

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

PIN #: _____ Parcel #: _____ Application #: SFD2302-0075 Subdivision: _____ Lot #: _____

Applicant Name: Carlton Capers
Address: 630 Sunridge Dr (SR 1330)

Type of Facility Served by Well: 4 Br SFD

Sewage System: pump to 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] REHS Date 8-18-23

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 #: SFD2302-0075 Well Contractor: Michael Maness

Applicant Name: Carlton Capers
Address: 630 Sunridge Dr (SR 1330)
Directions to Site: _____

Use of Well: Private Date Drilled: 9-28-23 Total Depth: 320 Replacement Well? Yes No
Static Water Level: 50' Top of Casing is 13 in. above surface. Yield: 10 gpm at _____ ft.
Disinfection: Type H+H Amount 1 pound

<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

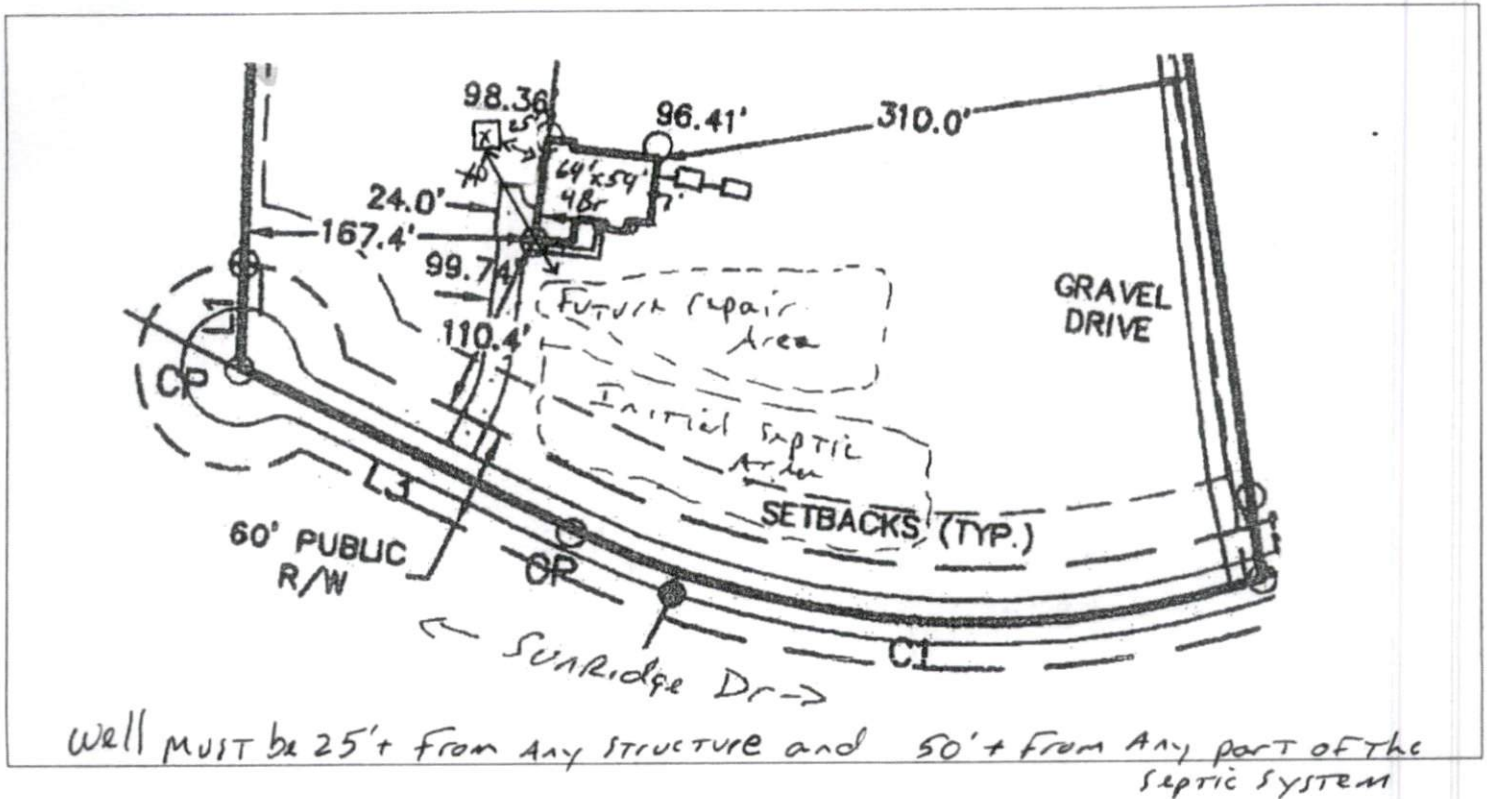
Casing Height: 13 (above finished grade) Access Port: Vent Stack:
Well ID Tag: Pump ID Tag: Sampling Tap: Backflow Preventer:
Sample Taken? Yes No Well Head properly sealed:

Remarks: _____

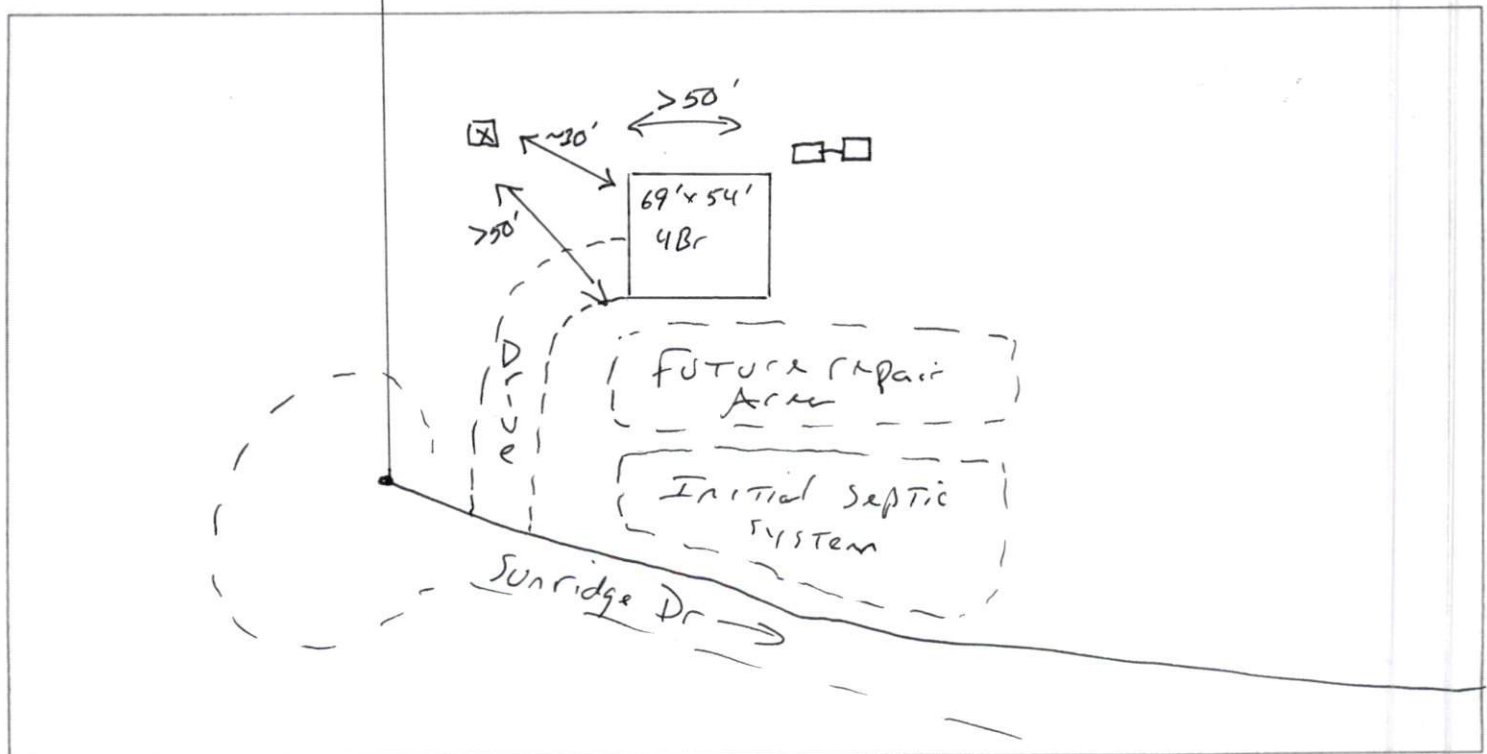
Authorized State Agent [Signature] REHS Date 10-20-23

See Attachment for completion sketch

Well Construction Sketch



Well Completion Sketch



WELL CONSTRUCTION RECORD (GW-1)

1. Well Contractor Information:

Well Contractor Name: **Michael Maress**

Well Contractor Certification Number: **WC NC 2470-A**

NC Well Contractor Certification Number:

Company Name: **WV 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):

- Agricultural
- Municipal/Public
- Residential (Heating/Cooling Supply)
- Residential Water Supply (single)
- Industrial/Commercial
- Irrigation
- Non-Water Supply Well:
- Monitoring
- Recovery

4. Date Well(s) Completed: **9/28/23** Well ID# _____

5a. Well Location: **Carbon Copies**
Schunacker Homes
 Facility/Owner Name: _____
 Facility ID# (if applicable): _____
 Physical Address, City, and Zip: **630 Sunrise Dr Canton NC**
Harrist
 County: _____
 Parcel Identification No. (PIN): _____

5b. Latitude and longitude in degrees/minutes/seconds or decimal degrees: **35°17'56" N 79°6'43" 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. Indicate TOTAL NUMBER of wells drilled: _____

9. Total well depth below land surface: **330**
 For multiple wells list all depths (example: 5@200' and 2@100')

10. Static water level below top of casing: **50**
 If water level is above casing, use "____"

11. Borehole diameter: **6** (in.)
 12. Well construction method: **H. Rotary**
 13a. Yield (gpm): **10**
 Method of test: **A.G.**
 13b. Disinfection type: **H+H**
 Amount: **1 pound**

14. WATER ZONES

FROM	TO	DESCRIPTION
130 ft.	3 ft.	3 ft.
230 ft.	7 ft.	7 ft.

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

FROM	TO	DIAMETER	THICKNESS	MATERIAL
41 ft.	101 ft.	4.25 in.	SDR21	PVC

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

FROM	TO	DIAMETER	THICKNESS	MATERIAL
0	0			

17. SCREEN

FROM	TO	DIAMETER	SLOT SIZE	THICKNESS	MATERIAL
0	0				

18. GROUT

FROM	TO	MATERIAL	EMPLACEMENT METHOD & AMOUNT
0	20 ft.	Sand	20 ft. Bertrac Purput

19. SAND/GRAVEL PACK (if applicable)

FROM	TO	MATERIAL	EMPLACEMENT METHOD
0	5	Sand	
5	90	Sand clay	
90	330	Grey Rock	

20. DRILLING LOG (attach additional sheets if necessary)

FROM	TO	DESCRIPTION (color, hardness, sub/rock type, grain size, etc.)
0	5	Sand
5	90	Sand clay
90	330	Grey Rock

21. REMARKS

NO.	REMARKS

22. Certification: **Michael Maress**
 Signature of Certified Well Contractor
 Date: **9/28/23**

23. Site diagram or additional well details: _____
 You may use the back of this page to provide additional well site details or construction details. You may also attach additional pages if necessary.

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 Services 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 Services 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.

Print Form