

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

PIN #: _____ Parcel #: _____ Application #: SFD Subdivision: _____ Lot #: _____
2305-0009

Applicant Name: Victor E Bennett
Address: _____

Type of Facility Served by Well: SFD

Sewage System: 25% RBS

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: James E. Markham ^{REHS} Date: _____

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 _____

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 0 To _____
Material: _____ Method: _____
From _____ To _____
Material: _____ Method: _____
From _____ To _____
Material: _____ Method: _____

Inspector: _____ On Hold Date: _____ Release Date: _____

Remarks: _____

Well Head Information

Casing Height: 10 (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: James E. Markham ^{REHS} Date: 3-26-25

See Attachment for completion sketch

gate
2013

Application #:

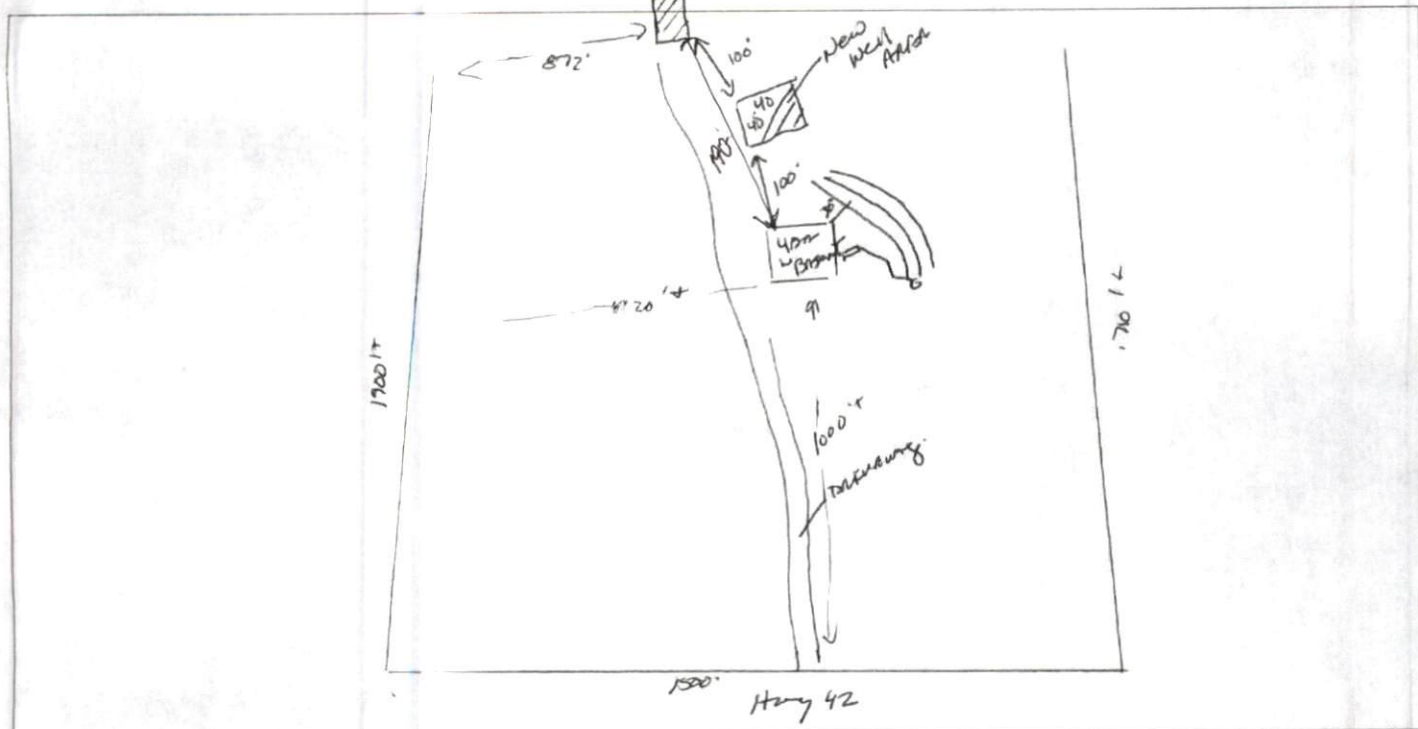
Applicant Name:

Subdivision: _____

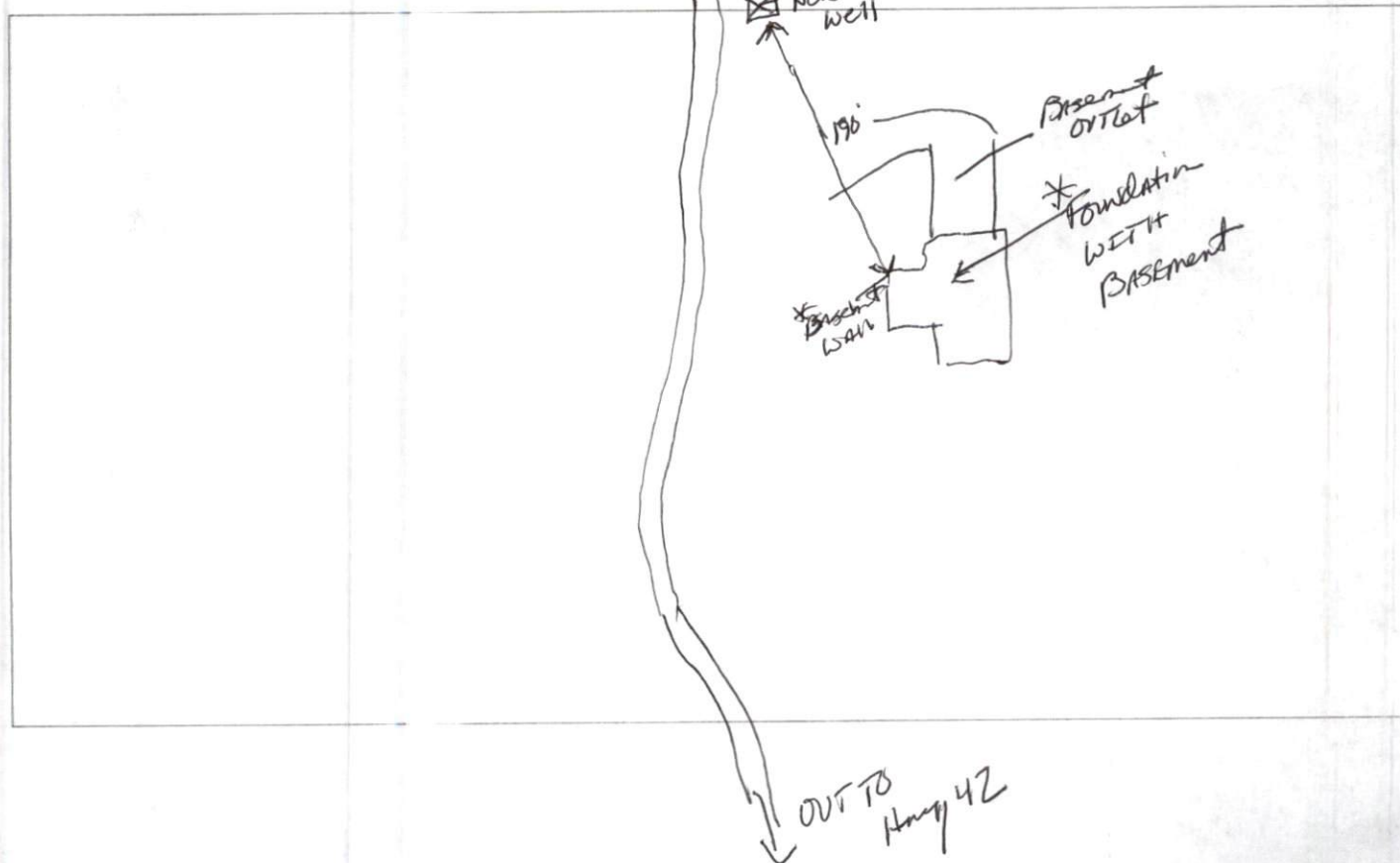
Lot #: _____

Victor L Bennett

Well Construction Sketch



Well Completion Sketch



WELL CONSTRUCTION RECORD

This form can be used for single or multiple wells

1. Well Contractor Information:

Mr John H Boyette, Jr

Well Contractor Name

2505

NC Well Contractor Certification Number

Boyette Well & Septic, Inc.

Company Name

2. Well Construction Permit #:

List all applicable well construction permits (ie County, State, Variance, etc.)

3. Well Use:

Residential

4. Date Well(s) Completed: 12/14/2023 Well ID#

5a. Well Location:

List all applicable well construction permits (ie County, State, Variance, etc.)

Robert Bennett

Facility/Owner Name

Facility ID (if applicable)

7281 NC 42, Holly Springs, NC 27540

Physical Address, City, and Zip

Harnett

County

Parcel Identification No. (PIN)

5b. Latitude and Longitude degrees/minutes/seconds or decimal degrees:

(If well field, one lat/long is sufficient.)

N

W

6. Is (are) the well(s): Permanent

7. Is this a repair to an existing well: 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. Number of wells constructed: 1

For multiple injection or non-water wells ONLY with the same construction, you can submit one form.

9. Total well depth below land surface: 245 (ft.)

For multiple wells list all depths if different (example- 3 @ 200' and 2 @ 100')

10. Static water level below top of casing: 20 (ft.)

If water level is above casing, use "+"

11. Borehole diameter: 6 (in.)

12. Well construction method: Rotary

(i.e. auger, rotary, cable, direct push, etc.)

FOR WATER SUPPLY WELLS ONLY:

13a. Yield (gpm): 18 Method of test: Air

13b. Disinfection type: Chlorine Amount: 16 Oz

For Internal Use ONLY:

14. WATER ZONES

FROM TO DESCRIPTION

220 ft. 223 ft.
ft. ft.

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

FROM TO DIAMETER THICKNESS MATERIAL

0 ft. 51 ft. 6.25 in. 21 PVC Plastic
51 ft. 56 ft. 6.25 in. 0.188 Steel - Galvanized

16. INNER CASING OR TUBING (geothermal closed loop)

FROM TO DIAMETER THICKNESS MATERIAL

ft. ft. in.
ft. ft. in.

17. SCREEN

FROM TO DIAMETER THICKNESS SLOT SIZE MATERIAL

ft. ft. in.
ft. ft. in.

18. GROUT

FROM TO MATERIAL EMPLACEMENT METHOD & AMOUNT

0 ft. 25 ft. Grout - Bentonite Slurry - 8 Bags
ft. ft.
ft. ft.

19. SAND/GRAVEL PACK (if applicable)

FROM TO MATERIAL EMPLACEMENT METHOD & AMOUNT

ft. ft.
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. 30 ft. Clay
30 ft. 60 ft. Sandstone
60 ft. 245 ft. Granite
ft. ft.
ft. ft.
ft. ft.
ft. ft.

21. REMARKS

22. Certification:

Signature of Certified Well Contractor

3/27/2025

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 site details or well construction details. You may also attach additional pages if necessary.

SUMMITAL INSTRUCTIONS

24a. For All Wells: Submit this form within 30 days of completion of well construction to the following:

Division of Water Quality, 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 a copy of this form within 30 days of completion of well construction to the following:

Division of Water Quality, 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.