

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

PIN #: _____ Parcel #: _____ Application #: SFD2305-0094 Subdivision: _____ Lot #: _____

Applicant Name: Thomas Aristide
Address: 1008 Joe Collins Rd (SR 1258)

** Call Day of Drilling for well location approval*

Type of Facility Served by Well: SFD

Sewage System: Pump to 25% reduction

Permit Conditions: Well to be drilled in Well Area

** Redrawn because original area keeps collapsing -*

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. D. REH

Date 02-05-24

Expiration Date

02-05-29

*** Construction Authorization Expires within five years of issue**

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 #: SFD2305-0094 Well Contractor: _____

Applicant Name: Thomas Aristide
Address: 1008 Joe Collins Rd (SR 1258)
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: 12 (above finished grade) Access Port: Vent Stack:
Well ID Tag: Pump ID Tag: no Sampling Tap: Backflow Preventer: _____
Sample Taken? Yes No Well Head properly sealed:

Remarks: _____

Authorized State Agent _____

M. D. REH

Date 7-10-24

See Attachment for completion sketch

Application #:

SFD2305-0094

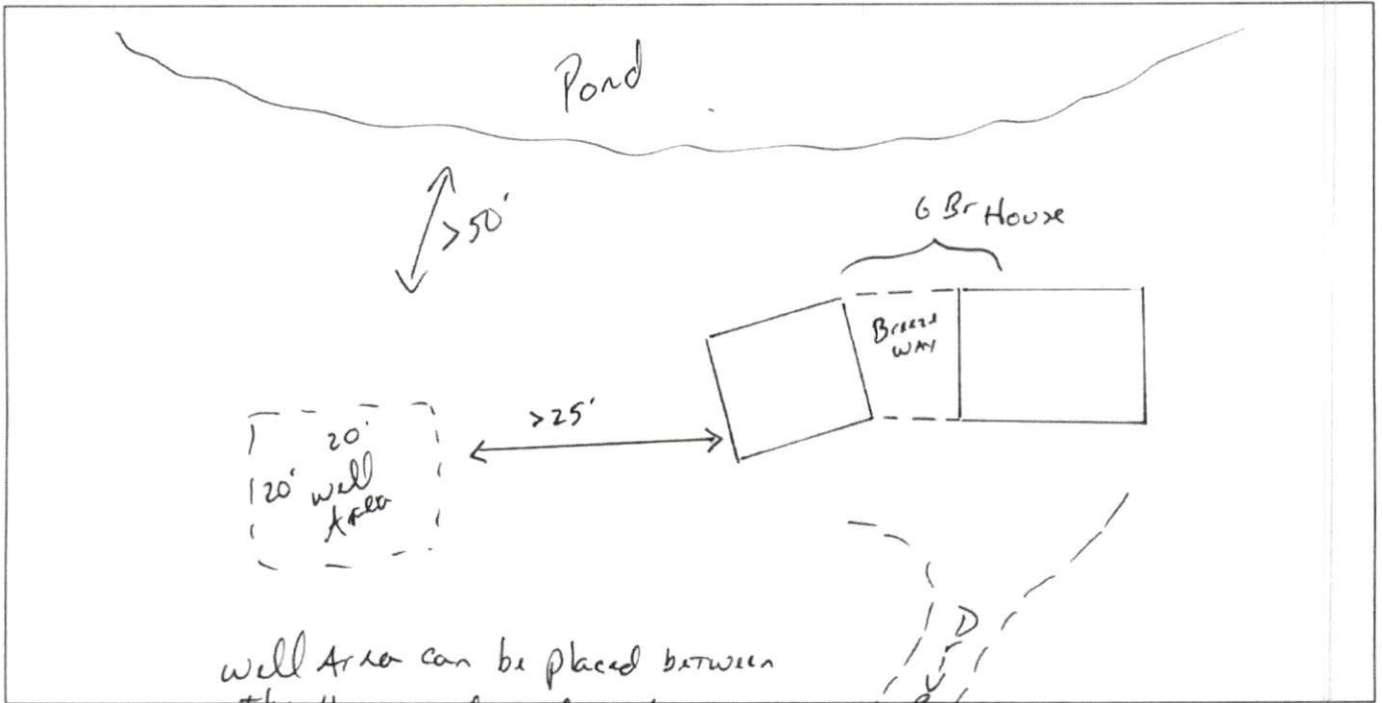
Applicant Name:

Thomas Aristide

Subdivision:

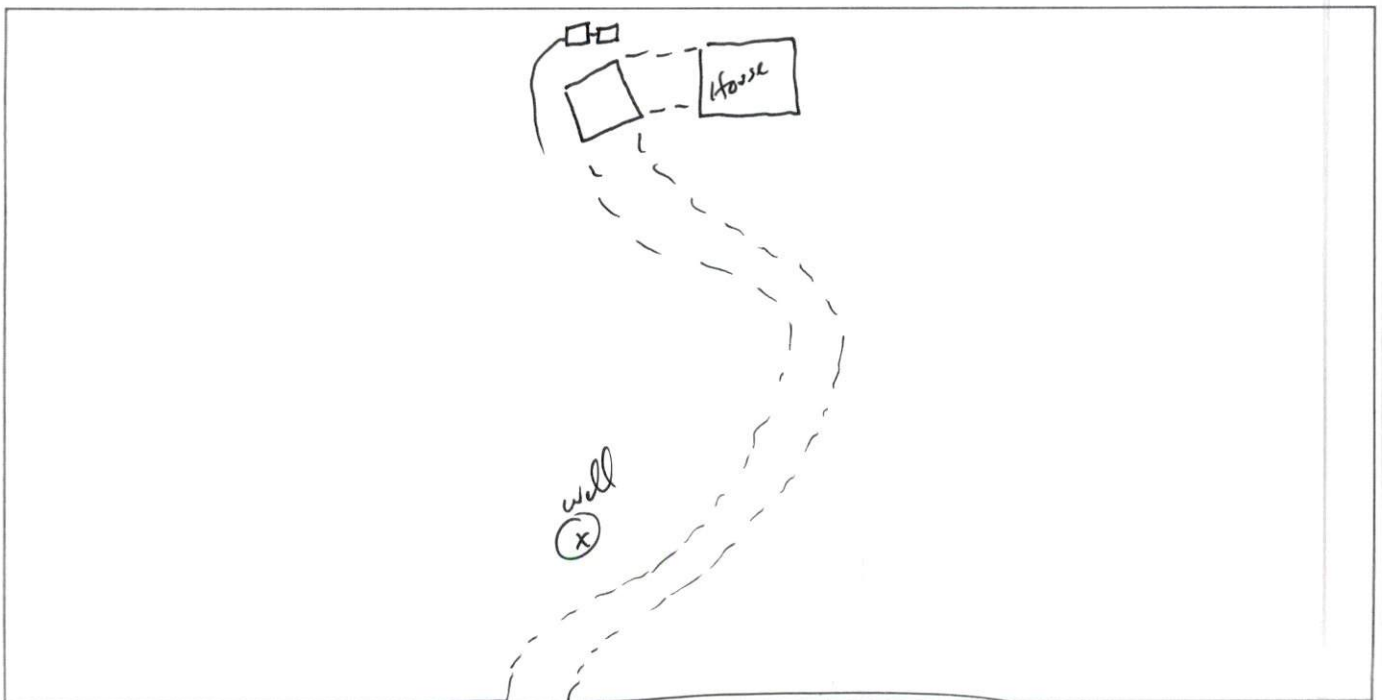
Lot #:

Well Construction Sketch



Well Area can be placed between the house and road, as long as it meets all applicable setbacks from water features + septic systems

Well Completion Sketch



Joe Collins Rd

Septic Field

Print Form

WELL CONSTRUCTION RECORD (GW-1)

1. Well Contractor Information:

Mark S. Paradise

Well Contractor Name

4533-A

NC Well Contractor Certification Number

Barefoot's Well Drilling & Pump Service, LLC

Company Name

2. Well Construction Permit #: SFD2305-0094

List all applicable well construction permits (i.e. L.C. County, State, Tarance, etc.)

3. Well Use (check well use):

Water Supply Well:

- Agricultural, Geothermal (Heating/Cooling Supply), Industrial/Commercial, Irrigation, Municipal Public, Residential Water Supply (single/shared)

Non-Water Supply Well:

- Monitoring, Recovery

Injection Well:

- Aquifer Recharge, Aquifer Storage and Recovery, Aquifer Test, Experimental Technology, Geothermal (Closed Loop), Geothermal (Heating/Cooling Return), Groundwater Remediation, Salinity Barrier, Stormwater Drainage, Subsidence Control, Tracer, Other

4. Date Well(s) Completed: 2/9/24 Well ID#

5a. Well Location:

Brad Horton

Facility Owner Name

Facility ID# (if applicable)

1008 Joe Collins Rd Killington NC

Physical Address, City, and Zip

Harnett

County

Parcel Identification No. (PIN)

5b. Latitude and longitude in degrees/minutes/seconds or decimal degrees: 35.425740 N -78.882010 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: 305 (ft.)

10. Static water level below top of casing: 15 (ft.)

11. Borehole diameter: 12 (in.)

12. Well construction method: rotary

FOR WATER SUPPLY WELLS ONLY:

13a. Yield (gpm): 10 Method of test: air

13b. Disinfection type: HTH Amount: 1 lb.

For Internal Use Only:

14. WATER ZONES table with columns FROM, TO, DESCRIPTION

15. OUTER CASING (for multi-cased wells) OR LINER (if applicable) table with columns FROM, TO, DIAMETER, THICKNESS, MATERIAL

16. INNER CASING OR TUBING (geothermal closed-loop) table with columns FROM, TO, DIAMETER, THICKNESS, MATERIAL

17. SCREEN table with columns FROM, TO, DIAMETER, SLOT SIZE, THICKNESS, MATERIAL

18. GROUT table with columns FROM, TO, MATERIAL, EMPLACEMENT METHOD & AMOUNT

19. SAND/GRAVEL PACK (if applicable) table with columns FROM, TO, MATERIAL, EMPLACEMENT METHOD

20. DRILLING LOG (attach additional sheets if necessary) table with columns FROM, TO, DESCRIPTION

21. REMARKS

22. Certification: Mark Paradise 2/9/24

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.