

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

PIN #: _____ Parcel #: _____ Application #: SFD2104-0078 Subdivision: _____ Lot #: 4

Applicant Name: Harrington Properties
Address: 105 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 *Moh* REHS Date 5-11-21

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: _____

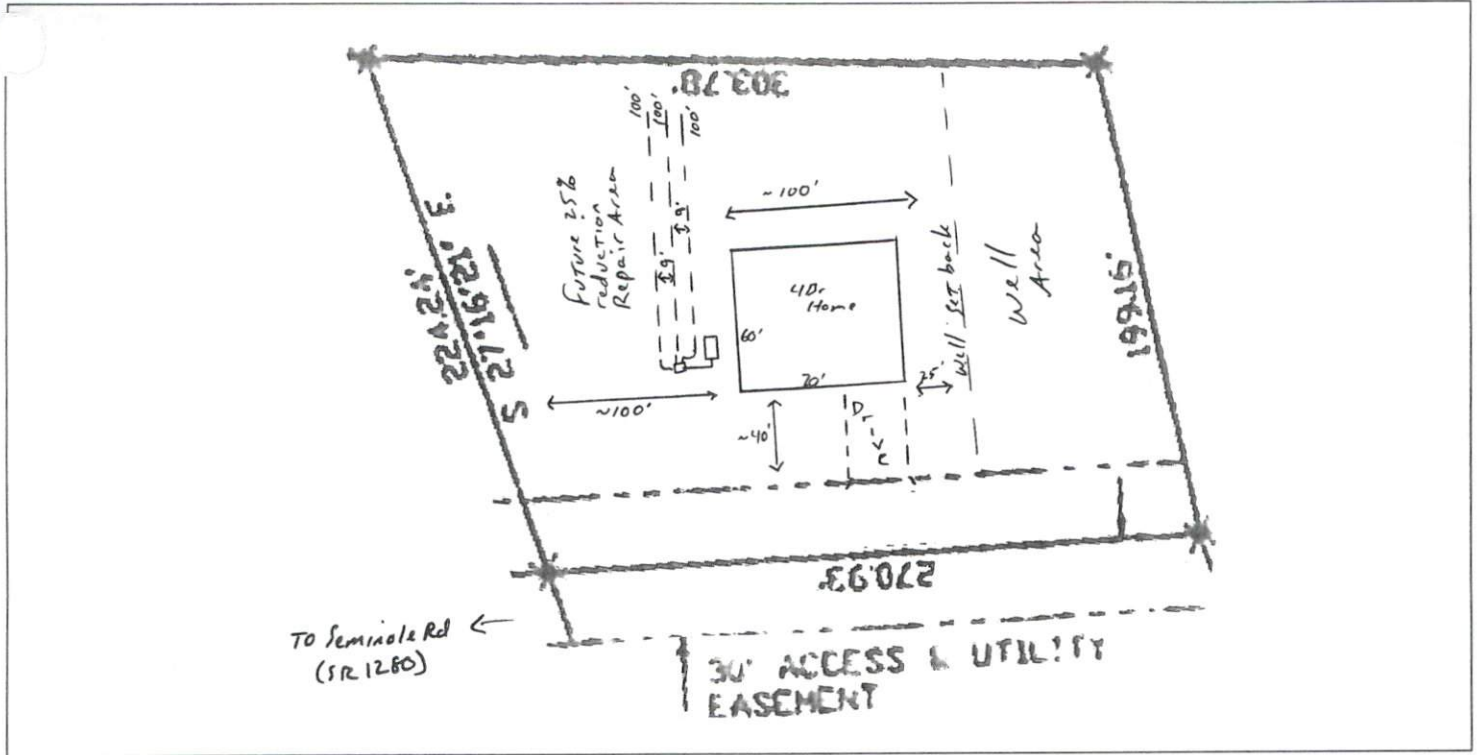
Well Head Information

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

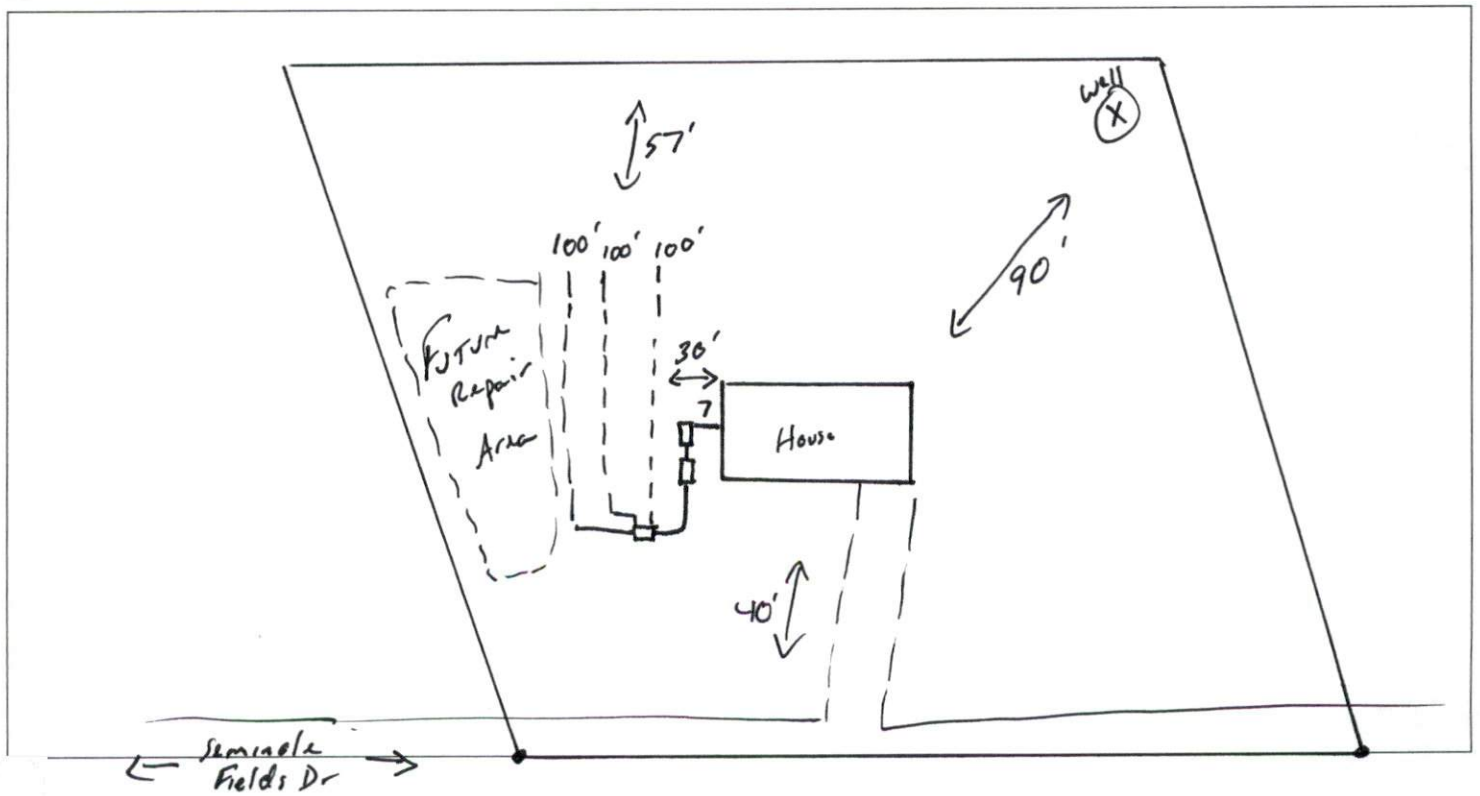
Authorized State Agent *Moh* REHS Date 1-27-22

See Attachment for completion sketch

Well Construction Sketch



II Completion Sketch



WELL CONSTRUCTION RECORD (GW-1)

1. Well Contractor Information:

Well Contractor Name: Michael Maress

Well Contractor Certification Number: NK WC 2470-A

Company Name: WW Maress & Sons

2. Well Construction Permit #:

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

3. Well Use (check well use):

Water Supply Well:	
<input type="checkbox"/> Agricultural	<input type="checkbox"/> Municipal/Public
<input type="checkbox"/> Geothermal (Heating/Cooling Supply)	<input checked="" type="checkbox"/> Residential Water Supply (single)
<input type="checkbox"/> Industrial/Commercial	<input type="checkbox"/> Residential Water Supply (shared)
<input type="checkbox"/> Irrigation	
Non-Water Supply Well:	
<input type="checkbox"/> Monitoring	<input type="checkbox"/> Recovery
Injection Well:	
<input type="checkbox"/> Aquifer Recharge	<input type="checkbox"/> Groundwater Remediation
<input type="checkbox"/> Aquifer Storage and Recovery	<input type="checkbox"/> Safety Barrier
<input type="checkbox"/> Aquifer Test	<input type="checkbox"/> Stormwater Drainage
<input type="checkbox"/> Experimental Technology	<input type="checkbox"/> Subsidence Control
<input type="checkbox"/> Geothermal (Closed Loop)	<input type="checkbox"/> Tracer
<input type="checkbox"/> Geothermal (Heating/Cooling Return)	<input type="checkbox"/> Other (explain under #21 Remarks)

4. Date Well(s) Completed: 5-20-21 Application # 5FD2104-008 Well ID# 5FD2104-008

5a. Well Location:
 Facility/Owner Name: Harrison Properties Lot 4
 Facility ID# (if applicable):
 Physical Address, City, and Zip: Seminole Properties Broadway NS. Harnett
 County: Harnett Parcel Identification No. (PIN):

5b. Latitude and longitude in degrees/minutes/seconds or decimal degrees (if well field, one lat/long is sufficient):
35.441 N 79.042 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: 320 (ft.)
 For multiple wells list all depths if different (example: 5@200' and 2@100')

10. Static water level below top of casing: 75 (ft.)
 If water level is above casing, use "A"

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. Distribution type: H/H Amount: 1 pound

For Internal Use Only:

14. WATER ZONES		FROM	TO	DESCRIPTION	
	ft.	185	ft.	3 gpm 253'-34 gpm	
	ft.	230	ft.	3 gpm	
15. OUTER CASING (for multi-cased wells) OR LINER (if applicable)					
FROM	TO	DIAMETER	THICKNESS	MATERIAL	
ft.	ft.	in.	in.		
1	ft.	140	ft.	6 1/4 in. SDR21	PVC
16. INNER CASING OR TUBING (for multi-cased wells)					
FROM	TO	DIAMETER	THICKNESS	MATERIAL	
ft.	ft.	in.	in.		
	ft.		in.		
17. SCREEN					
FROM	TO	DIAMETER	SLOT SIZE	THICKNESS	MATERIAL
ft.	ft.	in.			
	ft.		in.		
18. GROUT					
FROM	TO	MATERIAL	EMPLACEMENT METHOD & AMOUNT		
ft.	ft.				
0	ft.	20'	Bentonite Perched		
	ft.				
	ft.				
19. SAND/GRAVEL PACK (if applicable)					
FROM	TO	MATERIAL	EMPLACEMENT METHOD		
ft.	ft.				
	ft.				
20. DRILLING LOGS (attach to well site - see instructions)					
FROM	TO	DESCRIPTION (color, formation, soil type, grade, etc.)			
ft.	ft.				
0	ft.	3	Sand		
3	ft.	130	Sand & clay mix		
130	ft.	320	Granite		
	ft.				
	ft.				
	ft.				
	ft.				
21. REMARKS					

22. Certification:
 Signature of Certified Well Contractor: Math M
 Date: 5-20-21

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. 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.