

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

PIN #: _____ Parcel #: _____ Application #: SFD1910-0023 Subdivision: _____ Lot #: _____

Applicant Name: CUSTOM CONTRACTING CORP.
Address: 263 WEAVER LN, SANFORD

Type of Facility Served by Well: SFD 74'X80' 3br

Sewage System: 25 % REDUCTION

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 James E. Marshant REHS-I Date 10-25-19

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

See attachment for construction sketch

WELL CERTIFICATE OF COMPLETION

Date: 9-17-20 Application #: SFD 1910 0023 Well Contractor: _____

Applicant Name: Custom Contracting Corp
Address: 419 Roberts 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

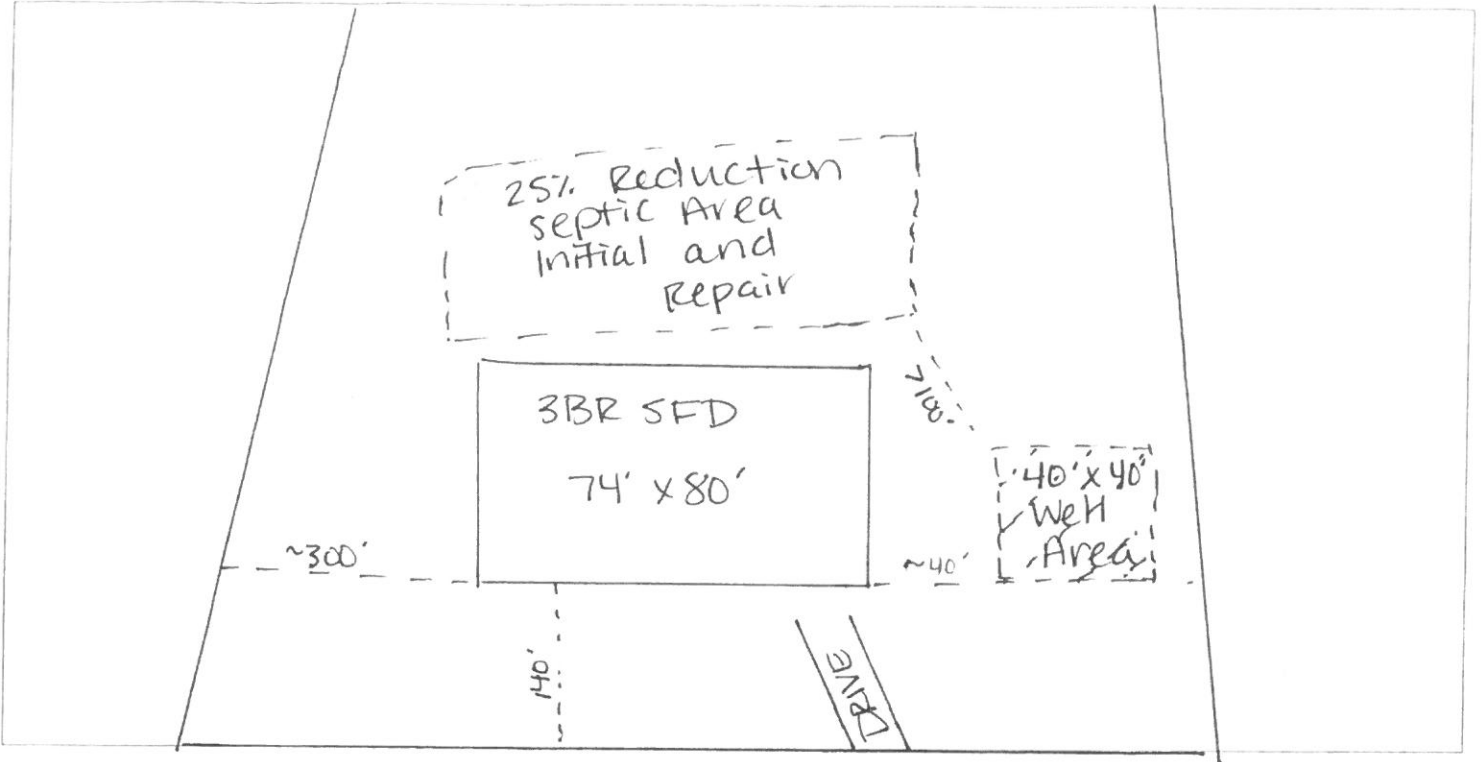
Casing Height: 20" (above finished grade) Access Port: Vent Stack:
Well ID Tag: Pump ID Tag: Sampling Tap: Backflow Preventer:
Sample Taken? Yes No Well Head properly sealed:

Remarks: _____

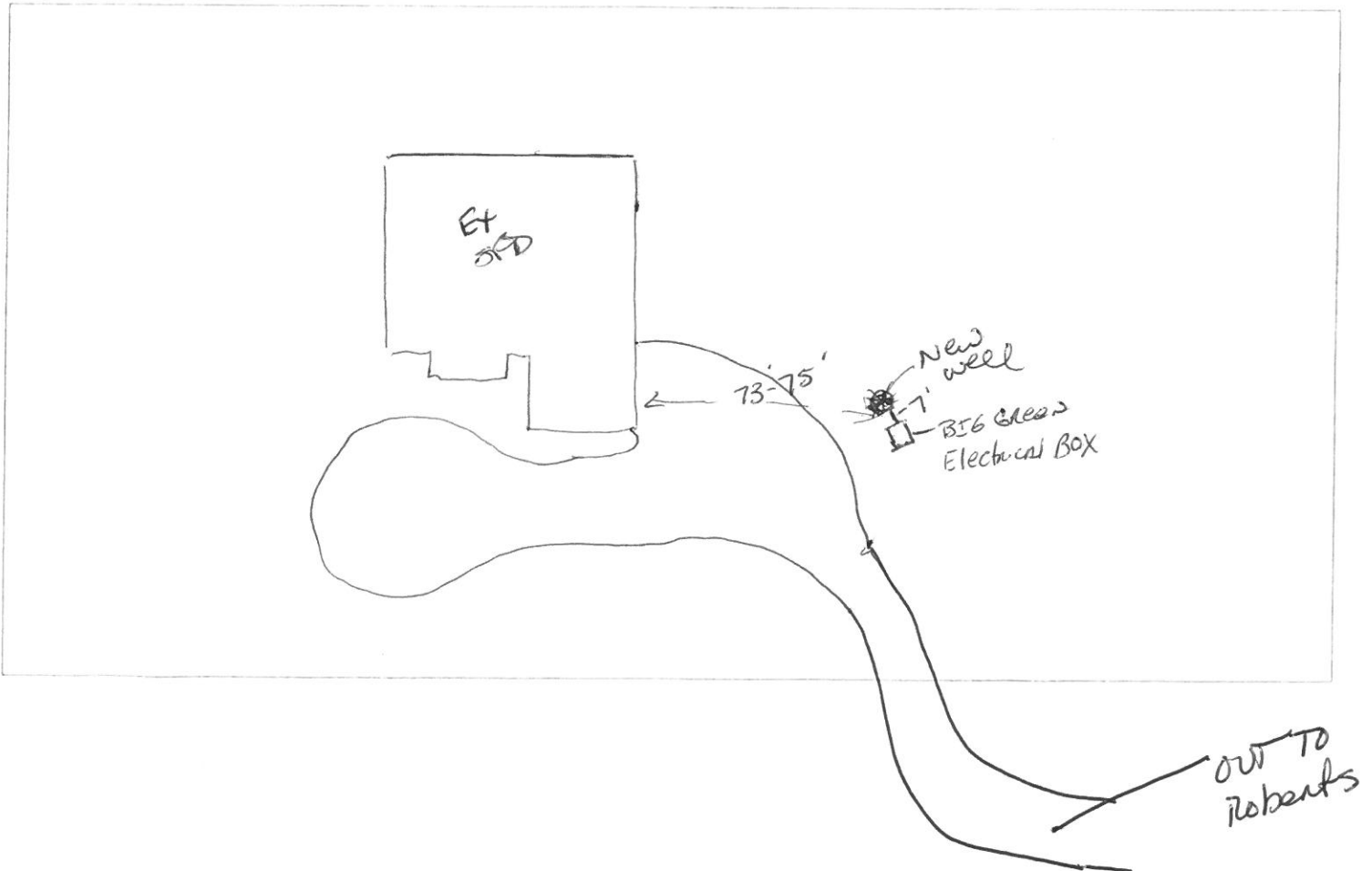
Authorized State Agent James E. Marshant REHS-I Date 9-17-20

See Attachment for completion sketch

Well Construction Sketch



Well Completion Sketch



WELL CONSTRUCTION RECORD (GW-1)

1. Well Contractor Information:

John H. Boyette Jr.

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 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: 3/16/20 Well ID#

5a. Well Location: Van Broce

Facility/Owner Name: 263 Weaver Place Sanford

Physical Address, City, and Zip: HARNETT

County: HARNETT Parcel Identification No. (PIN)

5b. Latitude and longitude in degrees/minutes/seconds or decimal degrees: 35.309505 N -79.049968 W

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

7. Is this a repair to an existing well: Yes or No

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: 365 (ft.)

10. Static water level below top of casing: 25 (ft.)

11. Borehole diameter: 6.25 (in.)

12. Well construction method: Rotary / DTH

FOR WATER SUPPLY WELLS ONLY:

13a. Yield (gpm): 3 Method of test: Flow

13b. Disinfection type: HTH Amount: 16 Oz.

For Internal Use Only:

14. WATER ZONES

FROM	TO	DESCRIPTION
370	275	1 ft.
ft.	ft.	

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

FROM	TO	DIAMETER	THICKNESS	MATERIAL
ft.	ft.	in.		

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

FROM	TO	DIAMETER	THICKNESS	MATERIAL
115	160	6.25	50271	PVC
160	165	6.25	188	Galv. Steel

17. SCREEN

FROM	TO	DIAMETER	SLOT SIZE	THICKNESS	MATERIAL
ft.	ft.	in.			
ft.	ft.	in.			

18. GROUT

FROM	TO	MATERIAL	EMPLACEMENT METHOD & AMOUNT
0	22	Bentontite	Pumped
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	30	CLAY
30	38	CLAY
40	150	Expandite
150	365	Gravel
ft.	ft.	
ft.	ft.	
ft.	ft.	

21. REMARKS

22. Certification: Signature of Certified Well Contractor: [Signature] Date: 4/5/20

By signing this form, I hereby certify that the well(s) was (were) constructed in accordance with 15A NCAG-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.