

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

PIN #: \_\_\_\_\_ Parcel #: \_\_\_\_\_ Application #: SFD2005-0022 Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_

Applicant Name: Shumacher Homes  
Address: 261 Freedom Ln, Broadway

Type of Facility Served by Well: SFD

Sewage System: 25% Reduction

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 *Barbara Adkins* REHS-I Date 5/27/2020

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 #: SFD2005-0022 Well Contractor: \_\_\_\_\_

Applicant Name: Shumacher Homes  
Address: 261 Freedom Ln  
Directions to Site: \_\_\_\_\_

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 \_\_\_\_\_

<u>Water Zone (depth)</u>	<u>Casing</u>	<u>Grout</u>
From _____ To _____	From _____ To _____	From <u>0</u> 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

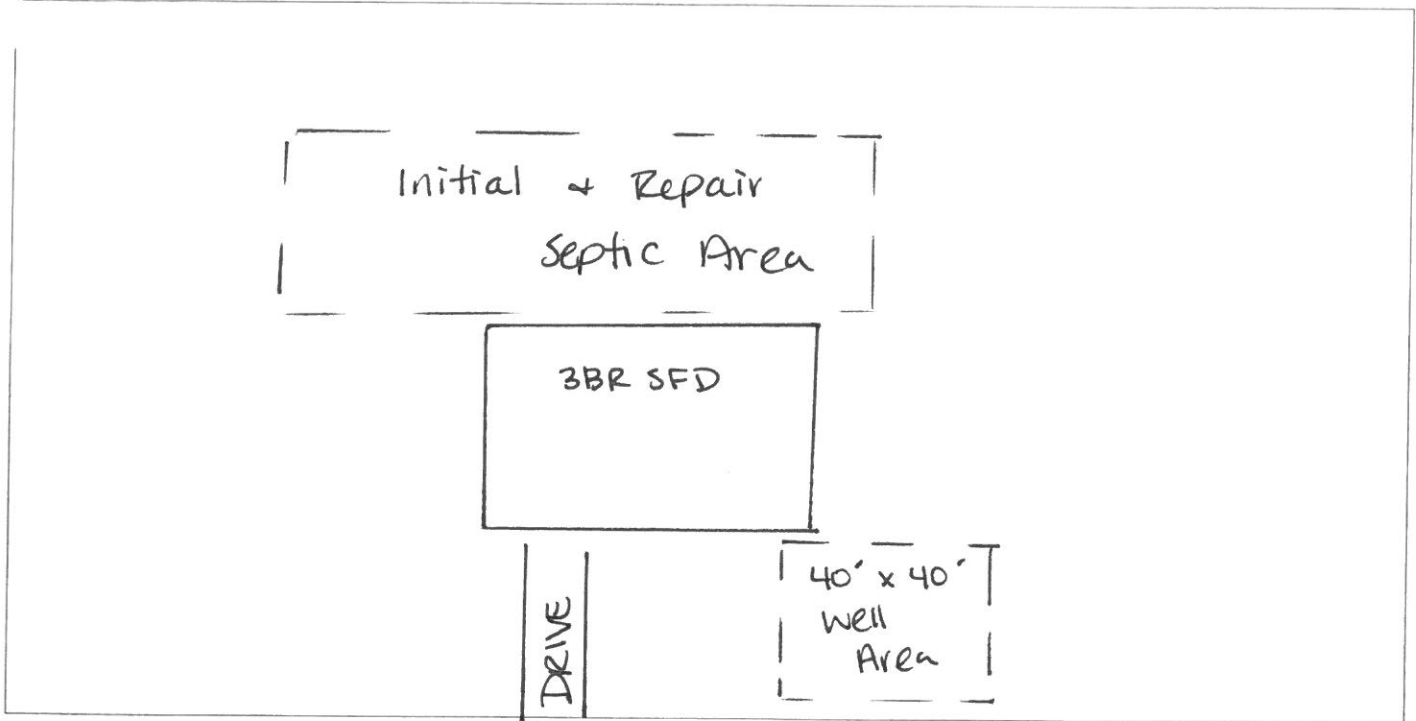
Casing Height: 10" (above finished grade) Access Port:  Vent Stack:   
Well ID Tag:  Pump ID Tag:  Sampling Tap:  Backflow Preventer: \_\_\_\_\_  
Sample Taken?  Yes  No Well Head properly sealed:

Remarks: \_\_\_\_\_

Authorized State Agent *Jane S. ...* Date 10-2-20

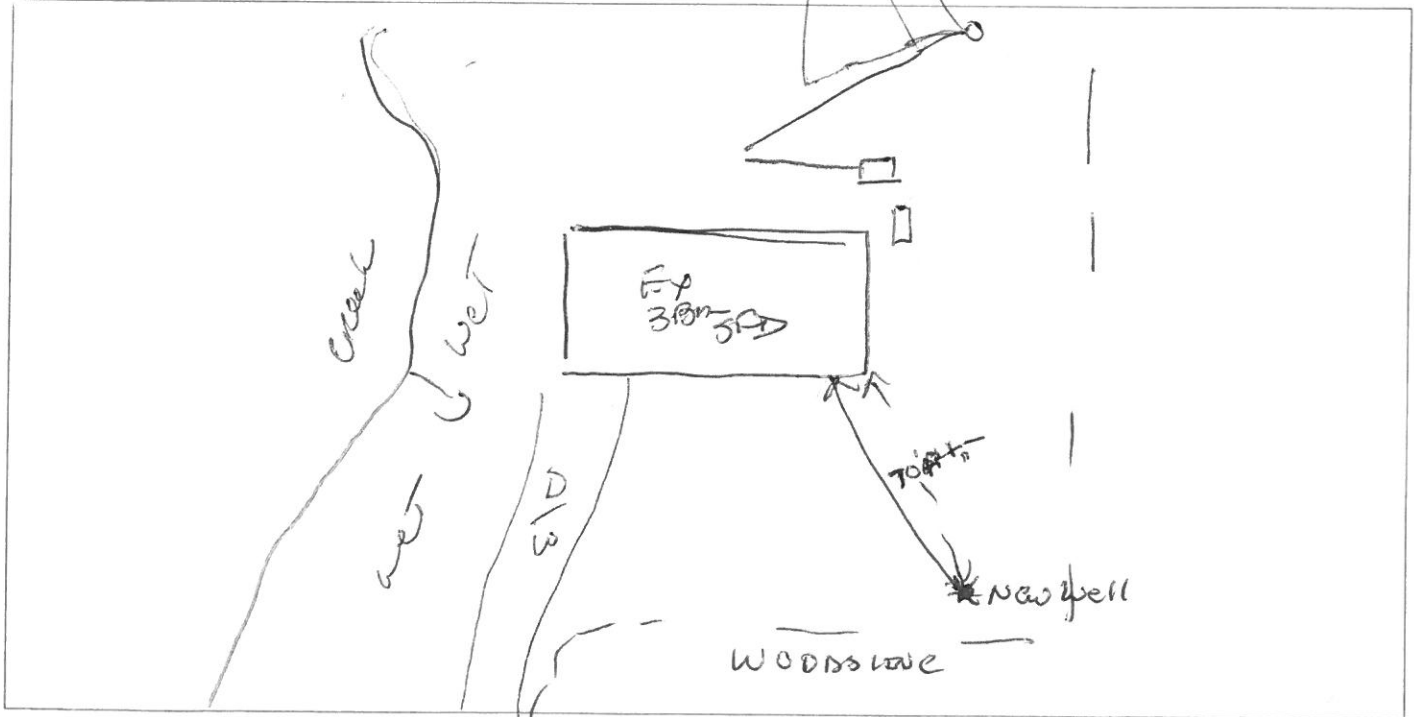
See Attachment for completion sketch

Well Construction Sketch



Freedom Ln

Well Completion Sketch



← out TO Freedom Ln

**WELL CONSTRUCTION RECORD (GW-1)**

1. Well Contractor Information:

Michael Maress

Well Contractor Name:

NCWC 2470-A

NC Well Contractor Certification Number:

WW Maress & Sons

Company Name:

2. Well Construction Permit:

(List all applicable well construction permits (i.e. H.C. County, State, Various, etc.)

3. Well Use (check well use):

Water Supply Well:

- Agricultural
- Geothermal (Heating/Cooling Supply)
- Industrial/Commercial
- Irrigation
- Municipal/Public
- Residential Water Supply (single)
- Residential Water Supply (shared)

Non-Water Supply Well:

- Monitoring
- Injection Well
- Aquifer Recharge
- Aquifer Storage and Recovery
- Aquifer Test
- Experimental Technology
- Geothermal (Closed Loop)
- Geothermal (Heating/Cooling Return)
- Recovery
- Groundwater Remediation
- Salinity Barrier
- Streamwater Drainage
- Subsurface Control
- Other (explain under #21 Remarks)

4. Date Well(s) Completed: 8-26-20 Well ID#:

5a. Well Location:

Henry Harrison

Facility/Owner Name:

261 Freedom Ln

Facility ID# (if applicable):

Broadway NC  
27505

Physical Address, City, and Zip:

Harnett

County:

Parcel Identification No. (PIN):

5b. Latitude and Longitude in degrees, minutes, seconds or decimal degrees (if well site, or tubing is sufficient):

35° 20' 58" N 79° 1' 32" 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. For Geoprobe/DPI 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: 400 (ft.)

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

10. Static water level below top of casing: 25 (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): 3 Method of test: Air

13b. Distribution type: H+H Arrest: 1 yard

For Internal Use Only:

14. WATER ZONES:

FROM	TO	DESCRIPTION
ft.	90' ft.	3 bpm
ft.	ft.	

15. CASING OR TUBING (for water supply wells) OR LINER (if applicable):

FROM	TO	DIAMETER	THICKNESS	MATERIAL
ft.	80' ft.	6 1/4 in.	SDR21	PVC

16. CASING OR TUBING (for non-water supply wells) OR LINER (if applicable):

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	PAUSE ACCESSIBLE METHOD & AMOUNT
0 ft.	20+ ft.	Bentonite pumped	
ft.	ft.		
ft.	ft.		

19. CASING OR TUBING PACK (if applicable):

FROM	TO	MATERIAL	EMBALLMENT METHOD
ft.	ft.		
ft.	ft.		

20. BEDDING LOGS (if applicable):

FROM	TO	DESCRIPTION (color, texture, soil type, grain size, etc.)
0 ft.	5 ft.	sandy clay
5 ft.	70 ft.	clay
70 ft.	400 ft.	grate
ft.	ft.	
ft.	ft.	
ft.	ft.	
ft.	ft.	

21. REMARKS:

22. Certification:

Michael Maress  
Signature of Certified Well Contractor

8-26-20  
Date

By signing this form, I hereby certify that the well(s) was (were) constructed in accordance with 15A NCAC 02C.0100 or 15B 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

23a. For All Wells: Submit this form within 30 days of completion of well construction to the following:

Division of Water Resources, Information Processing Unit,  
1637 Reed Service Center, Raleigh, NC 27699-1637

23b. For Injection Wells: In addition to sending the form to the address in 23a 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,  
1635 Reed Service Center, Raleigh, NC 27699-1635

23c. 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.