

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

PIN #: 0681-00-5868.000 Parcel #: 110681 0007 07 Application #: SFD1911-0032 Subdivision: Prop. of B C LLC 2019 Lot #: 8

Applicant Name: Southeastern Const. of Buies Creek
Address: PO Box 157 Buies Creek, NC 27506

Type of Facility Served by Well: SFD

Sewage System: 25% Reduction System

Permit Conditions: Location - 1591 Main Street (SR 1532)

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 2/04/2019

Grouting Inspection Witnessed [Signature] Date 2/11/2020
 Grouting self-certified by driller GW1 provided? Yes No

See attachment for construction sketch

WELL CERTIFICATE OF COMPLETION

Date: _____ Application #: SFD1911-0032 Well Contractor: John Boyette

Applicant Name: Southeastern Const. of Buies Creek
Address: PO Box 157 Buies Creek, NC 27506
Directions to Site: 1591 Main Street (SR 1532)

Reference GWT

Use of Well: Residential Date Drilled: 2/11/20 Total Depth: 75' Replacement Well? Yes No
 Static Water Level: 15' Top of Casing is 15 in. above surface. Yield: 9 gpm at _____ ft.
 Disinfection: Type HTH Amount 1602

Water Zone (depth)
 From 40' To 60'
 From _____ To _____
 From _____ To _____

Casing
 From _____ To 40'
 Diameter: 6.25" Material: PVC Thickness: _____
 From 60' To 75'
 Diameter: 6.25" Material: PVC Thickness: _____
 From _____ To _____
 Diameter: _____ Material: _____ Thickness: _____

Grout
 From 0 To 22'
 Material: barite Method: pumped
 From _____ To _____
 Material: _____ Method: _____
 From _____ To _____
 Material: _____ Method: _____

Inspector: B. Adams On Hold Date: _____ Release Date: 3/10/20

Remarks: _____

Well Head Information

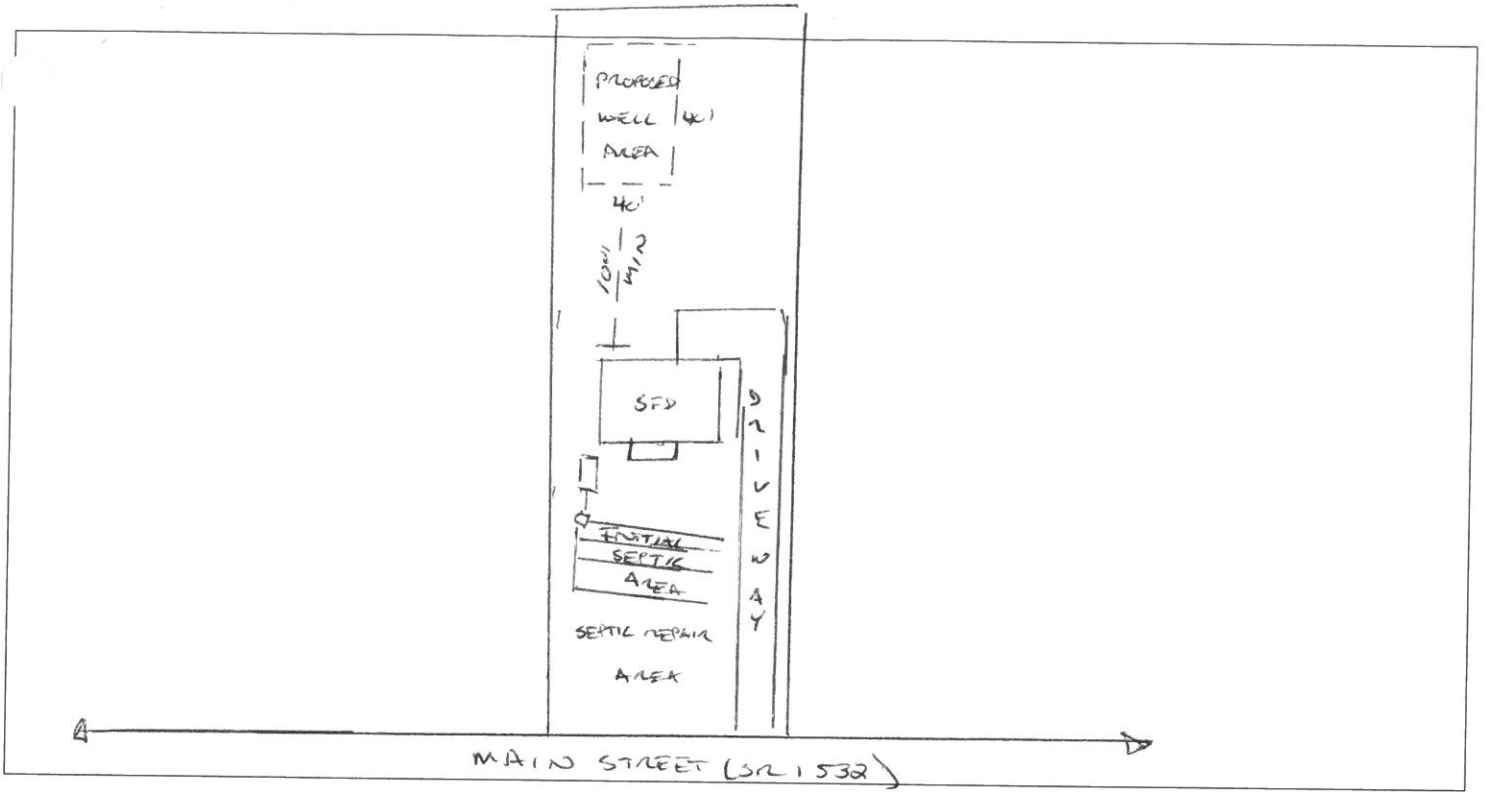
Casing Height: 15' (above finished grade) Access Port: Vent Stack:
 Well ID Tag: Pump ID Tag: Sampling Tap: Backflow Preventer:
 Sample Taken? Yes No Well Head properly sealed:

Remarks: Awaiting Power to take sample

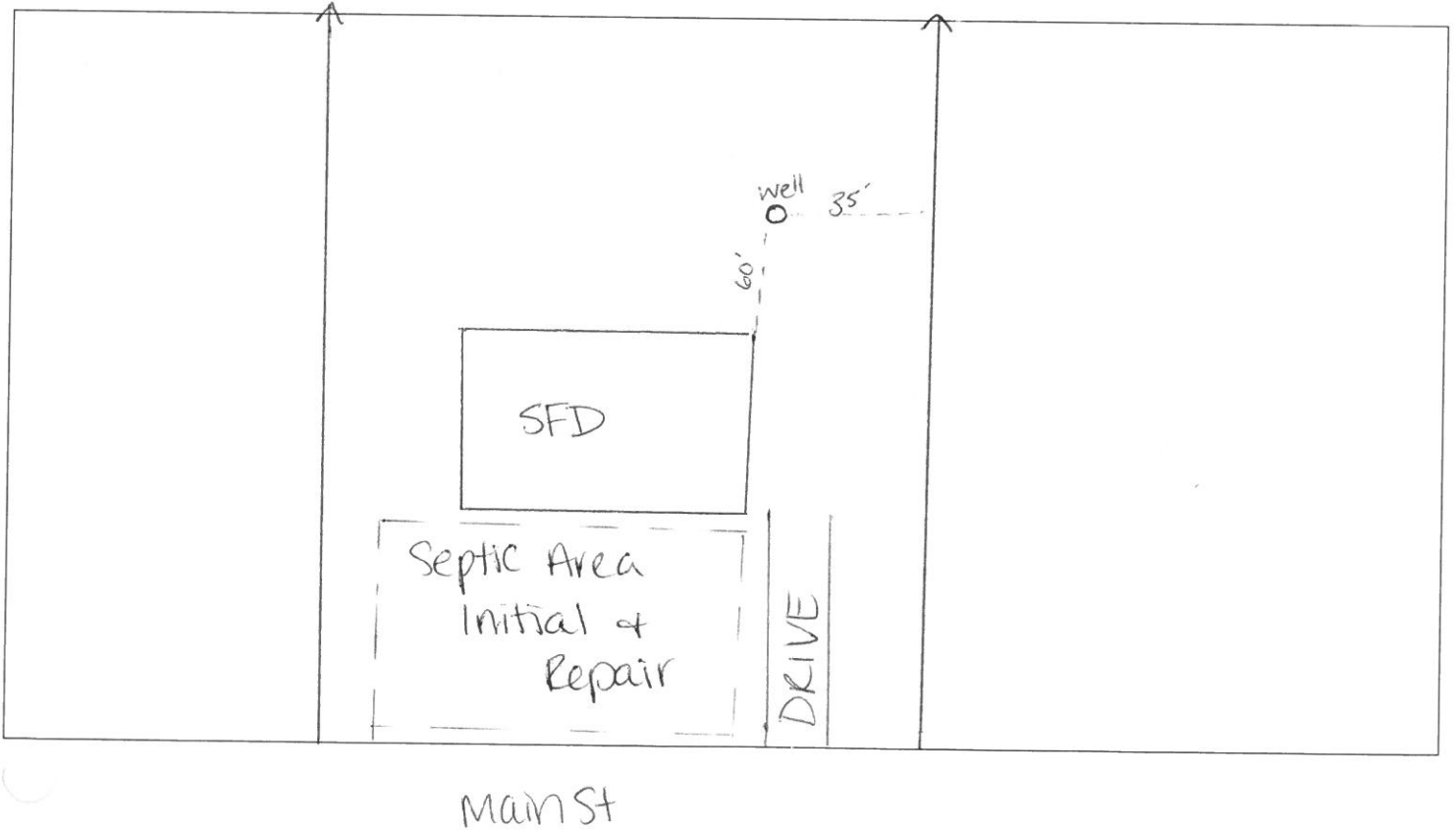
Authorized State Agent [Signature] Date 3/10/2020

See Attachment for completion sketch [Signature] 03/10/2020

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. LRC, County, State, Variance, etc.)

3. Well Use (check well use):

Water Supply Well: Agricultural, Geothermal, Industrial/Commercial, Irrigation, 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)

4. Date Well(s) Completed: 2/11/20 Well ID#:

5a. Well Location:

Facility/Owner Name: 1591 Main St. Facility ID# (if applicable): Lillingston Physical Address, City, and Zip: HARRIS County: Parcel Identification No. (PIN):

5b. Latitude and longitude in degrees/minutes/seconds or decimal degrees: 35.42533 N -78.7296 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: 75

9. Total well depth below land surface: 75 (ft.)

10. Static water level below top of casing: 15 (ft.)

11. Borehole diameter: 9 3/8 (in.)

12. Well construction method: Mud Rotary

FOR WATER SUPPLY WELLS ONLY: 13a. Yield (gpm): 9 gpm Method of test: Flow 13b. Disinfection type: HTH Amount: 16 Oz

14. WATER ZONES table with columns FROM, TO, DESCRIPTION. 15. OUTER CASING table with columns FROM, TO, DIAMETER, THICKNESS, MATERIAL. 16. INNER CASING OR TUBING table with columns FROM, TO, DIAMETER, THICKNESS, MATERIAL. 17. SCREEN table with columns FROM, TO, DIAMETER, SLOT SIZE, THICKNESS, MATERIAL. 18. GROUT table with columns FROM, TO, MATERIAL, REPLACEMENT METHOD & AMOUNT. 19. SAND/GRAVEL PACK table with columns FROM, TO, MATERIAL, REPLACEMENT METHOD. 20. DRILLING LOG table with columns FROM, TO, DESCRIPTION.

22. Certification: Signature of Certified Well Contractor, Date: 3/3/20

By signing this form, I hereby certify that the well(s) was (were) constructed in accordance with 15A NCAC 02C .0190 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 AB 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.