

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

PIN #: 1519-99-0361.000 Parcel #: 021519 0034 13 Application #: SFD2003-0027 Subdivision: \_\_\_\_\_ Lot #: C

Applicant Name: JENNIFR & THOMAS SILMON  
Address: 3822 ABATTOIR RD ANGIER, NC 27501

Type of Facility Served by Well: SFD

Sewage System: 25% REDUCTION SYSTEM

Permit Conditions: LOCATION - 5814 RED HILL CHURCH RD (SR 1703)

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 03/26/2020

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 #: SFD2003-0027 Well Contractor: \_\_\_\_\_

Applicant Name: JENNIFR & THOMAS SILMON  
Address: 3822 ABATTOIR RD ANGIER, NC 27501  
Directions to Site: LOCATION - 5814 RED HILL CHURCH RD (SR 1703)

SEE GW-1  
FORM

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)	Casing	Grout
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

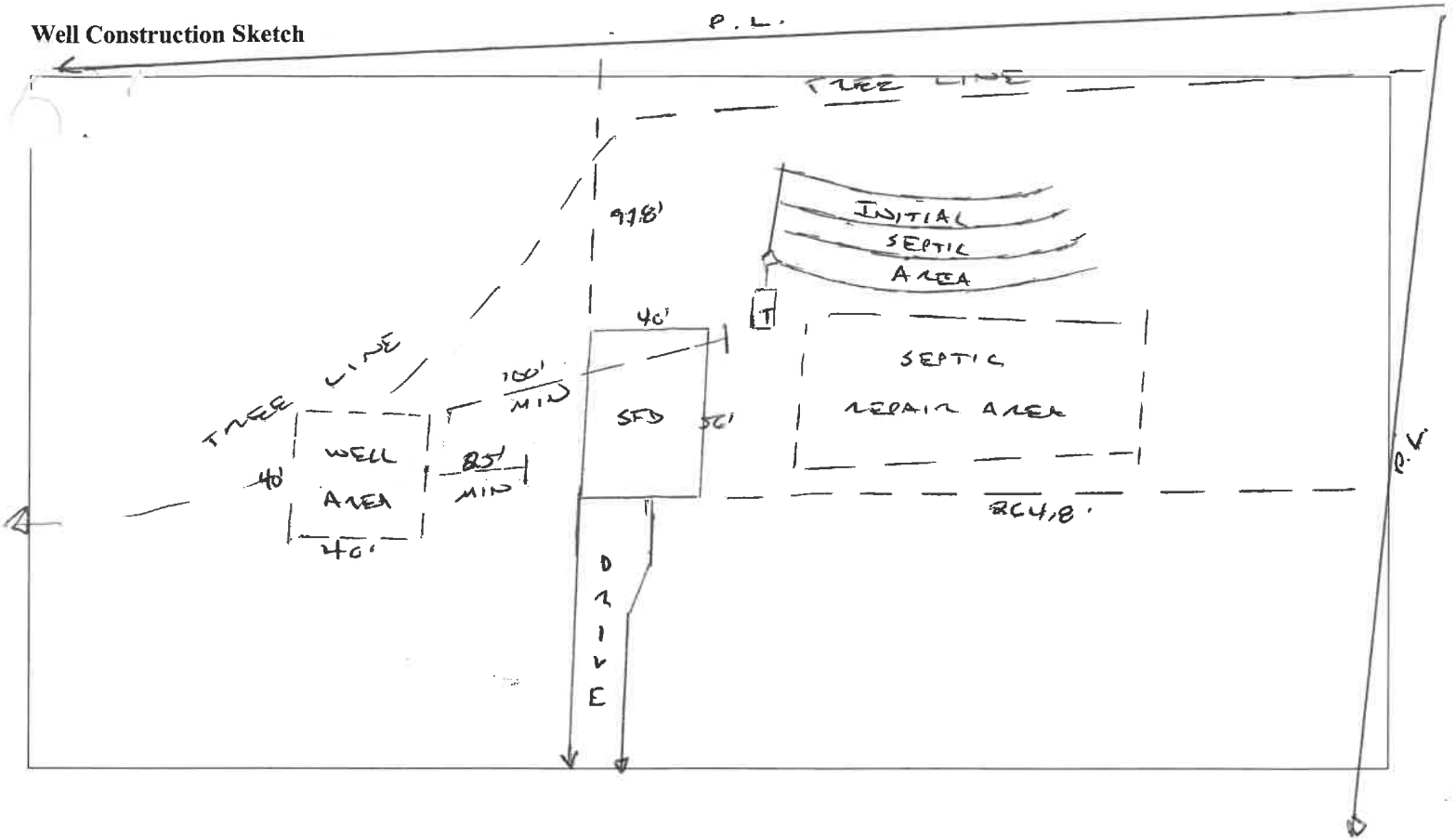
Casing Height: 14.2 (above finished grade) Access Port:  Vent Stack:   
Well ID Tag:  Pump ID Tag:  Sampling Tap: \_\_\_\_\_ Backflow Preventer: \_\_\_\_\_  
Sample Taken?  Yes  No Well Head properly sealed:

Remarks: CONTRACTOR DEFERRED SAMPLE POST FINAL INSPECTION

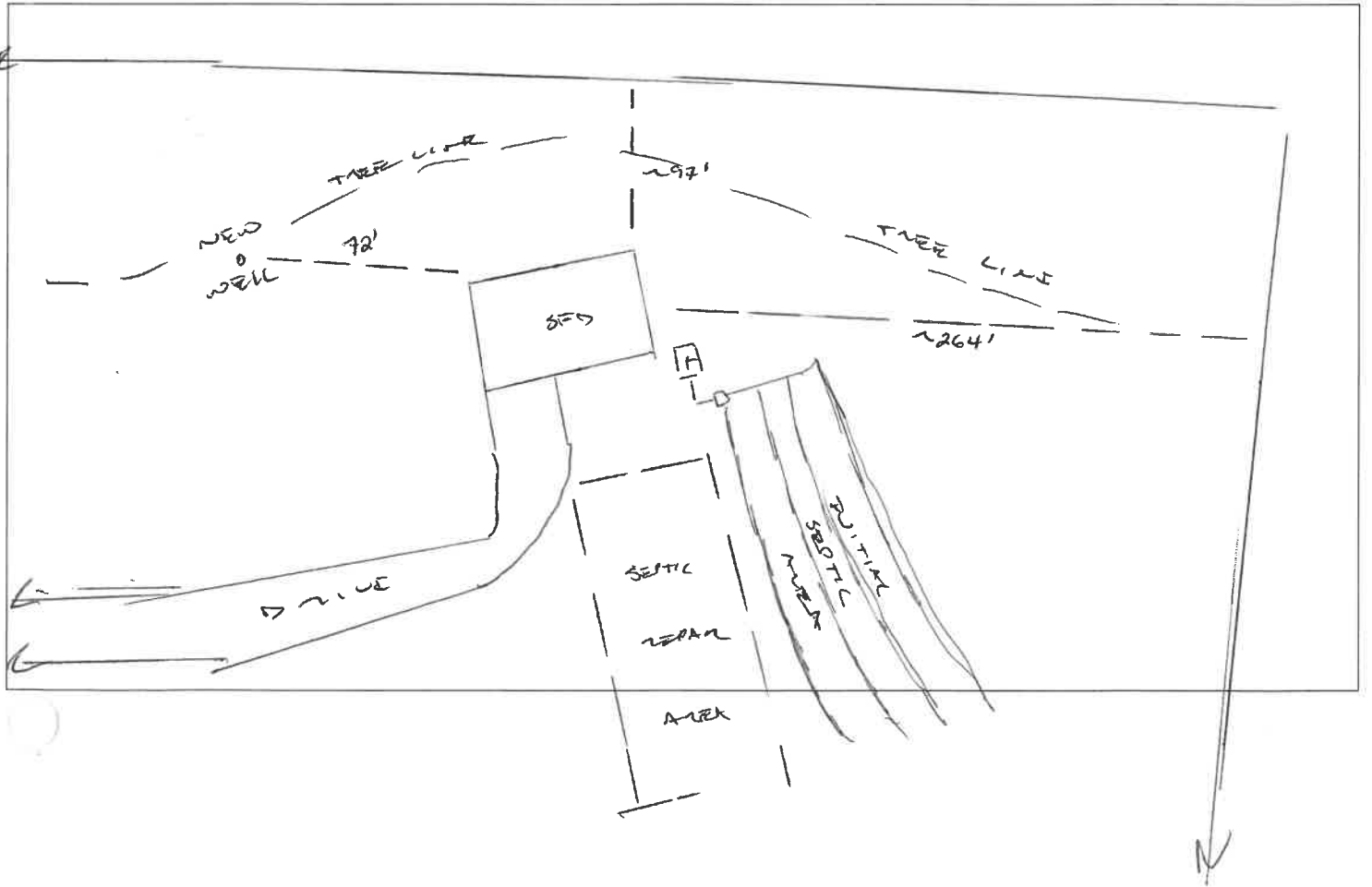
Authorized State Agent [Signature] Date 01/11/2021

See Attachment for completion sketch

Well Construction Sketch



Well Completion Sketch



**WELL CONSTRUCTION RECORD**

This form can be used for single or multiple wells

**1. Well Contractor Information:**

**Joshua N. Robertson**

Well Contractor Name

**2461-A**

NC Well Contractor Certification Number

**Triad Drillers, Inc.**

Company Name

**SDF2003-0027**

**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:** 11-10-20 Well ID# \_\_\_\_\_

**5a. Well Location:**

**Red Door Homes**

Facility/Owner Name

Facility ID# (if applicable)

**5814 Red Hill Church rd.**

Physical Address, City, and Zip

**Harnett**

**1519-99-0361.000**

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:** 1

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

**10. Static water level below top of casing:** 20 (ft.)  
If water level is above casing, use "+"

**11. Borehole diameter:** 6 1/8 (in.)

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

**FOR WATER SUPPLY WELLS ONLY:**

**13a. Yield (gpm)** 15 Method of test: Air

**13b. Disinfection type:** HTH Amount: 16 oz.

For Internal Use ONLY:

**14. WATER ZONES**

FROM	TO	DESCRIPTION
ft.	ft.	15gpm @ 375'
ft.	ft.	

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

FROM	TO	DIAMETER	THICKNESS	MATERIAL
0 ft.	153 ft.	6 1/8 in.	SDr21	PVC

**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.	Bentonite	Pour 127 bags
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.	Sand
2 ft.	16 ft.	Clay
16 ft.	40 ft.	Sand
40 ft.	70 ft.	Blue Clay
70 ft.	140 ft.	Sand
140 ft.	260 ft.	Triassic Shale
260 ft.	400 ft.	Granite

**21. REMARKS**

**22. Certification:**



12-15-20

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.