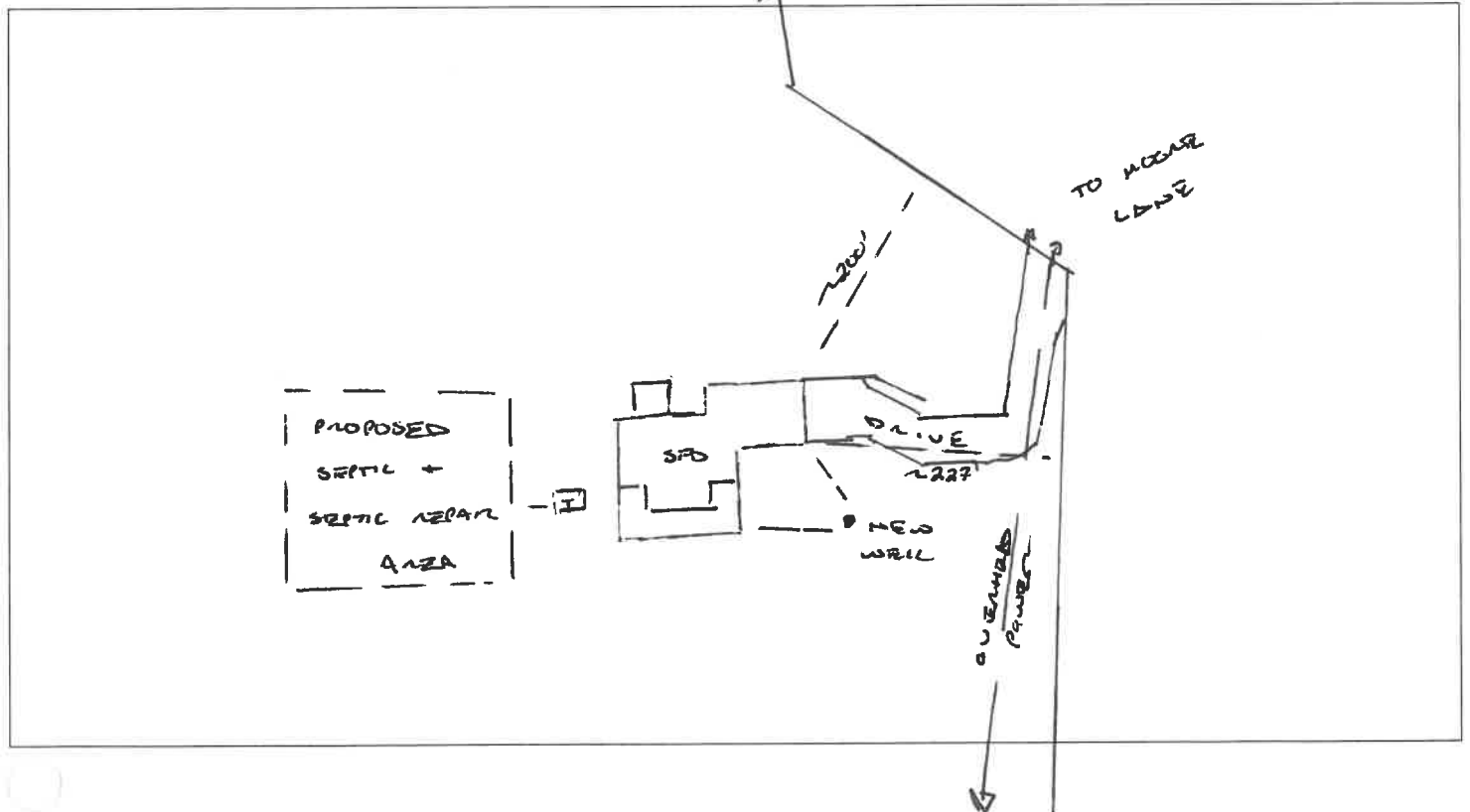
Authorized State Agent  Date 10/20/2020

See Attachment for completion sketch

Well Construction Sketch



Well Completion Sketch



Print Form

WELL CONSTRUCTION RECORD (GW-1)

1. Well Contractor Information:

Grant Mason

Well Contractor Name
4254A

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

Company Name

2. Well Construction Permit #: 0674-17-2972
List all applicable well construction permits (i.e. UIC, County, State, Variance, 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: 10/12/20 Well ID# _____

5a. Well Location:

Matt Cape

Facility/Owner Name

Facility ID# (if applicable)

182 Moore Ln, Angier,

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)

35.529349_N -78.758745_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: 304 (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.)

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

FOR WATER SUPPLY WELLS ONLY:

13a. Yield (gpm) 8 Method of test: Blow

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

For Internal Use Only:

emailed via fax 1/2

14. WATER ZONES		
FROM	TO	DESCRIPTION
140' ft.	142' ft.	4 GPM
280' ft.	283' ft.	4 GPM

15. OUTER CASING (for multi-cased wells) OR LINER (if applicable)				
FROM	TO	DIAMETER	THICKNESS	MATERIAL
+1 ft.		6 in.	.188	galv.

16. INNER CASING OR TUBING (for thermal 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
0 ft.	20 ft.	Hotplug	Mour
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.	2 ft.	Topsoil
2 ft.	53 ft.	Sand
53 ft.	304 ft.	Granite
ft.	ft.	
ft.	ft.	
ft.	ft.	

21. REMARKS
Used hardened steel drive shoe.

22. Certification:

Grant Mason
Signature of Certified Well Contractor

10/12/20
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.