

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

SR 1457
JFD 2305-~~013~~
0113

PIN #: _____ Parcel #: _____ Application # SFD 2305-0113 Subdivision: _____ Lot #: A

Applicant Name: Davidson home crafters
Address: 189 Spence Rd

Type of Facility Served by Well: 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 James E. Markham JR RBAS Date 6-28-23

Grouting Inspection Witnessed _____ Date _____
 Grouting self-certified by driller GW-1 provided? Yes No

See attachment for construction sketch

WELL CERTIFICATE OF COMPLETION

Date: ~~6-28-23~~ Application # SFD 2305-0113 Well Contractor: NW Poole Well

Applicant Name: Davidson home crafters
Address: 189 Spence Rd
Directions to Site: _____

GW Form Sent By Driller

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: 18" (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 JR RBAS Date 9-10-24

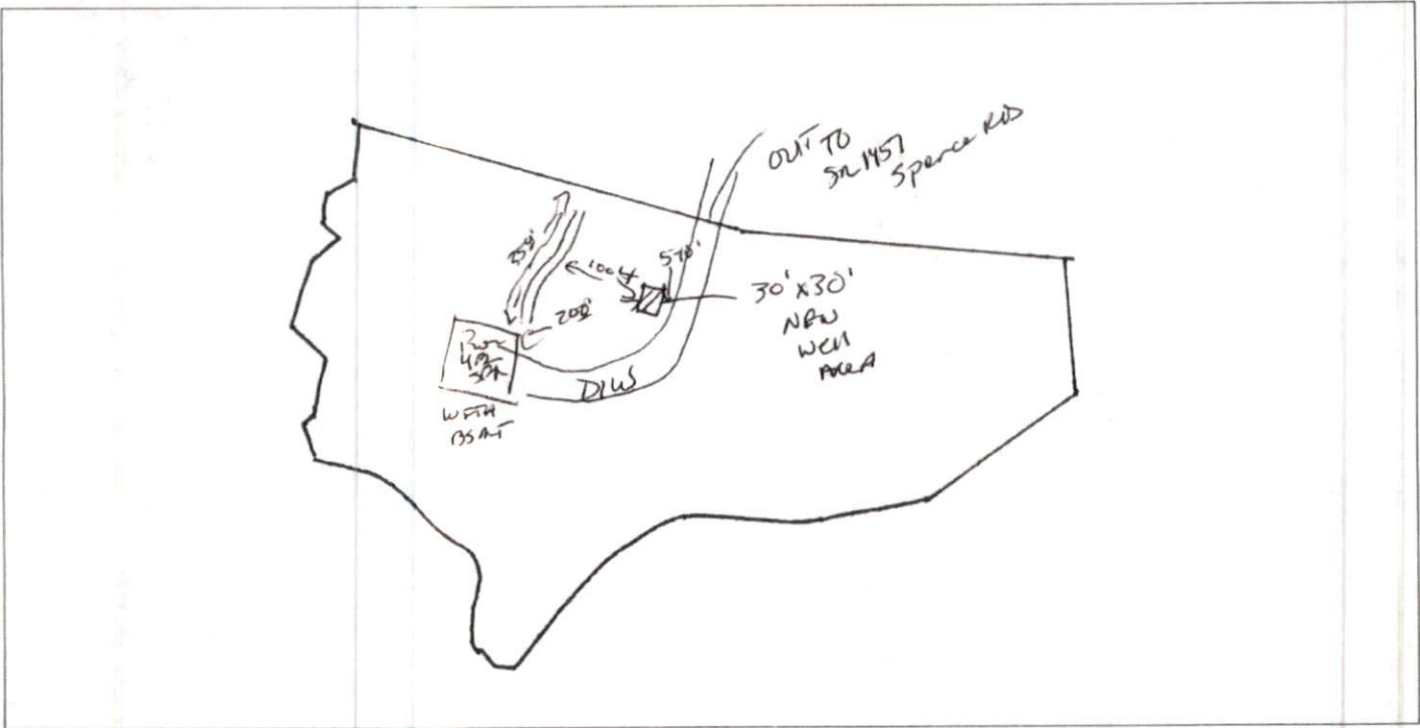
See Attachment for completion sketch

Application #: SFD
2305-013

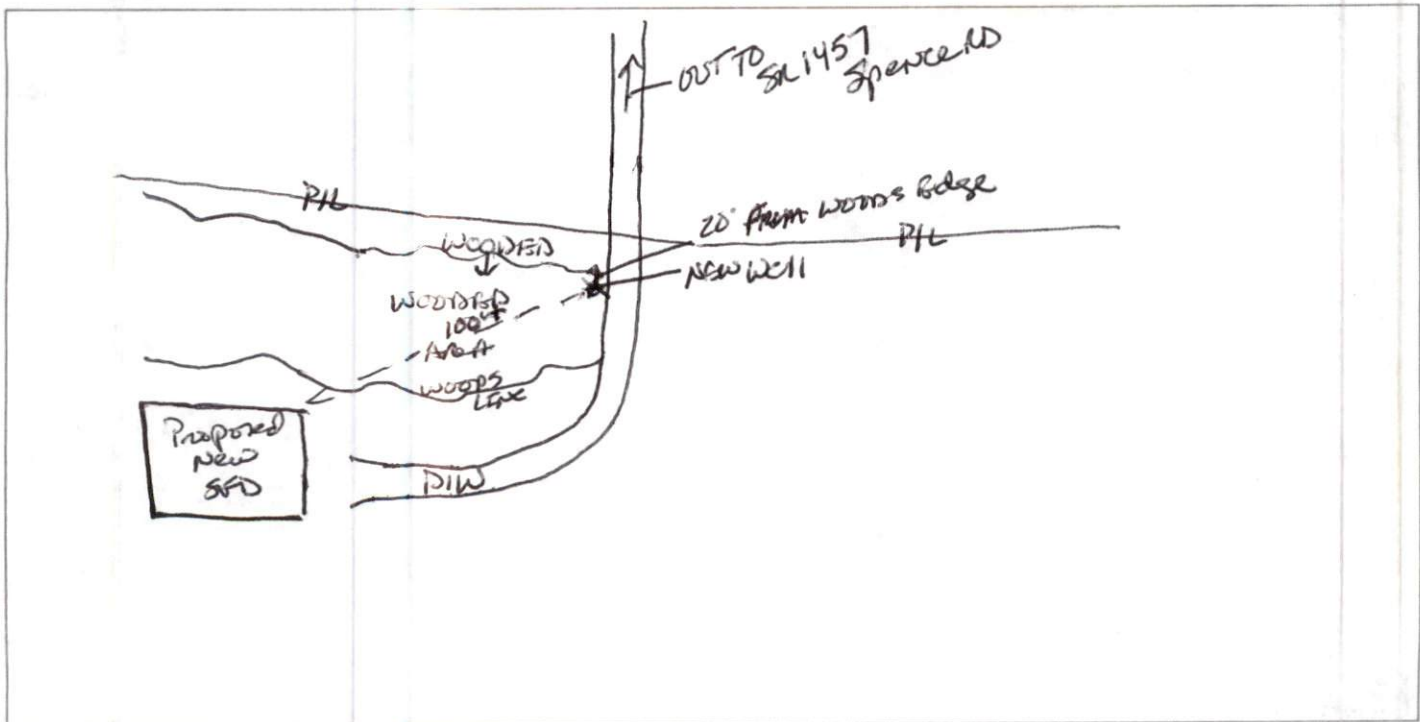
Applicant Name: DAVIDSON
Henselbros

Subdivision: _____ Lot #: _____

Well Construction Sketch



Well Completion Sketch



WELL CONSTRUCTION RECORD (GW-1)

1. Well Contractor Information:

Well Contractor Name: Jason Poole
 2279A

NC Well Contractor Certification Number:
Grady Poole Well & Pump

Company Name: SFD 2305-0113
 2. Well Construction Permit #: SFD 2305-0113
 List all applicable well construction permits (i.e. UTC, County, State, Variance, etc.)

3. Well Use (check well use):

| | |
|--|---|
| <input type="checkbox"/> Municipal/Public | <input type="checkbox"/> Residential Water Supply (single) |
| <input type="checkbox"/> Geothermal (Heating/Cooling Supply) | <input checked="" type="checkbox"/> Residential Water Supply (shared) |
| <input type="checkbox"/> Industrial/Commercial | <input type="checkbox"/> Wells > 100,000 GPD |
| <input type="checkbox"/> Irrigation | <input type="checkbox"/> Recovery |
| <input type="checkbox"/> Non-Water Supply Well: | <input type="checkbox"/> Monitoring |
| <input type="checkbox"/> Injection Well: | <input type="checkbox"/> Groundwater Remediation |
| <input type="checkbox"/> Aquifer Recharge | <input type="checkbox"/> Groundwater Remediation |
| <input type="checkbox"/> Aquifer Storage and Recovery | <input type="checkbox"/> Stormwater Drainage |
| <input type="checkbox"/> Aquifer Test | <input type="checkbox"/> Subsidence Control |
| <input type="checkbox"/> Experimental Technology | <input type="checkbox"/> Tracer |
| <input type="checkbox"/> Geothermal (Closed Loop) | <input type="checkbox"/> Other (explain under #21 Remarks) |
| <input type="checkbox"/> Geothermal (Heating/Cooling Return) | |

4. Date Well(s) Completed: 12/5/23 Well ID# _____

5a. Well Location:

Facility/Owner Name: David Allgood Facility ID# (if applicable) _____

Physical Address, City, and Zip: 189 Spence rd
Harnett

County: _____ Parcel Identification No. (PIN) _____

5b. If latitude and longitude is determined in degrees/minutes/seconds or decimal degrees, (if well field, one lat/long is sufficient)

_____ N _____ 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: 1

9. Total well depth below land surface: 200 (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: air rotary
 (i.e. auger, rotary, cable, direct push, etc.)

FOR WATER SUPPLY WELLS ONLY:

13a. Yield (gpm): 5 Method of test: blow

13b. Disinfection type: hth Amount: 1/2 lb

For Internal Use Only:

| 14. WATER ZONES | | DESCRIPTION | |
|-----------------|----|-------------|-------|
| FROM | TO | ft. | ft. |
| | | 100 | 5 gpm |

| FROM | TO | DIAMETER | THICKNESS | MATERIAL |
|------|----|----------|-----------|----------|
| 0 | 92 | 6 | | PVC |

| 16. INNER CASING OR TUBING (excluding closed loop) | | DIAMETER | THICKNESS | MATERIAL |
|--|----|----------|-----------|----------|
| FROM | TO | ft. | in. | |
| | | | | |

| 17. SCREEN | | DIAMETER | SLOT SIZE | THICKNESS | MATERIAL |
|------------|----|----------|-----------|-----------|----------|
| FROM | TO | ft. | in. | | |
| | | | | | |

| 18. GROUT | | MATERIAL | EMPLACEMENT METHOD & AMOUNT |
|-----------|----|-----------|-----------------------------|
| FROM | TO | ft. | |
| 0 | 70 | benetonte | gravity |

| 19. SAND/GRAVEL PACK (if applicable) | | DIAMETER | THICKNESS | MATERIAL |
|--------------------------------------|----|----------|-----------|----------|
| FROM | TO | ft. | ft. | |
| | | | | |

| 20. DRILLING LOG (if track and/or other data is necessary) | | DESCRIPTION (color, hardness, soil/rock type, grain size, etc.) |
|--|-----|---|
| FROM | TO | ft. |
| 0 | 80 | clay |
| 80 | 100 | slate rock |
| | | |
| | | |
| | | |
| | | |
| | | |

21. REMARKS

22. Certification:

Signature of Certified Well Contractor: Jason Poole Date: 12/5/23

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 construction info (add 'See Over' in Remarks Box). You may also attach additional pages if necessary.

24. SUBMITTAL INSTRUCTIONS

Submit this GW-1 within 30 days of well completion per the following:

24a. For All Wells: Original form to Division of Water Resources (DWR), Information Processing Unit, 1617 MSC, Raleigh, NC 27699-1617

24b. For Injection Wells: Copy to DWR, Underground Injection Control (UIC) Program, 1050 MSC, Raleigh, NC 27699-1050

24c. For Water Supply and Open-Loop Geothermal Return Wells: Copy to the county environmental health department of the county where installed

24d. For Water Wells producing over 100,000 GPD: Copy to DWR, CCPCUA Permit Program, 1611 MSC, Raleigh, NC 27699-1611