

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

PIN #: _____ Parcel #: _____ Application #: SFD2104-0077 Subdivision: _____ Lot #: 3

Applicant Name: Harrington Properties
Address: 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 *[Signature]* Date 5-11-21

Grouting Inspection Witnessed
 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: _____

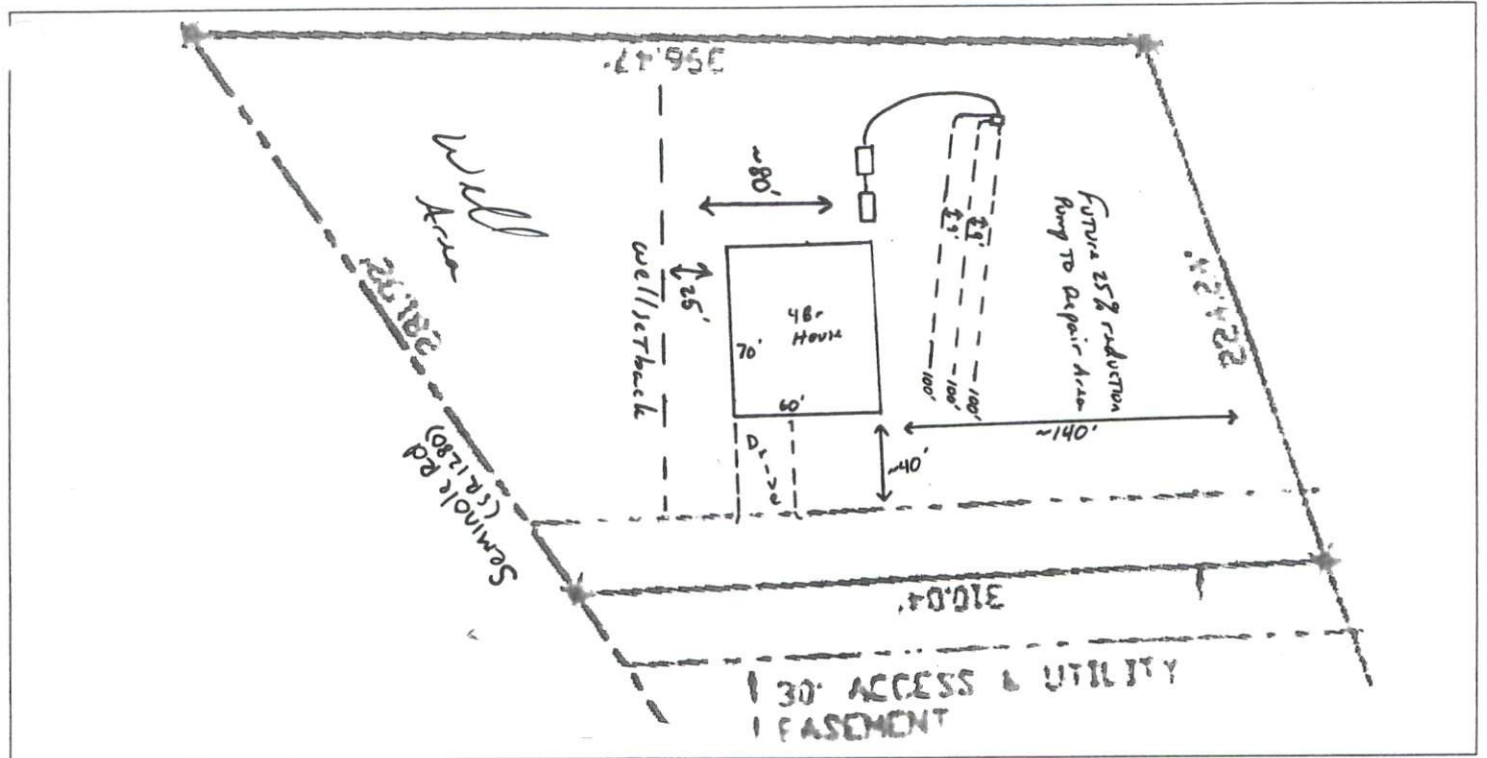
Well Head Information

Casing Height: 13 (above finished grade) Access Port: Vent Stack:
Well ID Tag: Pump ID Tag: Sampling Tap: Backflow Preventer: n/a
Sample Taken? Yes No Well Head properly sealed:
on 1-31-22

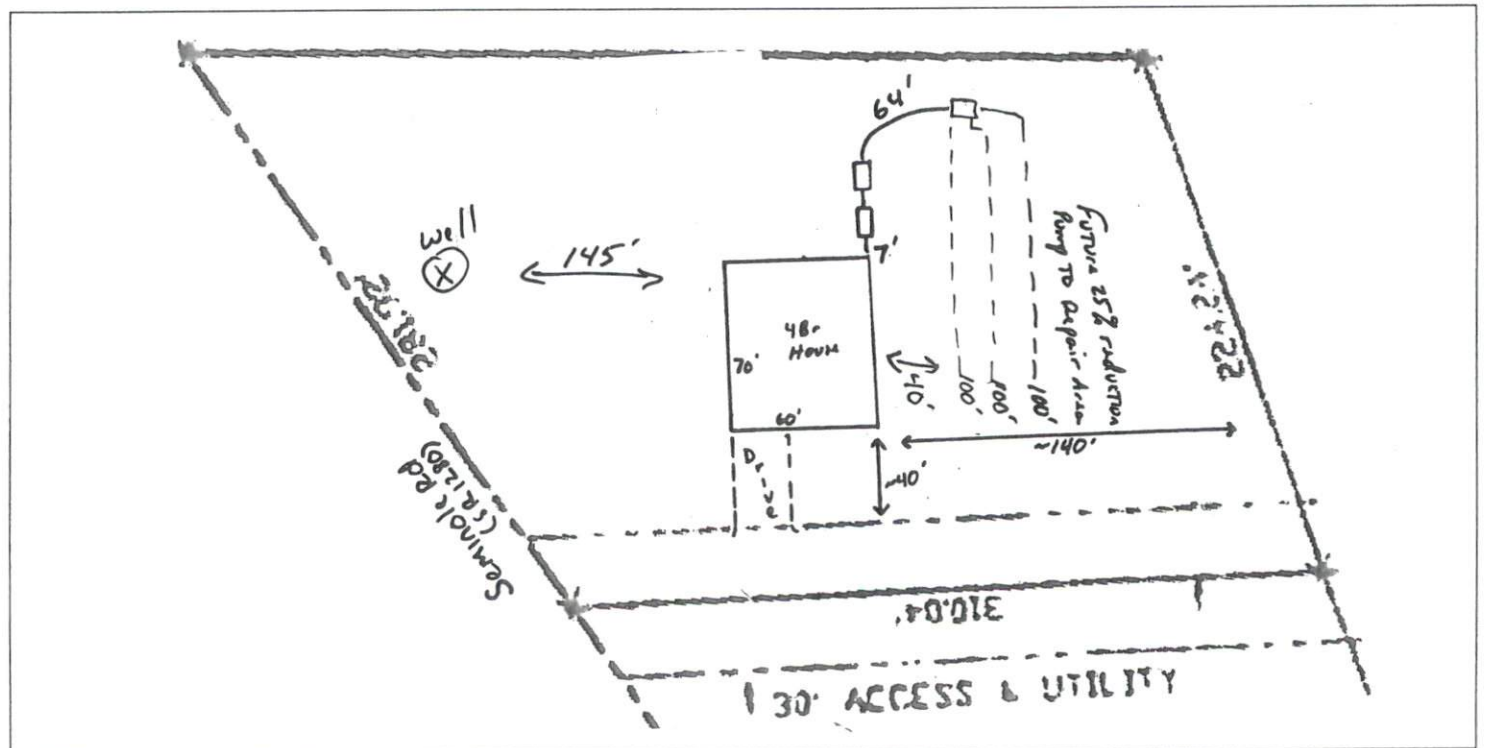
Remarks: _____
Authorized State Agent *[Signature]* Date 1-27-22

See Attachment for completion sketch

Well Construction Sketch



II Completion Sketch





WELL CONSTRUCTION RECORD (GW-1)

For Internal Use Only:

1. Well Contractor Information:

Michael Maness
 Well Contractor Name
NC WC 2470-A
 NC Well Contractor Certification Number
W W Maness & Sons
 Company Name

Application # SFD2104-0077
 2. Well Construction Permit #: SFD2104-0077
 List all applicable well construction permits (i.e. UIC, County, State, Variance, etc.)

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: 5-19-21 Well ID# _____

5a. Well location:

Harrington Properties
 Facility/Owner Name Facility ID# (if applicable)
Seminole Rd Broadway
 Physical Address, City and Zip
Harnett lot 3
 County Parcel Identification # (PIN)

5b. Latitude and Longitude in degrees/minutes/seconds or decimal degrees:
35.441 N 79.040 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: 340 (ft.)
 For multiple wells list all depths if different (example- 3@200' and 2@100')

10. Static water level below top of casing: 70 (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): 40 Method of Test: Air

13b. Disinfection Type: H+H Amount: 1 pound

14. WATER ZONES

FROM	TO	DESCRIPTION
ft. 190	ft. 5 Gpm	330' - 20 Gpm
ft. 210	ft. 15 Gpm	

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

FROM	TO	DIAMETER	THICKNESS	MATERIAL
+2	ft. 158	6 1/4 in	SDR21	PVC

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

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	EMPLACEMENT METHOD & AMOUNT
0	ft. 20+	Bentonite	
ft.	ft.		
ft.	ft.		

19. SAND/GRAVEL PACK (if applicable)

FROM	TO	MATERIAL	EMPLACEMENT METHOD
ft.	ft.		
ft.	ft.		

20. DRILLING LOG (attach additional sheets if necessary)

FROM	TO	DESCRIPTION (color, hardness, soil/rock type, grain, size, etc.)
0	ft. 2	Clay
2	ft. 145	Sand Clay
145	ft. 340	Blue Rock
ft.	ft.	
ft.	ft.	
ft.	ft.	

21. REMARKS

22. CERTIFICATION:

Signature of Certified Well Contractor _____ Date 5-19-21

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.