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

PIN #: Application #: Subdivision: I	ot #:
icant Name: Patrock Avtny ess: 525 Sunndge Drive	
Type of Facility Served by Well: <u>SFD</u>	
Sewage System: Low Protek Charten	
Permit Conditions: Well West'en Flagged off. Very Species	c Area. Meet All settichs
<ul> <li>General Permit Conditions:</li> <li>Drinking water supply well construction must meet 15A NCAC 02C.100 rules</li> <li>The permitted drinking water supply well shall be located in accordance with the SI</li> <li>ANY ALTERATION of the site of the site (including location of structures and approximately subject this Permit to revocation</li> </ul>	ΓΕ PLAN purtenance) or modification in use of the well, may
Authorized State Agent Date 1-29-z	1
Grouting Inspection Witnessed Date Grouting self-certified by driller GW-1 provided? Yes No	
See attachment for construction sketch	
WELL CERTIFICATE OF COMPLET	ION
Date: Application #: Well Contractor: icant Name: Address: Directions to Site:  Use of Well: Date Drilled: Total Depth: Replacem Static Water Level: Top of Casing is in. above surface. Yield: Disinfection: Type Amount  Water Zone (depth)	gpm at ft.  Grout From 0 To Material: Method: From To Material: Method: From To
Inspector: On Hold Date: Release Date:	
Remarks:	
Well Head Information Casing Height: 13 (above finished grade) Access Port: Vent Stac Well ID Tag: Pump ID Tag: Sampling Tap: Formula Taken? Yes No Well Head properly sealed:	k:
arks:	2.2
Authorized State Agent Mal la AEHS Date 6-28-	63

See Attachment for completion sketch

Application #: 0055 Applicant Name:  Application Sketch	Subdivision: Lot #: FAKEL Patterson—	_
	UNSVETTABLE	maller
	Pomp to Tion Du Tion Du Sunitare Du	JEN Specific New Specific New Men Specific New Men Specific New Men 18 18 18 18 18 18 18 18 18 18 18 18 18
Completion Sketch	FUTU' Drip repair	Langer +1
	32' 55' B' W'D'	

CFD	2008-	55
110		

WELL CONSTRUCTION RECORD (GW-1)	E-L- W O	Print Form			
1. Well Contractor Information:	For Internal Use Only:	A STATE OF THE PARTY OF THE PAR			
100					
Well Contractor Name	14. WATER ZONES				
NC W 2470 1	n. 130'n. 8 6PM				
NC Well Contractor Certification Number	R. R. O STIN				
Ww Maness & Sons	15. OUTER CASING (for multi-cased wells) OR LINER (if applicate	10)			
Company Name	L TR OF THICKNESS AL	TERIAL			
2. Well Construction Permit #:	16. INNER CASING OR TUBING (peothermal closed least)	uc			
List all applicable well construction permits (i.e. UIC, County, State, Variance, etc.)	R. R. In In Inches   PHICKNESS   MA	TERIAL			
3. Well Use (check well use):	ft. ft. in.				
Water Supply Well:	17. SCREEN				
	O ft. ft. in.	MATERIAL			
I Had and the	ingle)				
Irrigation (Si	hared) 18. GROUT				
Non-Water Supply Well:	FROM TO MATERIAL EMPLACEMENT ME	THOD & AMOUNT			
Injection Well:	R DOT 12 Bestonie Pumped				
Aquifer Recharge Groundwater Remediation	R. R.				
Aquifer Storage and Recovery Salinity Barrier	19. SAND/GRAVEL PACK (If applicable)				
Aquifer Test Stormwater Drainage	R. R. R. EMPLACEMEN	T METHOD			
Experimental Technology Subsidence Control	n. n.				
Geothermal (Closed Loop)  Tracer	20. DRILLING LOG (arrest addition of the control				
Geothermal (Heating/Cooling Return) Other (explain under #21 Ret	marks) DESCRIPTION (color, hardness, soft/rock type	grain size, etc.)			
4. Date Well(s) Completed: 3-13-23 Well ID#	3 m 20 m 5 m 5				
50 Well Location:	Da Clay Mix				
Fatrick Autry					
Facility/Owner Name Facility ID# (if applicable)	a a Blue Pock				
585 Sandridge De Sanford	ft. ft.				
Physical Address, City, and Zip	n. n.				
County County	21. REMARKS				
Parcel Identification No. (PIN					
5b. Latitude and longitude in degrees/minutes/seconds or decimal degree (if well field, one lat/long is sufficient)					
35° 17' 55" N 79° 6' 50"	22. Certification:				
1000	- Well M. 3	12 22			
6. Is(are) the well(s) Permanent or Temporary	Date	13-23			
7. Is this a repair to an existing well: Yes or No	By signing this form, I hereby certify that the well(s) was (were) construct with 15A NCAC 02C .0100 or 15A NCAC 02C .0200 Well Construction Des	ed in accordance			
If this is a repair, fill out known well construction information and explain the nature of a repair under #21 remarks section or on the back of this form.	with 15A NCAC 02C. 0100 or 15A NCAC 02C. 0200 Well Constructed the copy of this record has been provided to the veel owner.	dards and that a			
8. For Geoprobe/DPT or Closed-Loop Geothermal Wells having the same	23. Site diagram or additional well detaile.				
construction, only I GW-I is needed. Indicate TOTAL NI IMRER of smalle	You may use the back of this page to provide additional well site construction details. You may also attach additional pages if necess	details or well			
writed:	SUBMITTAL INSTRUCTIONS	ary.			
9. Total well depth below land surface:	(RL) 24a. For All Wells: Submit this form within 30 days of comp				
^	construction to the following:	iction of well			
10. Static water level below top of casing:	(ft.) Division of Water Resources, Information Processing U	Intt.			
11. Borehole diameter: (in.)	1617 MRH Service Center, Raleigh, NC 27699-1617	Marine II			
12. Well construction method: Ail Rotary	24b. For <u>Injection Wells</u> : In addition to sending the form to the above, also submit one copy of this form within 30 days of compounds of the compound of	ddress in 24a			
(i.e. auger, rotary, cable, direct push, etc.)	construction to the following:	letion of well .			
FOR WATER SUPPLY WELLS ONLY:	Division of Water Resources, Underground Injection Control	Program.			
Air	1036 Mail Service Center, Raleigh, NC 27699-1636				
the state of test	24c. For Water Supply & Injection Wells: In addition to sending the address(es) above also submit one sending				
13b. Disinfection type: H+H Amount: POUNL	the address(es) above, also submit one copy of this form within completion of well construction to the county health department of where constructed	of the county			