

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

PIN #: 9574-56-4539

Parcel #:

Application #: SFD2301-0065

Subdivision:

Lot #:

Applicant Name: Scott Bradsher
Address: 1067 Marks Rd (SR 1111)

Type of Facility Served by Well: SFD

Sewage System: 25% reduction

Permit Conditions: Well to be drilled in Well Area

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

M. A. RETH

Date 03-11-24

Expiration Date

03-11-29

* Construction Authorization Expires within five years of issue

Grouting Inspection Witnessed

Grouting self-certified by driller

GW-1 provided?

Yes

No

Date

See attachment for construction sketch

WELL CERTIFICATE OF COMPLETION

Date:

Application #: SFD2301-0065

Well Contractor: _____

Applicant Name: Scott Bradsher

Address: 1067 Marks Rd (SR 1111)

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 _____

Water Zone (depth)

From _____ To _____

From _____ To _____

From _____ To _____

Casing

From _____ To _____

Diameter: _____ Material: _____ Thickness: _____

From _____ To _____

Diameter: _____ Material: _____ Thickness: _____

From _____ To _____

Diameter: _____ Material: _____ Thickness: _____

Grout

From _____ To _____

Material: _____ Method: _____

From _____ To _____

Material: _____ Method: _____

From _____ To _____

Material: _____ Method: _____

Inspector: _____

On Hold Date: _____

Release Date: _____

Remarks: _____

Well Head Information

Casing Height: 14" (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

M. A. RETH

Date 4-1-24

See Attachment for completion sketch

Application #:

SFD2301-0065

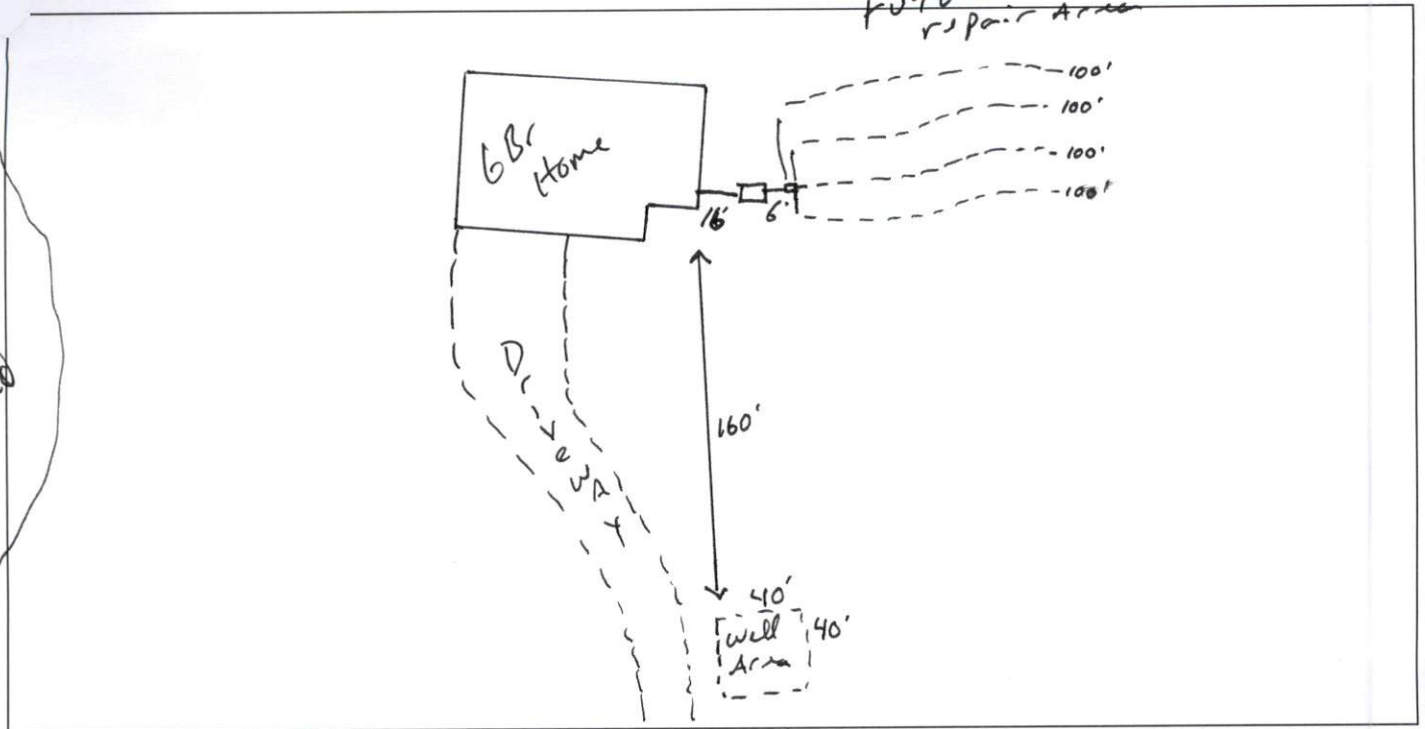
Applicant Name:

Scott Bradsher

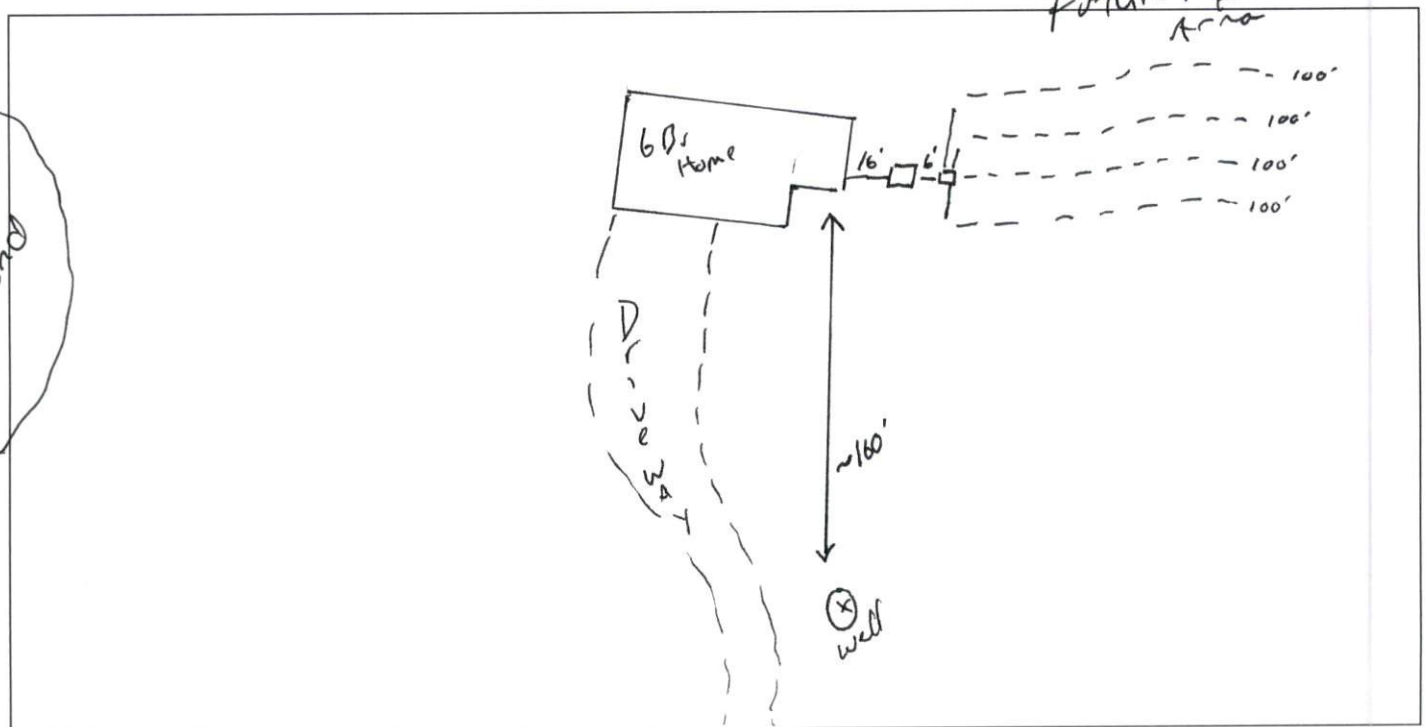
Subdivision:

Lot #:

Well Construction Sketch



Well Completion Sketch



WELL CONSTRUCTION RECORD (GW-1)

1. Well Contractor Information:

Charles McCaskill

Well Contractor Name

2769-A

NC Well Contractor Certification Number

Charles R. Underwood Inc.

Company Name

SFD2301-0065

2. Well Construction Permit #: **SFD2301-0065**
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 Wells > 100,000 GPD

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(s) Completed: 3/27/2024 Well ID# _____

5a. Well Location:

Scott Bradsher

Facility/Owner Name

Facility ID# (if applicable)

1067 Marks Rd, Cameron, 28326

Physical Address, City, and Zip

Harnett

9574-56-4539

County

Parcel Identification No. (PIN)

5b. Latitude and longitude in degrees/minutes/seconds or decimal degrees:
(if well field, one lat/long is sufficient)

35.159.97 N **79.457.48** 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: 55 (ft.)
For multiple wells list all depths if different (example- 3@200' and 2@100')

10. Static water level below top of casing: 28 (ft.)
If water level is above casing, use "+"

11. Borehole diameter: 10 (in.)

12. Well construction method: Mud Rotary
(i.e. auger, rotary, cable, direct push, etc.)

FOR WATER SUPPLY WELLS ONLY:

13a. Yield (gpm) 3 Method of test: Pump

13b. Disinfection type: HTH Amount: 3 oz

For Internal Use Only:

14. WATER ZONES						
FROM	TO	DESCRIPTION				
ft.	ft.					
ft.	ft.					
15. OUTER CASING (for multi-cased wells) OR LINER (if applicable)						
FROM	TO	DIAMETER	THICKNESS	MATERIAL		
ft.	ft.	in.				
16. INNER CASING OR TUBING (geothermal closed-loop)						
FROM	TO	DIAMETER	THICKNESS	MATERIAL		
+2 ft.	45 ft.	4 in.	SCH 40	PVC		
50 ft.	55 ft.	4 in.	SCH 40	PVC		
17. SCREEN						
FROM	TO	DIAMETER	SLOT SIZE	THICKNESS	MATERIAL	
45 ft.	50 ft.	4 in.	.050	SCH40	Stainless Steel	
ft.	45 ft.	in.				
18. GROUT						
FROM	TO	MATERIAL	EMPLACEMENT METHOD & AMOUNT			
0 ft.	3 ft.	neat cement	pour			
3 ft.	30 ft.	Bentonite Grout	Tremie/Pump			
ft.	ft.					
19. SAND/GRAVEL PACK (if applicable)						
FROM	TO	MATERIAL	EMPLACEMENT METHOD			
30 ft.	60 ft.	#3 Well Gravel	Tremie			
ft.	ft.					
20. DRILLING LOG (attach additional sheets if necessary)						
FROM	TO	DESCRIPTION (color, hardness, soil/rock type, grain size, etc.)				
ft.	ft.	See Attached				
ft.	ft.					
ft.	ft.					
ft.	ft.					
ft.	ft.					
ft.	ft.					
ft.	ft.					
21. REMARKS						

22. Certification:

Charles McCaskill 4/3/2024
Signature of Certified Well Contractor Date

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 construction info (add 'See Over' in Remarks Box). You may also attach additional pages if necessary.

24. SUBMITTAL INSTRUCTIONS

Submit this GW-1 within 30 days of well completion per the following:

24a. For All Wells: Original form to Division of Water Resources (DWR), Information Processing Unit, 1617 MSC, Raleigh, NC 27699-1617

24b. For Injection Wells: Copy to DWR, Underground Injection Control (IUC) Program, 1636 MSC, Raleigh, NC 27699-1636

24c. For Water Supply and Open-Loop Geothermal Return Wells: Copy to the county environmental health department of the county where installed

24d. For Water Wells producing over 100,000 GPD: Copy to DWR, CCPCUA Permit Program, 1611 MSC, Raleigh, NC 27699-1611

Charles R. Underwood Inc.

Municipal Pump Sales & Service

2000 Boone Trail Road
Sanford, North Carolina 27330

Phone: (919) 775-2463
Fax: (919) 708-7232

**Scott Bradsher
4" Residential Well
Well #1
Formation Log**

35.159.97 N 79.457.48W

0' – 6'	Top Soil
6' – 10'	Sand
10' – 13'	Sandy Clay
13' – 28'	Sand
28' – 32'	Clay
32' – 39'	Sand
39' – 42'	Clay
42' – 46'	Clay with fine sand lenses
46' – 50'	Sand
50' – 80'	Clay, mixed colors
80' – 120'	Clay, turning green

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2000 Boone Trail Road
Sanford, North Carolina 27330

Phone: (919) 775-2463
Fax: (919) 708-7232

Scott Bradsher
4" Residential Well
Well #1
Casing Log

35.159.97 N 79.457.48W

+2' - 45' 4" SCH 40 PVC

45' - 50' 4" .050 Slot Stainless Steel Screen

50' - 55' 4" SCH 40 PVC

Grouted to 30'

#3 Gravel 30' - 60'