

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

PIN #: 1537-42-2108.000 Parcel #: 021537 0124 08 Application #: SFD2001-0013 Subdivision: Travis Ray Adams Lot #: 9

Applicant Name: John Shepard
Address: 207 Saw Mill Dr Four Oaks, NC 27524

Type of Facility Served by Well: SFD

Sewage System: 25% Reduction System

Permit Conditions: Location - 948 W. Strickland Rd. (SR 1789)

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 01/23/2020

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 #: SFD2001-0013 Well Contractor: 2253-A

Applicant Name: John Shepard
Address: 207 Saw Mill Dr Four Oaks, NC 27524
Directions to Site: 948 W. Strickland Rd. (SR 1789)

Use of Well: SFD Date Drilled: 7/14/2020 Total Depth: 260 Replacement Well? Yes No
Static Water Level: 100 Top of Casing is 12 in. above surface. Yield: 10 gpm at 190 ft.
Disinfection: Type _____ Amount _____

Water Zone (depth)
From 0 To 220
From _____ To _____
From _____ To _____

Casing
From 0 To 120
Diameter: 6" Material: galv Thickness: .188
From _____ To _____
Diameter: _____ Material: _____ Thickness: _____
From _____ To _____
Diameter: _____ Material: _____ Thickness: _____

Grout
From 0 To 20
Material: Concrete Screenings Method: Gravity
From _____ To _____
Material: _____ Method: _____
From _____ To _____
Material: _____ Method: _____

Inspector: _____ On Hold Date: _____ Release Date: _____

Remarks: _____

Well Head Information

Casing Height: _____ (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 _____ Date _____

See Attachment for completion sketch

WELL CONSTRUCTION RECORD

This form can be used for single or multiple wells

1. Well Contractor Information:

Ronnie Stancil

Well Contractor Name

2283-A

NC Well Contractor Certification Number

Grady Poole Well & Pump Co Inc

Company Name

2. Well Construction Permit #:

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: 7/14/2020 Well ID# _____

5a. Well Location:

John Shepard

Facility/Owner Name

Facility ID# (if applicable)

948 W. Strickland Rd.

Four Oaks 27524

Physical Address, City, and Zip

Harnett

1537-42-2108.000

County

Parcel Identification No. (PIN)

5b. Latitude and Longitude in degrees/minutes/seconds or decimal degrees:
(if well field, one lat/long is sufficient)

_____ N _____ 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: One

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: 260 (ft.)
For multiple wells list all depths if different (example- 3@200' and 2@100')

10. Static water level below top of casing: 100 (ft.)
If water level is above casing, use "+"

11. Borehole diameter: 6 (in.)

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

FOR WATER SUPPLY WELLS ONLY:

13a. Yield (gpm) 10 Method of test: Blow

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

For Internal Use ONLY:

14. WATER ZONES

FROM	TO	DESCRIPTION
0 ft.	220 ft.	10

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

FROM	TO	DIAMETER	THICKNESS	MATERIAL
0 ft.	120 ft.	6 in.	.188	galv.

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
0 ft.	20 ft.	Portland & Screenings	Gravity
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.	100 ft.	clay
100 ft.	190 ft.	slate rock
190 ft.	260 ft.	granite rock
ft.	ft.	
ft.	ft.	
ft.	ft.	

21. REMARKS

190' of 4" liner, 1 - 6" boot, 1 - 4" coupling

22. Certification:

Ronnie Stancil
Signature of Certified Well Contractor

07/14/2020

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 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 Mail 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.