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

PIN #: _____ Parcel #: _____ Application #: SFD2004-0029 Subdivision: _____ Lot #: 425

Applicant Name: Seth Mabus
Address: 485 River Ridge Dr

Type of Facility Served by Well: SFD

Sewage System: Conventional

Sample + Final

Permit Conditions: _____

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 RtHSI **Date** 6/10/2020 6-10-20

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 #: SFD2004-0029 Well Contractor: _____

Applicant Name: Seth Mabus
Address: 485 River Ridge Dr
Directions to Site: _____

Use of Well: Private Date Drilled: 8-12-20 Total Depth: 320 Replacement Well? ☐ Yes ☒ No
Static Water Level: 50 Top of Casing is 14 in. above surface. Yield: 7.5 gpm at _____ ft.
Disinfection: Type HTH Amount 1 pound

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 (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: ✓

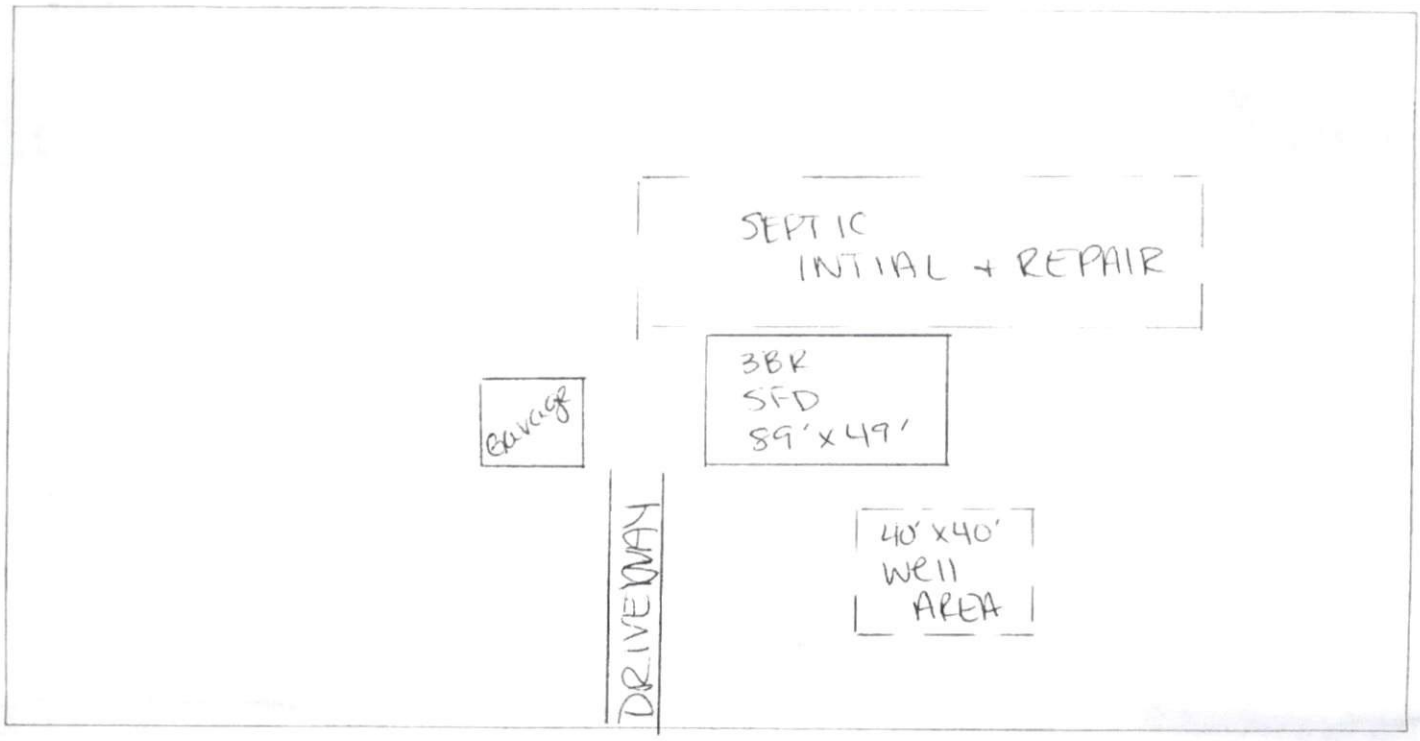
Remarks: _____

Authorized State Agent RETHS **Date** 7-28-21

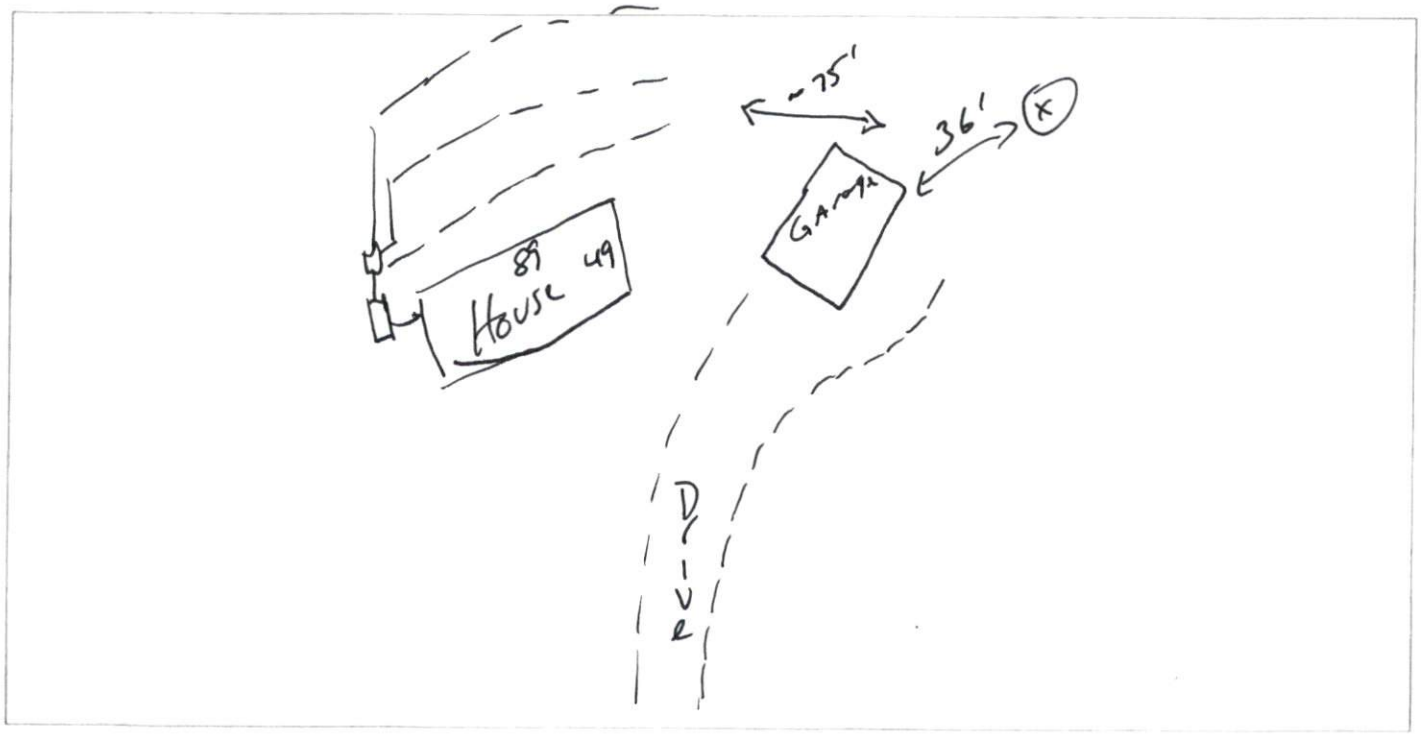
See Attachment for completion sketch

Application #: SFD2004-0029 Applicant Name: Seth Mabus Subdivision: _____ Lot #: 425

Well Construction Sketch



Well Completion Sketch



WELL CONSTRUCTION RECORD (GW-1)

For Internal Use Only:

1. Well Contractor Information:
Michael Maness
Well Contractor Name
NCWC 2470-A
NC Well Contractor Certification Number
WW Maness & Sons
Company Name

2. Well Construction Permit #: SFD 2004-0029
List all applicable well construction permits (i.e. UIC, County, State, Variance, 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: 8-12-20 Well ID#

5a. Well Location:
Mabus Construction
Facility/Owner Name — Facility ID# (if applicable)
485 River Ridge dr Broadway NC.
Physical Address, City, and Zip
Harnett
County — Parcel Identification No. (PIN)

5b. Latitude and longitude in degrees/minutes/seconds or decimal degrees: (if well field, one lat/long is sufficient)
35° 28' 52" N 78° 57' 14" W

6. Is/are this 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. For Geoprobe/DPT or Closed-Loop Geothermal Wells having the same construction, only 1 GW-1 is needed. Indicate TOTAL NUMBER of wells drilled:

9. Total well depth below land surface: 320 (ft.)
For multiple wells list all depths if different (example- 5@200' and 2@100')

10. Static water level below top of casing: 50 (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): 2½ Method of test: Air

13b. Disinfection type: H+H Amount: 1 Pound

14: WATER ZONES

FROM	TO	DESCRIPTION
ft.	128 ft.	7½ Gpm
ft.	ft.	

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

FROM	TO	DIAMETER	THICKNESS	MATERIAL
1 ft.	42 ft.	6 ¼ 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	Pumped
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, mineralogy, rock type - grain size, etc.)
0 ft.	25 ft.	Clay
25 ft.	30 ft.	Sandy stone
30 ft.	320 ft.	Granite
ft.	ft.	
ft.	ft.	
ft.	ft.	
ft.	ft.	

21: REMARKS

22. Certification:
Michael Maness — Signature of Certified Well Contractor
8-12-20 — 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: 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.