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

PIN #: <u>0681-01-6137.000</u>	Parcel #: 110681 0007 04	Application #	: <u>SFD2001-0058</u>	Subdivision: Prop. of BC LLC 2019	Lot #: <u>5</u>
A plicant Name: Gary Ro ess: 6200 Ramsey St	obinson Homes reet Fayetteville, NC 28311				
Type of Facility Served by	Well: SFD				
Sewage System: 25% Red	uction System				
Permit Conditions: <u>Location - 1647 Main Street (SR 1532)</u>					
 The permitted drink 	ply well construction must r king water supply well shall ON of the site of the site (inc	be located in ac	cordance with the	SITE PLAN appurtenance) or modification in use of the	e well, may
Authorized State Agent_	Malin	MEH	_Date_ 02/27	1/2020	
Grouting Inspection With Grouting self-certified	by driller GW-1 pro	ovided? Ye	Date No		
See attachment for construction sketch					
	WEL	L CERTIFICA	TE OF COMPLE	TION	
icant Name: Gary Ro Gary St. Directions to Site: 1647 M	bbinson Homes reet Fayetteville, NC 28311 Iain Street (SR 1532) Date Drilled: Top of Casing is	Well Contractor Fotal Depth: in. above s	Replace	ment Well? Yes No No ft.	
Water Zone (depth) From To To From To From To	From To Diameter: To From To	Material:	_ Thickness: Thickness: Thickness:	From To Material: Method: From To	
Inspector:	On Hold Date: H	Release Date: _			
Remarks:					
Well ID Tag:	ove finished grade) Pump ID Tag: ——— S Well Head	sampling Tap:	1	ck: Backflow Preventer:	
ırks:			116		
Authorized State Agent_	C/MM	1111111111	Date 08/8	24/2020	

See Attachment for completion sketch



*INSTOLL IN REAL

* POWER/WATER SHALL BE ROWTED ALONG POLO

BACK TO STOD

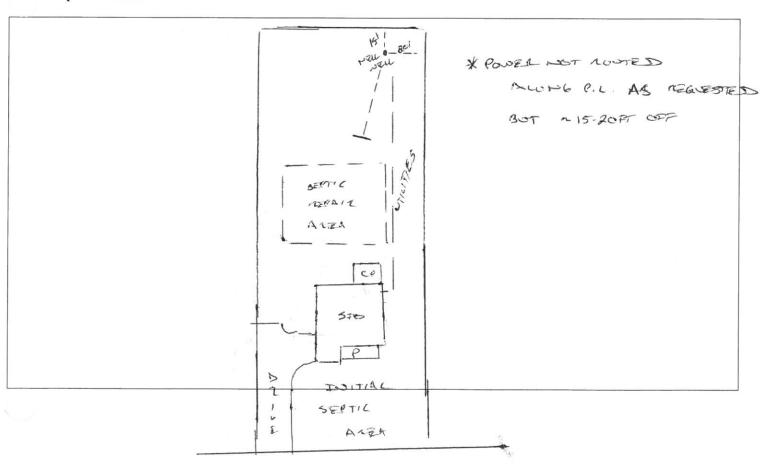
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' Completion Sketch



1. Well Contractor Information:				
Larry williford Ir	14. WATER ZONES			
Well Contractor Name	FROM TO DESCRIPTION			
2863-A	231. 271. Sand+gravel			
NC Well Contractor Certification Number	41 m 52 m tun sand			
	15. OUTER CASING (for multi-cased wells) OR LINER (if applicable) FROM TO DIAMETER THICKNESS MATERIAL			
Williford's Well Drilling	+11. 23 1. 2 11 in SCHYU PVC			
Company Name	16. INNER CASING OR TUBING (geothermal closed-loop)			
2. Well Construction Permit #: SFD 2001 - 0058 List all applicable well construction permits (i.e. IIIC County State Variance etc.)	FROM TO DIAMETER THICKNESS MATERIAL ft. in.			
List all applicable well construction permits (i.e. UIC, County, State, Variance, etc.)				
3. Well Use (check well use):	ft. ft, in.			
Water Supply Well:	17. SCREEN FROM TO DIAMETER SLOT SIZE THICKNESS MATERIAL			
Agricultural Municipal/Public	23th 27th 2 in 1012 SCH40 PVC			
Geothermal (Heating/Cooling Supply) Residential Water Supply (single)	471. 521. 2 in ,012 SCH40 PVC			
Industrial/Commercial Residential Water Supply (shared)	18. GROUT			
Irrigation	FROM TO MATERIAL EMPLACEMENT METHOD & AMOUNT			
Non-Water Supply Well:	D 20 Bentonic pour			
Monitoring Recovery Injection Well:	n. n. 4-501bhags			
Aquifer Recharge Groundwater Remediation	ft. ft.			
Aquifer Storage and Recovery Salinity Barrier	19. SAND/GRAVEL PACK (if applicable) FROM TO MATERIAL EMPLACEMENT METHOD			
Aquifer Test Stormwater Drainage	20th 52th #2 sand pour			
Experimental Technology Subsidence Control	ft. ft.			
Geothermal (Closed Loop)	20. DRILLING LOG (attach additional sheets if necessary)			
Geothermal (Heating/Cooling Return) Other (explain under #21 Remarks)	FROM TO DESCRIPTION (color, hardness, soil/rock type, grain size, etc.)			
V-22 20	0 000001			
4. Date Well(s) Completed: $4-22-20$ Well ID#	2 th 11 th sandy clay			
5a, Well Location:	11 " 23" tan clay			
Gary Robinson Homes Lot 5	23 " 27 " Sandtgravel			
Facility/Owner Name Facility ID# (if applicable)	21 11. 47 11. tanclay			
Gary Robinson Homes Lot 5 Facility/Owner Name Lot 5 Main st. Six 1532 Buis Creek	47 11. 52 11. tan sand			
Physical Address City and Zin	ft. ft.			
Harnett 0681-01-6137.00	21. REMARKS			
County Parcel Identification No. (PIN)	21. REMARKS 21-412" Casing			
5b. Latitude and longitude in degrees/minutes/seconds or decimal degrees:				
(if well field, one lat/long is sufficient)	22. Certification:			
35° 25.752 N 78° 43.786 W	f 1111/11/10 4-22-2021			
A	Jany William Life			
6. Is(are) the well(s) Permanent or Temporary	Signature of Central Well Contractor Date			
7. Is this a repair to an existing well: Yes or No	By signing this form, 1 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			
If this is a repair, fill out known well construction information and explain the nature of the	copy of this record has been provided to the well owner.			
repair under #21 remarks section or on the back of this form.	23. Site diagram or additional well details:			
8. For Geoprobe/DPT or Closed-Loop Geothermal Wells having the same	You may use the back of this page to provide additional well site details or well			
construction, only 1 GW-1 is needed. Indicate TOTAL NUMBER of wells	construction details. You may also attach additional pages if necessary.			
drilled:	SUBMITTAL INSTRUCTIONS			
9. Total well depth below land surface: 52 (ft.) For multiple wells list all depths if different (example-3@200' and 2@100')	24a. For All Wells: Submit this form within 30 days of completion of well			
For multiple wells list all depths if different (example-3@200 and 2@100)	construction to the following:			
10. Static water level below top of casing:	Division of Water Resources, Information Processing Unit,			
If water level is above easing, use "+"	1617 Mail Service Center, Raleigh, NC 27699-1617			
11. Borchole diameter: (in.)	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:			
12. Well construction method: Mudrotary				
(i.e. auger, rotary, cable, direct push, etc.)				
FOR WATER SUPPLY WELLS ONLY:	Division of Water Resources, Underground Injection Control Program, 1636 Mail Service Center, Raleigh, NC 27699-1636			
13a. Yield (gpm) 6 Method of test: pumping	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			
13b. Disinfection type: HTH Amount: 14 Cup				
	where constructed.			