

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

PIN #: \_\_\_\_\_ Parcel #: \_\_\_\_\_ Application #: SFD2305-0033 Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_

Applicant Name: Red Door Homes  
Address: 584 Farrington Ln (SR 1108)

Type of Facility Served by Well: 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 *Mohammed REHS* Date 7-13-23

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 #: SFD2305-0033 Well Contractor: \_\_\_\_\_

Applicant Name: Red Door Homes  
Address: 584 Farrington Ln (SR 1108)  
Directions to Site: \_\_\_\_\_

Use of Well: Private Date Drilled: 10/11/23 Total Depth: 320 Replacement Well?  Yes  No  
Static Water Level: 50 Top of Casing is 12 in. above surface. Yield: 15 gpm at \_\_\_\_\_ ft.  
Disinfection: Type H+H Amount 1 para d

<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**

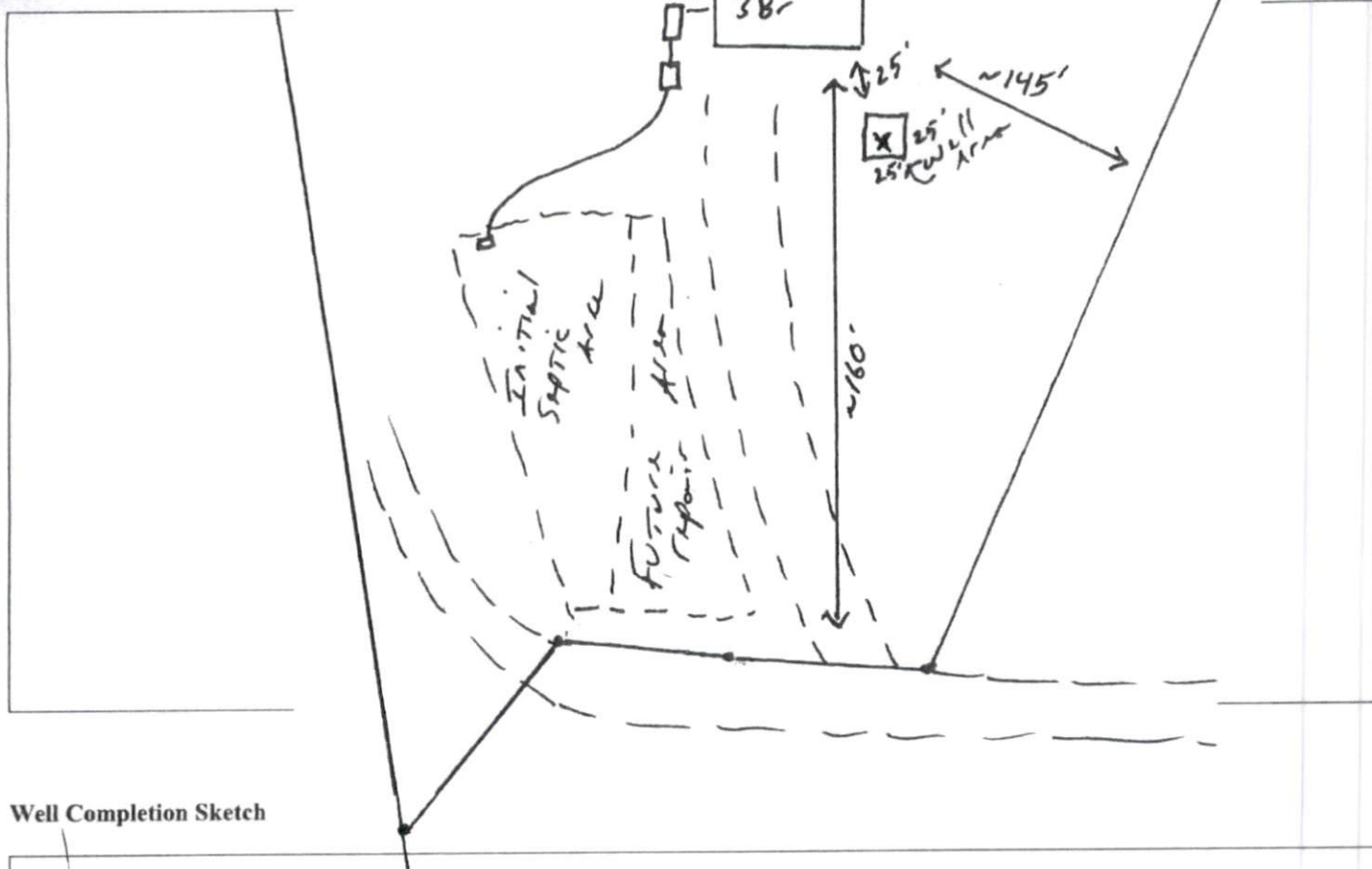
Casing Height: 14" (above finished grade) Access Port:  Vent Stack:   
Well ID Tag:  Pump ID Tag:  Sampling Tap:  Backflow Preventer:   
Sample Taken?  Yes  No Well Head properly sealed:

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

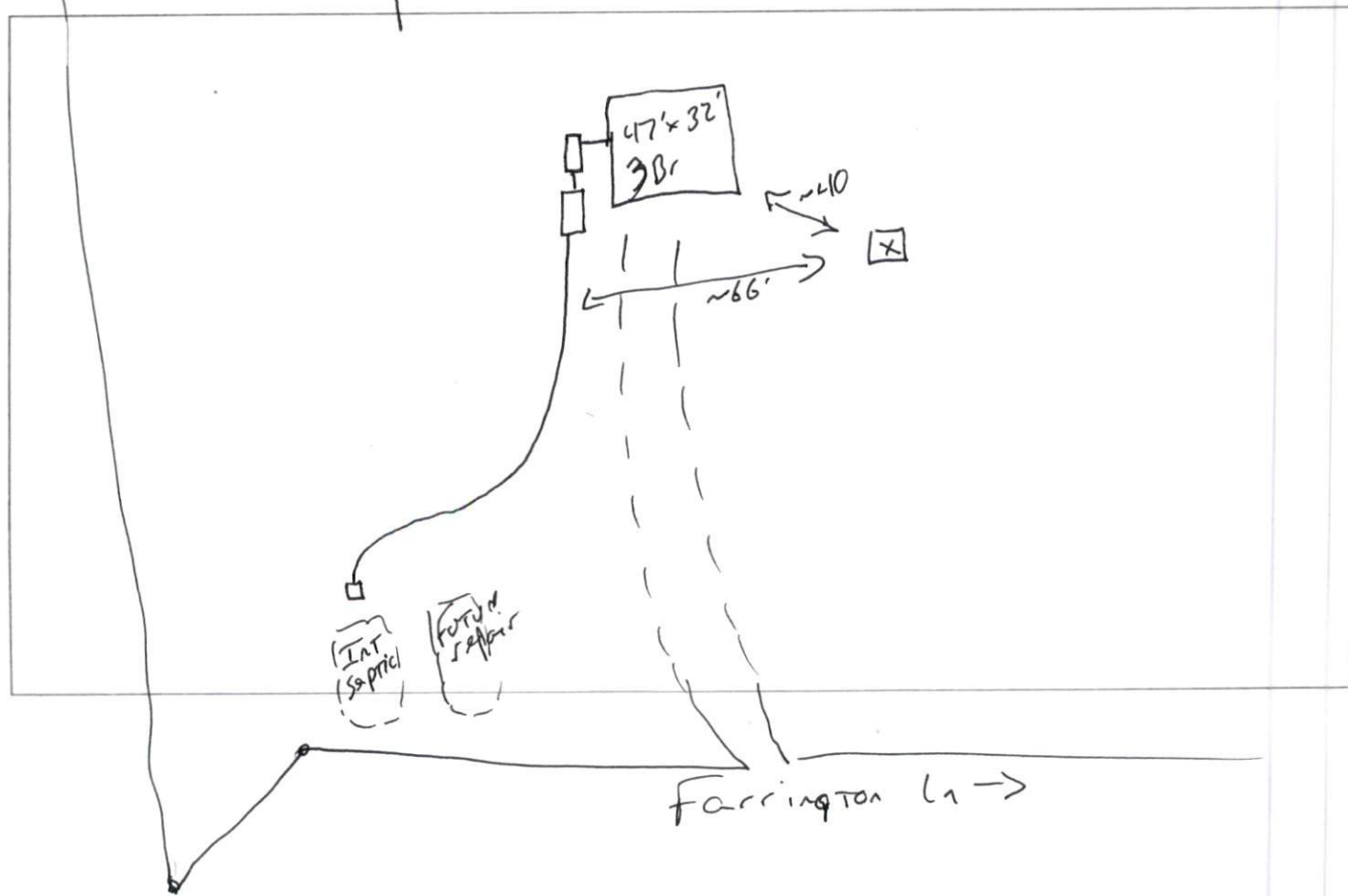
Authorized State Agent *Mohammed REHS* Date 10-11-23

See Attachment for completion sketch

Well Construction Sketch



Well Completion Sketch



# WELL CONSTRUCTION RECORD (GW-1)

Print Form

## 1. Well Contractor Information:

Michael Maness

Well Contractor Name

NC WC 2470-A

NC Well Contractor Certification Number

NW 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):

<b>Water Supply Well:</b>	
<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	
<b>Non-Water Supply Well:</b>	
<input type="checkbox"/> Monitoring	<input type="checkbox"/> Recovery
<b>Injection Well:</b>	
<input type="checkbox"/> Aquifer Recharge	<input type="checkbox"/> Groundwater Remediation
<input type="checkbox"/> Aquifer Storage and Recovery	<input type="checkbox"/> Salinity 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: 10-2-23 Well ID#

## 5a. Well Location:

Gary Davis

Facility/Owner Name

Facility ID# (if applicable)

584 Farrington Ln Cameron NC

Physical Address, City, and Zip

28326

Harnett

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° 11' 28" N 79° 16' 26" 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- 1@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) 15 Method of test: Air

13b. Disinfection type: H+H Amount: 1 pound

For Internal Use Only:

## 14. WATER ZONES

FROM	TO	DESCRIPTION
ft.	205 ft.	10 Gpm
ft.	305 ft.	5 Gpm

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

FROM	TO	DIAMETER	THICKNESS	MATERIAL
+7 ft.	111 ft.	6.25 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 size, etc.)
0 ft.	1 ft.	Sand
1 ft.	100 ft.	Clay
100 ft.	320 ft.	Grey Rock
ft.	ft.	
ft.	ft.	
ft.	ft.	
ft.	ft.	

## 21. REMARKS

## 22. Certification:

Michl Ma

Signature of Certified Well Contractor

10-2-23

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.