

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

PIN #: \_\_\_\_\_ Parcel #: \_\_\_\_\_ Application #: SFD2104-0076 Subdivision: \_\_\_\_\_ Lot #: 2

Applicant Name: Harrington Properties  
Address: 102 Seminole Rd (SR1280)

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 Meh Ah REHJ Date 10-19-21

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 <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

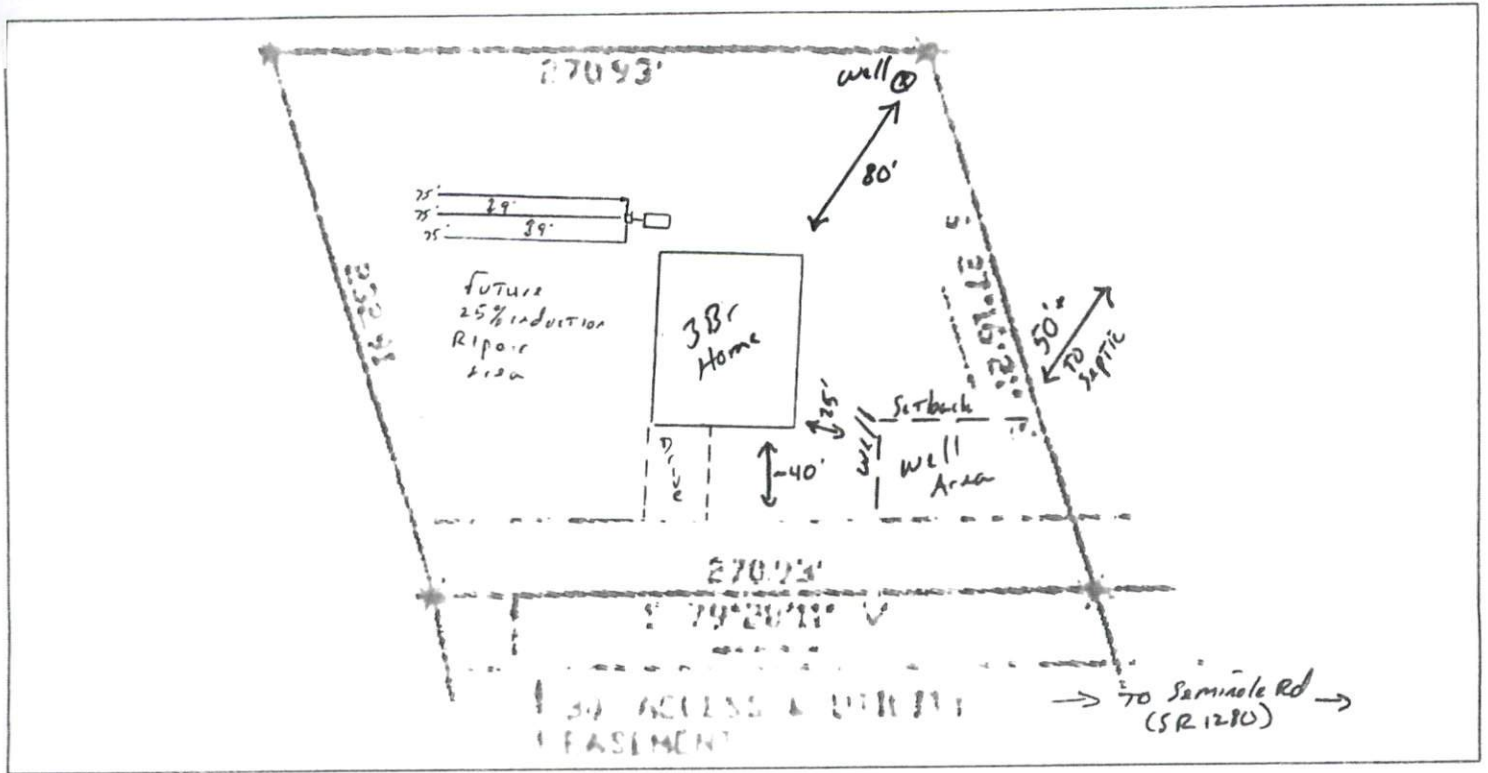
Casing Height: 13 (above finished grade) Access Port:  Vent Stack:   
Well ID Tag:  Pump ID Tag: NO Sampling Tap:  Backflow Preventer: N/A  
Sample Taken?  Yes  No Well Head properly sealed:

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

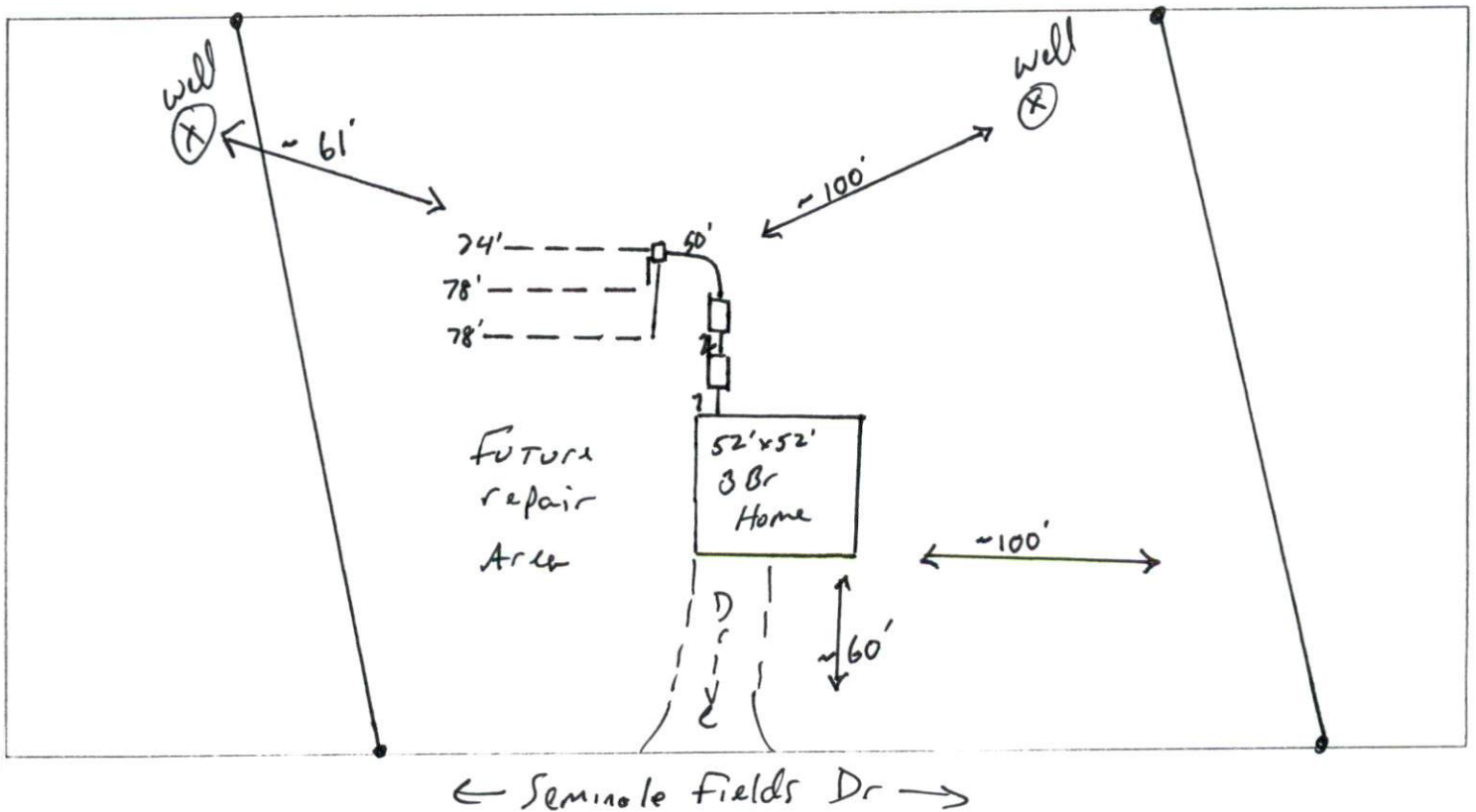
Authorized State Agent Meh Ah REHJ Date 3-9-22

See Attachment for completion sketch

Well Construction Sketch



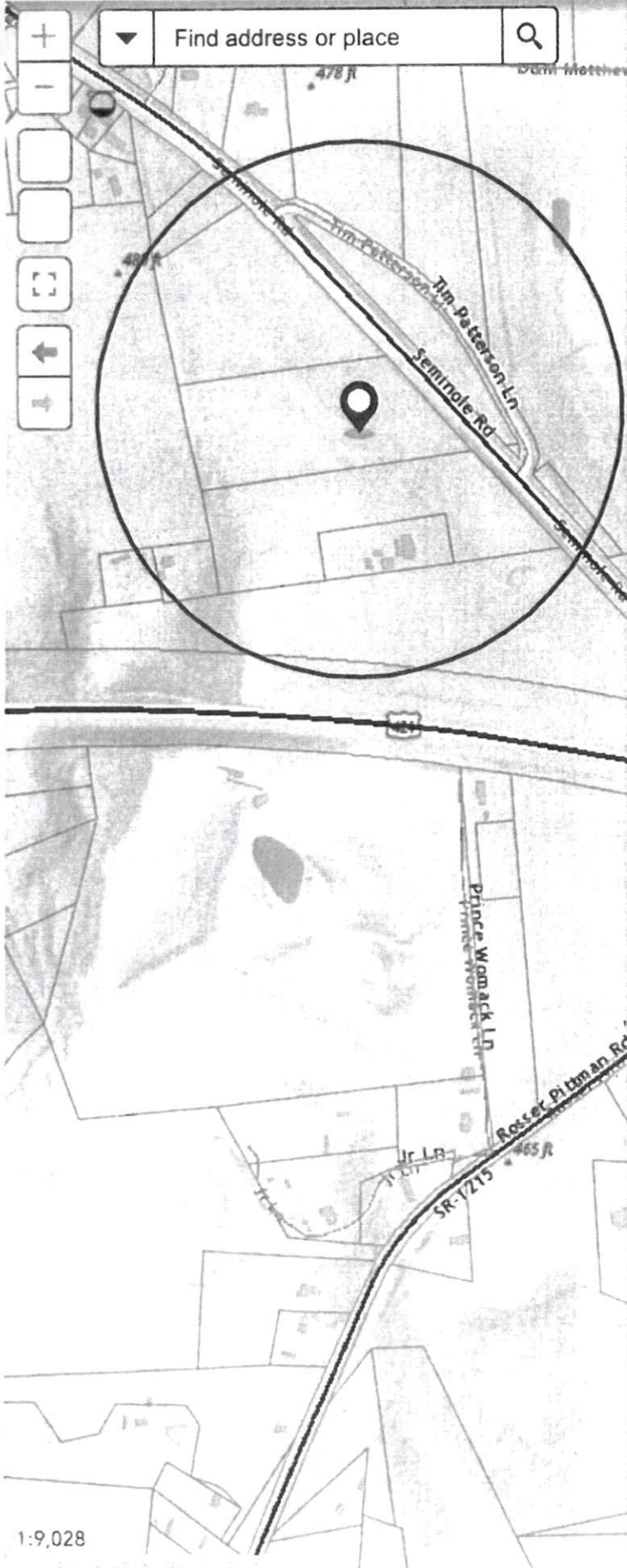
Well Completion Sketch





# Well Permit Decision Tool

How U



## Screening

Report

Back

Area : 3,134,508.67 ft<sup>2</sup>

Known Releases of Contamination

(0)

Upload shapefile to include in analysis

Upload



# 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

2. Well Construction Permit #: \_\_\_\_\_  
List all applicable well construction permits (i.e. UIC, County, State, Variance, etc.)

**Application no SFD2104-0076**

### 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 Completed: **5-20-21** Well ID# **LOT=2**

#### 5a. Well location:

**HARRINGTON PROPERTIES**  
 Facility/Owner Name Facility ID# (if applicable)  
**Seminole Rd Broadway**  
 Physical Address, City and Zip **NC 27505**  
**HARRIETT**  
 County Parcel Identification # (PIN)

5b. Latitude and Longitude in degrees/minutes/seconds or decimal degrees:  
**35° 26.555' N 079° 02.542' 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: **380** (ft.)  
For multiple wells list all depths if different (example- 3@200' and 2@100')

10. Static water level below top of casing: **60** (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): **20** Method of Test: **Air**

13b. Disinfection Type: **HTH** Amount: **1Lbs**

For Internal Use Only:

### 14. WATER ZONES

FROM	TO	DESCRIPTION
46gpm	205 ft.	16gpm at 245
		156gpm at 355

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

FROM	TO	DIAMETER	THICKNESS	MATERIAL
0	170 ft.	6	in	SDR21 PVC

### 16. INNER CASING OR TUBING (geothermal closed-loop)

FROM	TO	DIAMETER	THICKNESS	MATERIAL

### 17. SCREEN

FROM	TO	DIAMETER	SLOT SIZE	THICKNESS	MATERIAL

### 18. GROUT

FROM	TO	MATERIAL	EMPLACEMENT METHOD & AMOUNT
0	20+ ft.	5 Bag EZ Seal	Pumped

### 19. SAND/GRAVEL PACK (if applicable)

FROM	TO	MATERIAL	EMPLACEMENT METHOD

### 20. DRILLING LOG (attach additional sheets if necessary)

FROM	TO	DESCRIPTION (color, hardness, soil/rock type, grain, size, etc.)
0	3 ft.	Sand & clay
3	160 ft.	Clay & silt
160	380 ft.	Blue rock

### 21. REMARKS

### 22. CERTIFICATION:

**Ray Maness** **5-20-21**  
 Signature of Certified Well Contractor Date

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