

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

SFD2005-0077

PIN #: _____ Parcel #: _____ Application #: _____ Subdivision: _____ Lot #: _____

Applicant Name: Jean & William Eakel
Address: 555 Brock Rd

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 [Signature] REHS-I Date 6/30/2020

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 #: SFD2005-0077 Well Contractor: RAY MANESS (NCWC 2460-A)

Applicant Name: Jean & William Eakel
Address: 555 Brock Rd
Directions to Site: _____

Use of Well: _____ Date Drilled: 10-28-2020 Total Depth: 280' Replacement Well? Yes No
Static Water Level: 80' Top of Casing is 13 in. above surface. Yield: 30 gpm at _____ ft.
Disinfection: Type HTH Amount 116

Water Zone (depth)	Casing	Grout
From <u>2'</u> To <u>210'</u>	From <u>0'</u> To <u>200'</u>	From <u>0'</u> To <u>20'</u>
From <u>210'</u> To <u>225'</u>	Diameter: <u>4"</u> Material: <u>Sch 40</u> Thickness: _____	Material: <u>Cementite</u> Method: <u>Pumped</u>
From <u>225'</u> To <u>247'</u>	From _____ To _____	From _____ To _____
	Diameter: _____ Material: _____ Thickness: _____	Material: _____ Method: _____
	From _____ To _____	From _____ To _____
	Diameter: _____ Material: _____ Thickness: _____	Material: _____ Method: _____

Inspector: M. Osborne On Hold Date: _____ Release Date: _____

Remarks: _____

Well Head Information

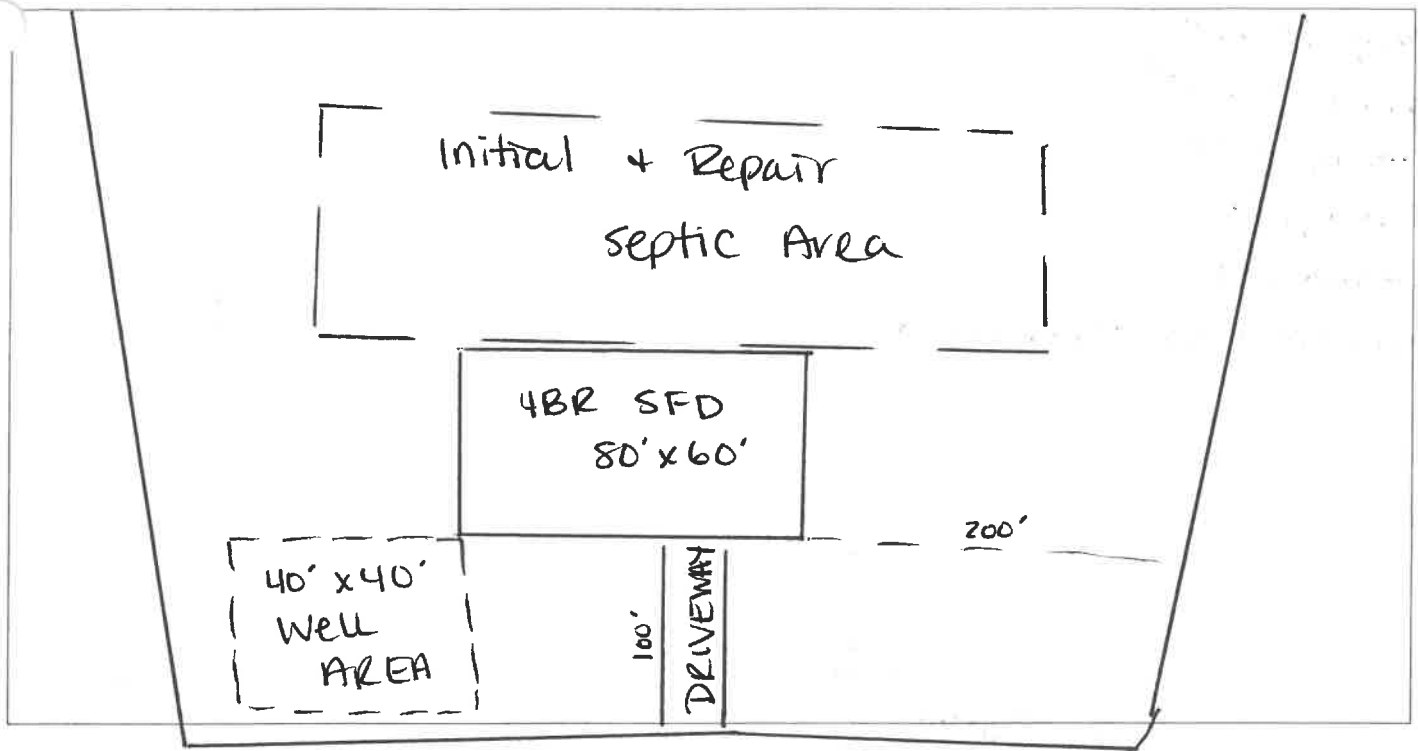
Casing Height: 13 (above finished grade) Access Port: Vent Stack:
Well ID Tag: Pump ID Tag: Sampling Tap: Backflow Preventer:
Sample Taken? Yes No Well Head properly sealed:

Remarks: _____

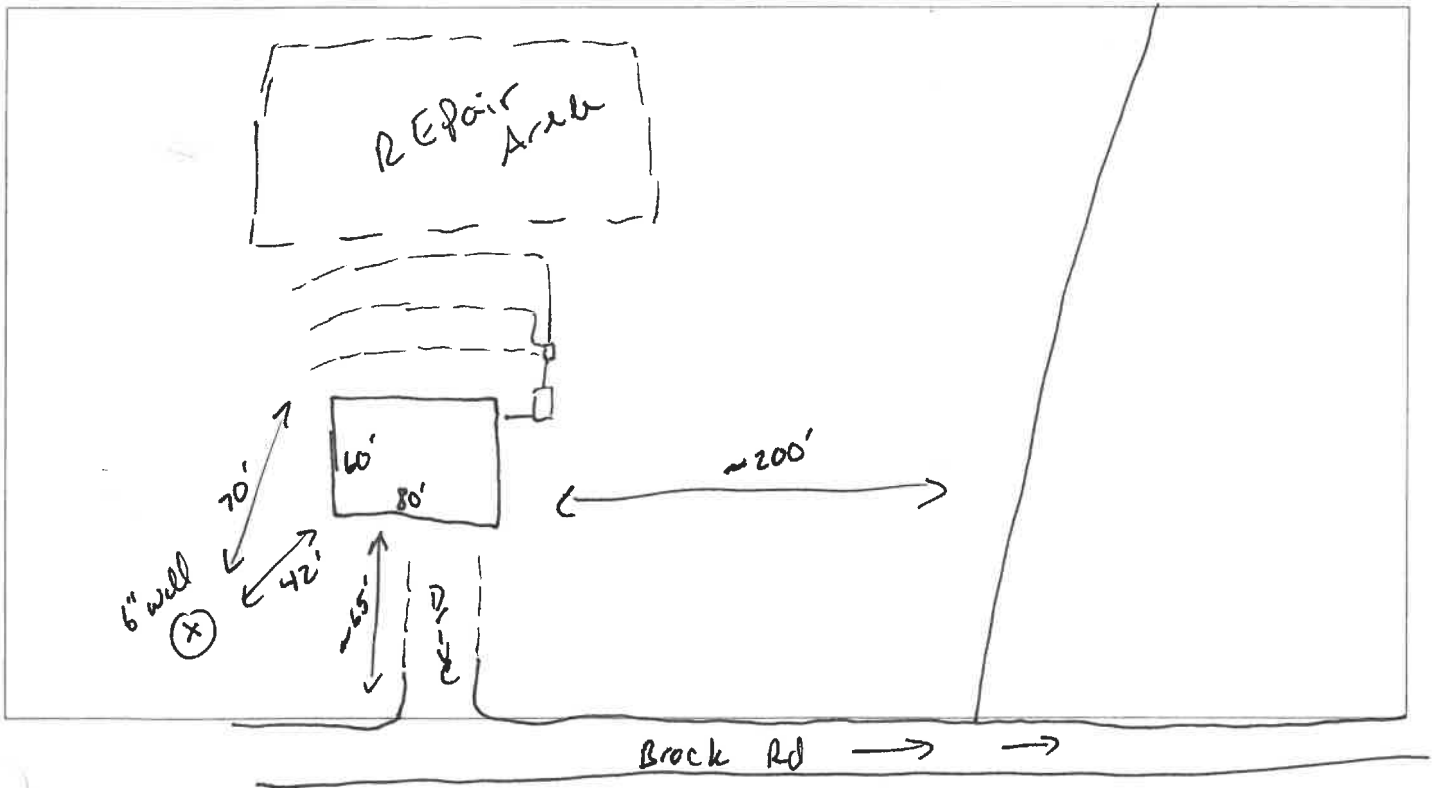
Authorized State Agent [Signature] REHS Date 12-4-2020

See Attachment for completion sketch

Well Construction Sketch



Well Completion Sketch



WELL CONSTRUCTION RECORD (GW-1)

1. Well Contractor Information:

RAY MANESS

Well Contractor Name

NCWC 2460-A

NC Well Contractor Certification Number

W W MANESS & SON'S

Company Name

Harnett Co Permit

List all applicable well construction permits (i.e. UIC, CWD, State Variance, etc.)

3. Well Use (check all that apply):

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:

- Manufacturing Recovery

Injection Well:

- Aquifer Recharge Groundwater Remediation
- Aquifer Storage and Recovery Safety Barrier
- Aquifer Test Surface Water Drainage
- Experimental Technology Subsidence Control
- Geothermal (Closed Loop) Trace
- Geothermal (Heating/Cooling Return) Other (explain under #21 Remarks)

4. Date Well(s) Completed: 10-28-20 Well ID#

5a. Well Location:

Jean & William Fabel

Facility/Owner Name

Facility ID# (if applicable)

555 Brock rd BUNNLEVEL NC 28326

Physical Address, City, and Zip

Harnett

County

Parcel Identification No. (PIN)

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

35 17. 791 N 079 50 633' 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/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: 280 (ft.)
For multiple wells list all depths if different (example: 5@260' and 2@300')

10. Static water level below top of casing: 80 (ft.)
If water level is above casing, use "+"

11. Borehole diameter: 6 (in.)

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

FOR WATER SUPPLY WELLS ONLY:

13a. Yield (gpm): 30 Method of test: Air

13b. Distribution type: HTH Accuracy: 1 Lbs

For Internal Use Only:

14. WATER ZONES					
FROM	TO	DESCRIPTION			
26 FT	210 ft	18 Gpm at 225'			
ft	ft	10 Gpm at 247'			
15. OUTER CASING (for water supply wells) OR LINER (for injection wells)					
FROM	TO	DIAMETER	THICKNESS	MATERIAL	
0 ft	178 ft	6 in		SDR21	PVC
16. INNER CASING OR TUBING (for water supply wells) OR LINER (for injection wells)					
FROM	TO	DIAMETER	THICKNESS	MATERIAL	
0 ft	200 ft	4 in		SCH40	PVC
ft	ft	in			
17. SCREEN					
FROM	TO	DIAMETER	SLOT SIZE	THICKNESS	MATERIAL
ft	ft	in			
ft	ft	in			
18. GROUT					
FROM	TO	MATERIAL	REPLACEMENT METHOD & AMOUNT		
0 ft	20+ ft	K7 Seal	Bestrite Pumped		
ft	ft				
ft	ft				
19. WATER SUPPLY PACKER (if applicable)					
FROM	TO	MATERIAL	REPLACEMENT METHOD		
ft	ft				
ft	ft				
20. DRILLING LOG (if applicable)					
FROM	TO	DESCRIPTION (color, texture, conductivity, etc., grade, etc., etc.)			
0 ft	20 ft	Sand			
20 ft	170 ft	Clay			
170 ft	280 ft	Green Rock			
ft	ft				
ft	ft				
ft	ft				
ft	ft				
21. REMARKS					

22. Certification:

Ray Maness
Signature of Certified Well Contractor

10-30-20
Date

By signing this form, I hereby certify that the well(s) was (were) constructed in accordance with the NCWC (NC 0100 or 124 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,
2627 Well Service Center, Raleigh, NC 27699-1627

24a. 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,
1635 Well Service Center, Raleigh, NC 27699-1636

24b. 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.