

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

PIN #: \_\_\_\_\_ Parcel #: \_\_\_\_\_ Application #: SFD 2008-0055 Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_

Applicant Name: Patrick Anthony  
Address: 585 Sunridge Drive

Type of Facility Served by Well: SFD

Sewage System: Low Profile Chamber

Permit Conditions: Well location Flagged off. Very Specific Area. Meet All setbacks

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 James J. Merchant JR R245 Date 1-29-21

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 #: \_\_\_\_\_ Well Contractor: \_\_\_\_\_

Applicant Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
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 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: 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 Mohammed A. AEMIS Date 6-28-23

See Attachment for completion sketch



SFD 2008-53

Print Form

WELL CONSTRUCTION RECORD (GW-1)

1. Well Contractor Information:

Michael Maness

NC WC 2470-A

W W Maness & Sons

2. Well Construction Permit #:

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

3. Well Use (check well use):

Water Supply Well: Agricultural, Geothermal, Industrial, Irrigation, Municipal/Public, Residential Water Supply (single/shared), Non-Water Supply Well: Monitoring, Recovery, Injection Well: Aquifer Recharge, Storage, Test, etc.

4. Date Well(s) Completed: 3-13-23 Well ID#

5a. Well Location: Patrick Autry

585 Sandridge Dr Sanford

Harnett

County Parcel Identification No. (PIN)

5b. Latitude and longitude in degrees/minutes/seconds or decimal degrees:

35° 17' 55" N 79° 6' 50" W

6. Is (are) the well(s) Permanent or Temporary

7. Is this a repair to an existing well: Yes or No

8. For Geoprobe/DPT or Closed-Loop Geothermal Wells having the same construction, only 1 GW-1 is needed.

9. Total well depth below land surface: 320 (ft.)

10. Static water level below top of casing: 25 (ft.)

11. Borehole diameter: 6 (in.)

12. Well construction method: Air Rotary

FOR WATER SUPPLY WELLS ONLY: 13a. Yield (gpm) 8 Method of test: Air 13b. Disinfection type: H+H Amount: 1 Pound

For Internal Use Only:

14. WATER ZONES table with columns FROM, TO, DESCRIPTION. 15. OUTER CASING OR LINER table with columns FROM, TO, DIAMETER, THICKNESS, MATERIAL. 16. INNER CASING OR TUBING table. 17. SCREEN table. 18. GROUT table. 19. SAND/GRAVEL PACK table. 20. DRILLING LOG table with columns FROM, TO, DESCRIPTION.

22. Certification: [Signature] 3-13-23

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.

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.