

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

PIN #: 0643-90-7304.000 Parcel #: 080652 0062 06 Application #: SFD2002-0040 Subdivision: _____ Lot #: 3

Applicant Name: Joshua & Ashley Robbins
Address: 29 Tucson Ct. Fuquay-Varina, NC 27526

Type of Facility Served by Well: SFD

Sewage System: Conventional / 25% Reduction System

Permit Conditions: Location - 70 Willowstone Drive (Kipling Road - SR 1403)

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 03/02/2020

Grouting Inspection Witnessed [Signature] Date 07/03/2020
 Grouting self-certified by driller GW-1 provided? Yes No

See attachment for construction sketch

WELL CERTIFICATE OF COMPLETION

Date: _____ Application #: SFD2002-0040 Well Contractor: _____

Applicant Name: Joshua & Ashley Robbins
Address: 29 Tucson Ct. Fuquay-Varina, NC 27526
Directions to Site: Location - 70 Willowstone Drive (Kipling Road - SR 1403)

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)

From _____ To _____
From _____ To _____
From _____ To _____

Casing

From _____ To _____
Diameter: _____ Material: _____ Thickness: _____
From _____ To _____
Diameter: _____ Material: _____ Thickness: _____
From _____ To _____
Diameter: _____ Material: _____ Thickness: _____

Grout

From 0 To _____
Material: _____ Method: _____
From _____ To _____
Material: _____ Method: _____
From _____ To _____
Material: _____ Method: _____

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

Remarks: _____

Well Head Information

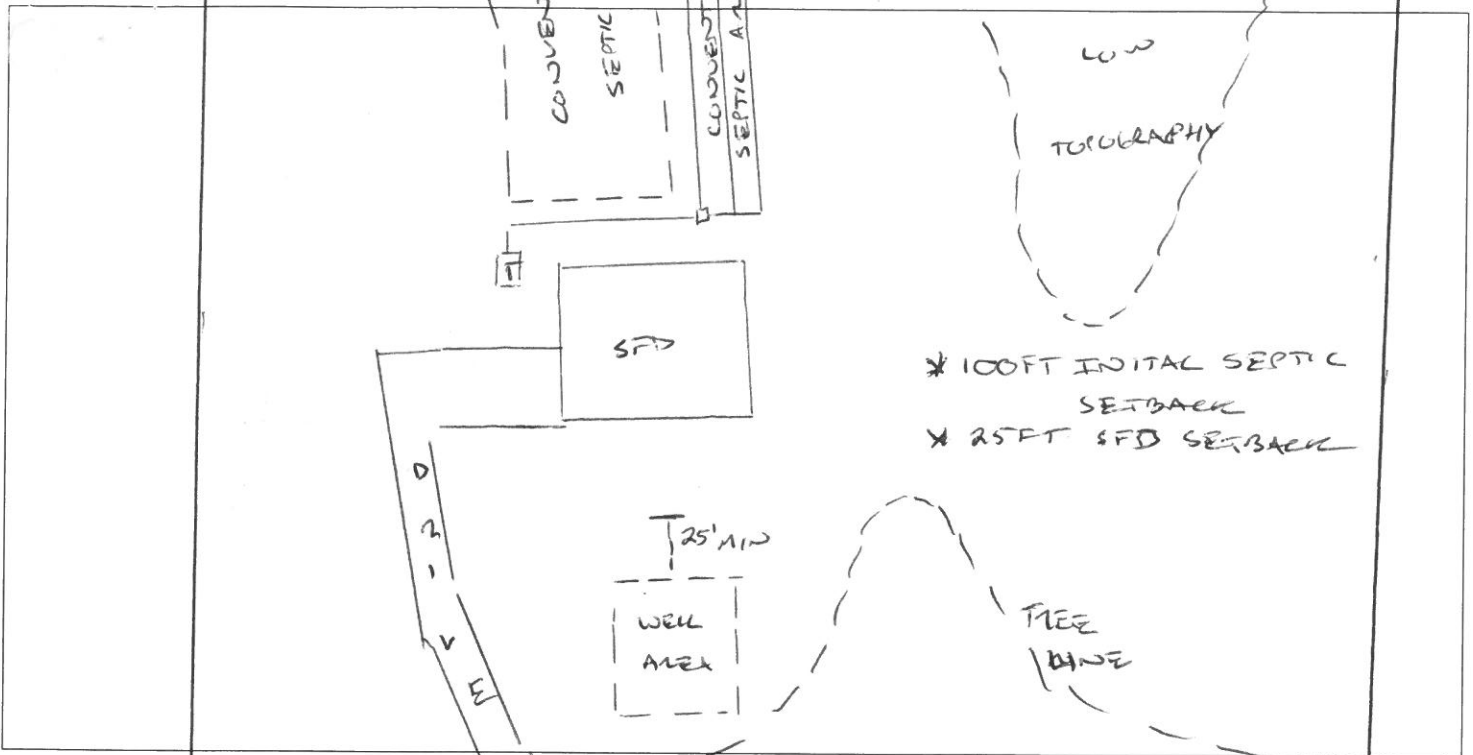
Casing Height: _____ (above finished grade) Access Port: _____ Vent Stack: _____
Well ID Tag: _____ Pump ID Tag: _____ Sampling Tap: _____ Backflow Preventer: _____
Sample Taken? Yes No Well Head properly sealed: _____

Remarks: _____

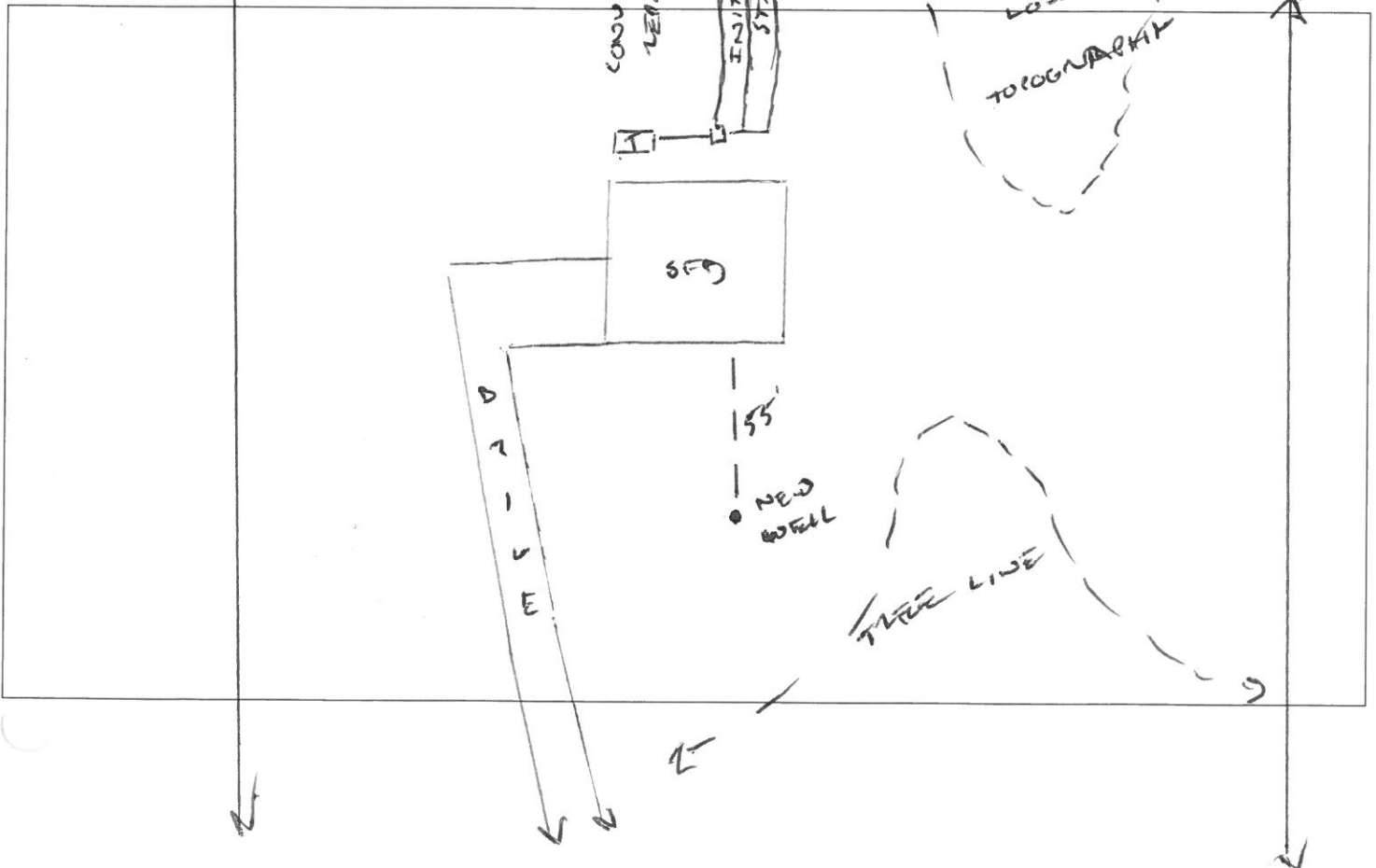
Authorized State Agent [Signature] Date 07/31/2020

See Attachment for completion sketch

Well Construction Sketch



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

SFD2002-0040

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: 7/3/2020 Well ID# _____

5a. Well Location:

Joshua Robbins

Facility/Owner Name

Facility ID# (if applicable)

70 Willow Stone Dr. Fuquay Varina 27526

Physical Address, City, and Zip

Harnett

0643-90-7304

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@110')

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: 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	140	10 gpm	
ft.	ft.		

15. OUTER CASING (for multi-cased wells) OR LINER (if applicable)				
FROM	TO	DIAMETER	THICKNESS	MATERIAL
0	55	6		PVC
ft.	ft.	in.		

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	5	Portland &	Gravity	
ft.	ft.	Screenings		
5	15	Bentonite	Gravity	

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	2	Topsoil	
2	40	Clay	
40	260	Slate Rock	
ft.	ft.		
ft.	ft.		
ft.	ft.		
ft.	ft.		

21. REMARKS
0-5 feet of grout/cement for cap, 5-15 feet used 7 - 45 pound bags of bentonite.

22. Certification:
Ronnie Stancil 07/03/2020
Signature of Certified Well Contractor 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.