

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

PIN #: \_\_\_\_\_ Parcel #: \_\_\_\_\_ Application #: SFD2305-0014 Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_

Applicant Name: Andrew Davis  
Address: 2051 Thomas Kelly Rd (SR 1277)

Type of Facility Served by Well: 32'x64' 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 *Mal R REHS* Date 5-30-23

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 #: SFD2305-0014 Well Contractor: \_\_\_\_\_

Applicant Name: Andrew Davis  
Address: 2051 Thomas Kelly Rd (SR 1277)  
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

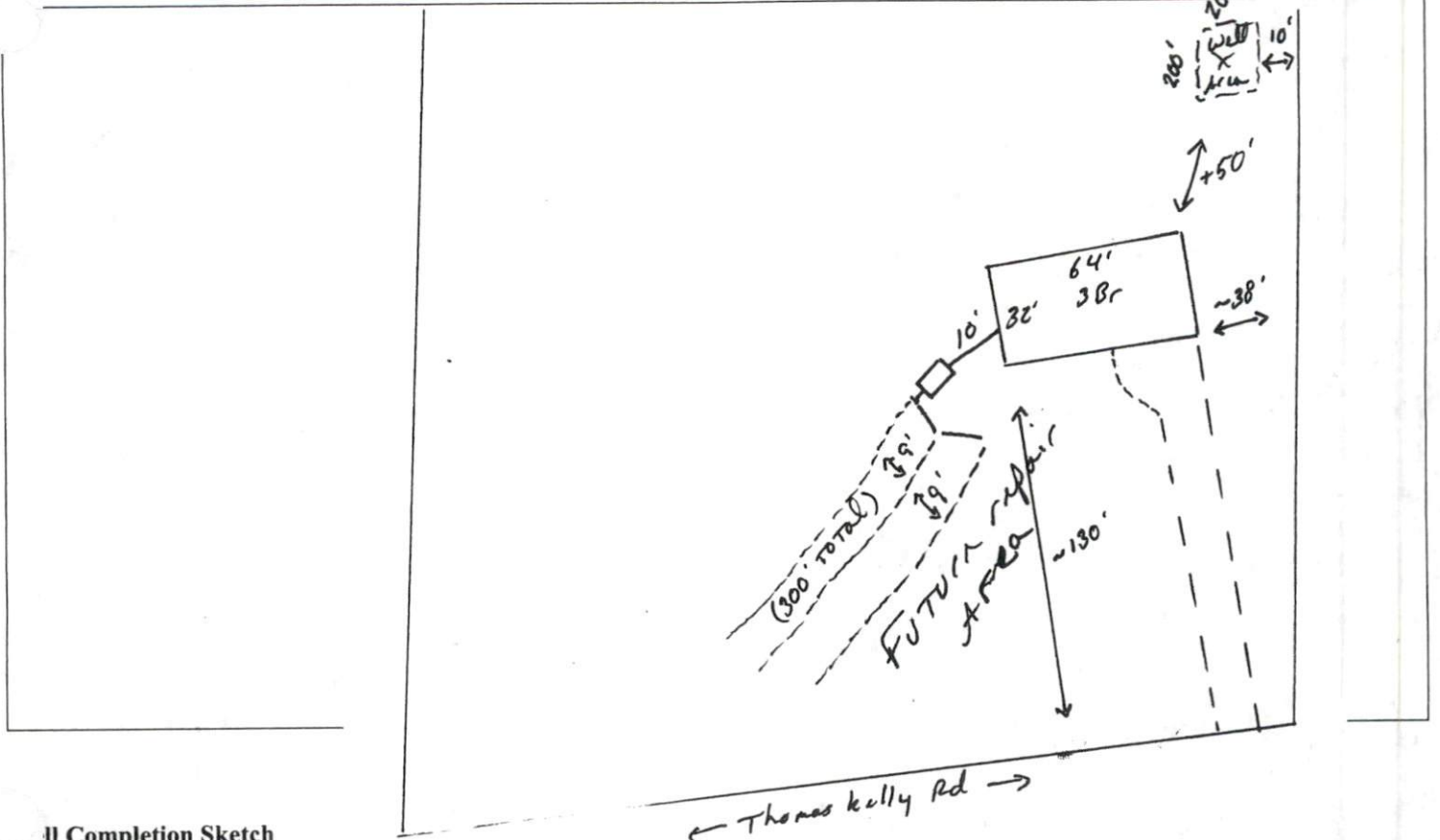
Casing Height: 14 (above finished grade) Access Port:  Vent Stack:   
Well ID Tag:  Pump ID Tag:  Sampling Tap:  Backflow Preventer:   
Sample Taken?  Yes  No Well Head properly sealed:

Remarks: \_\_\_\_\_

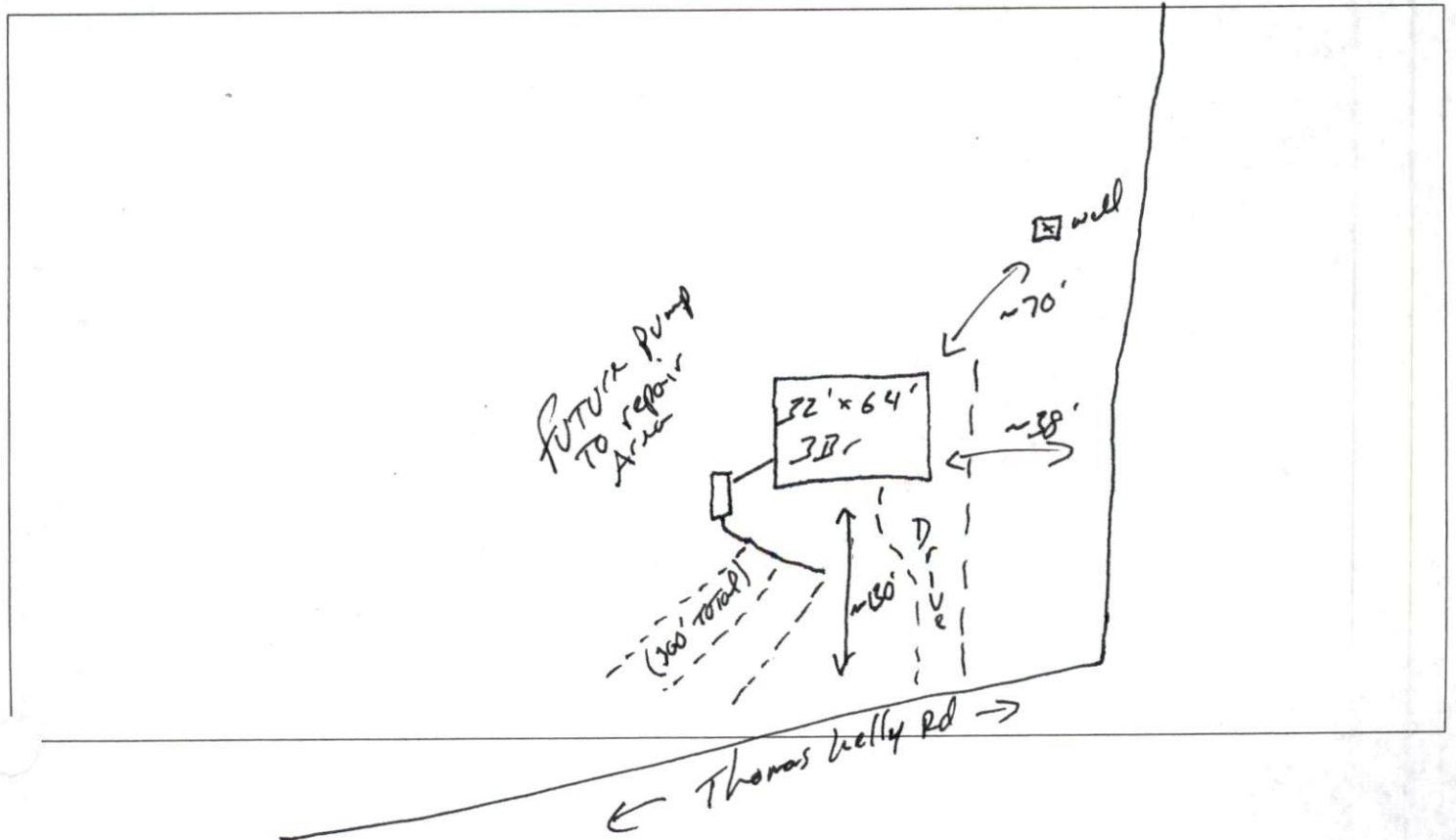
Authorized State Agent *Mal R REHS* Date 6-28-23

See Attachment for completion sketch

Well Construction Sketch



II Completion Sketch



SFD 2305-14

Print Form

WELL CONSTRUCTION RECORD (GW-1)

1. Well Contractor Information:

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

2. Well Construction Permit #:
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(s) Completed: 6-6-23 Well ID#

5a. Well Location:
Andrew Davis
Facility/Owner Name
2051 Thomas Kelly Rd
Physical Address, City, and Zip
Harrnett
County
Soufard NC 27330
Parcel Identification No. (PIN)

5b. Latitude and longitude in degrees/minutes/seconds or decimal degrees:
35.479 N 79.005 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: 420 (ft.)
For multiple wells list all depths if different (example- 3@200' and 2@100')

10. Static water level below top of casing: 50 (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) 3 Method of test: Air
13b. Disinfection type: H+H Amount: 1 1/2 pound

For Internal Use Only:

14. WATER ZONES
FROM TO DESCRIPTION
ft. 86' ft. 1/4 Gpm
ft. 190' ft. 2 3/4 Gpm
15. OUTER CASING (for multi-cased wells) OR LINER (if applicable)
FROM TO DIAMETER THICKNESS MATERIAL
+1 ft. 84 ft. 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
0 ft. ft. in.
ft. ft. in.
18. GROUT
FROM TO MATERIAL EMPLACEMENT METHOD & AMOUNT
0 ft. 20+ ft. Bentonite Pumped
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 slm, etc.)
0 ft. 10 ft. Red Clay
10 ft. 60 ft. Brown Clay
60 ft. 75 ft. Brown Stone - Sand Stone
75 ft. 420 ft. Blue Rock
ft. ft.
ft. ft.
ft. ft.
21. REMARKS

22. Certification:
Michael Maness
Signature of Certified Well Contractor
6-6-23
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.

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.