

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

PIN #: Parcel #: Application #: Subdivision: _____ Lot #:

Applicant Name: Seth Spradley
Address: 944 River Ridge Dr (SR 1267)

Type of Facility Served by Well: SFD SFD

Sewage System: 25% reduction

Permit Conditions: Well to be drilled in Well Area

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 Mohd REHS Date 10-6-23 Expiration Date 10-6-28
* 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 #: SFD2307-29 Well Contractor: _____

Applicant Name: Seth Spradley
Address: 944 River Ridge Dr (SR 1267)
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) | Casing | Grout |
|---------------------|--|-------------------------------|
| From _____ To _____ | From _____ To _____ | From 0 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

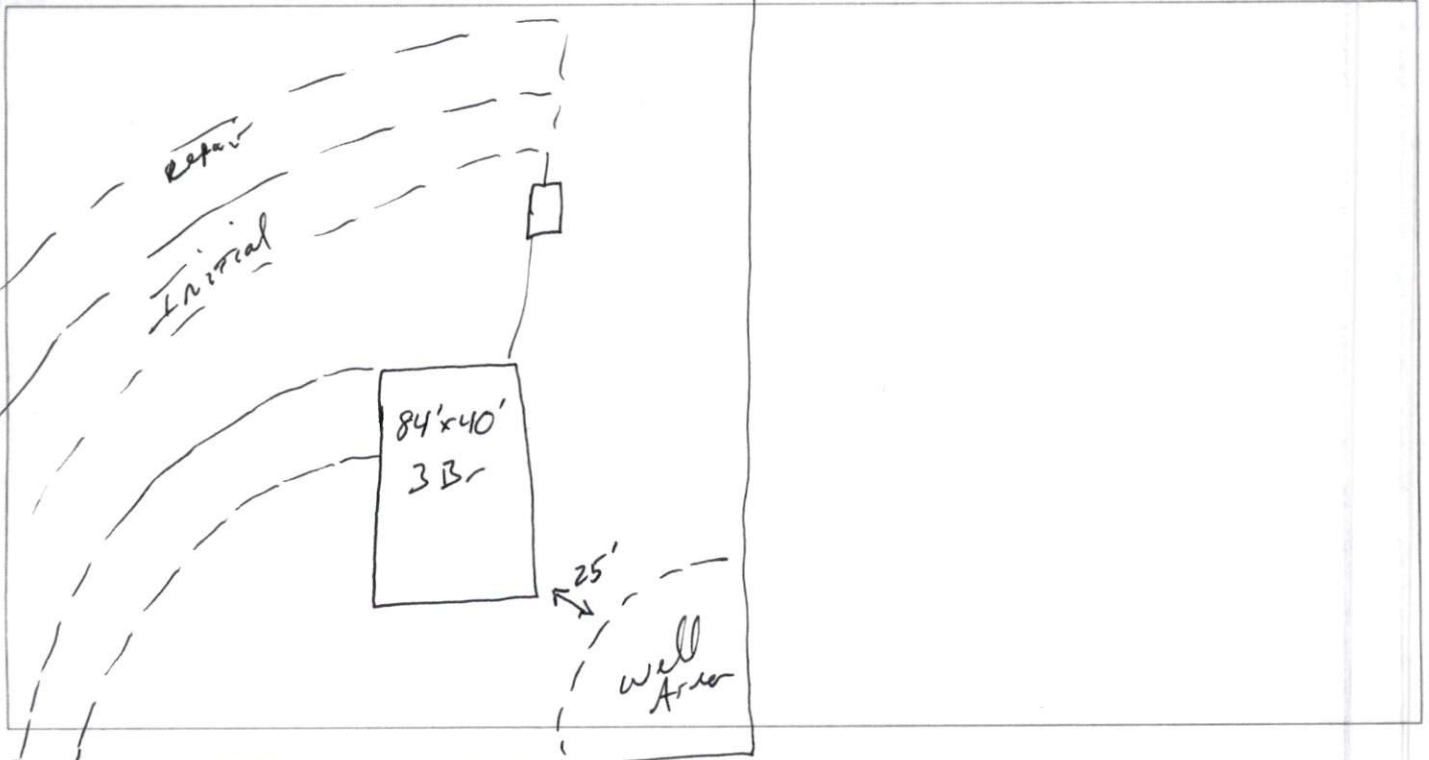
Casing Height: 15 (above finished grade) Access Port: Vent Stack:
Well ID Tag: Pump ID Tag: Sampling Tap: Backflow Preventer: NA
Sample Taken? Yes No Well Head properly sealed:

Remarks: _____

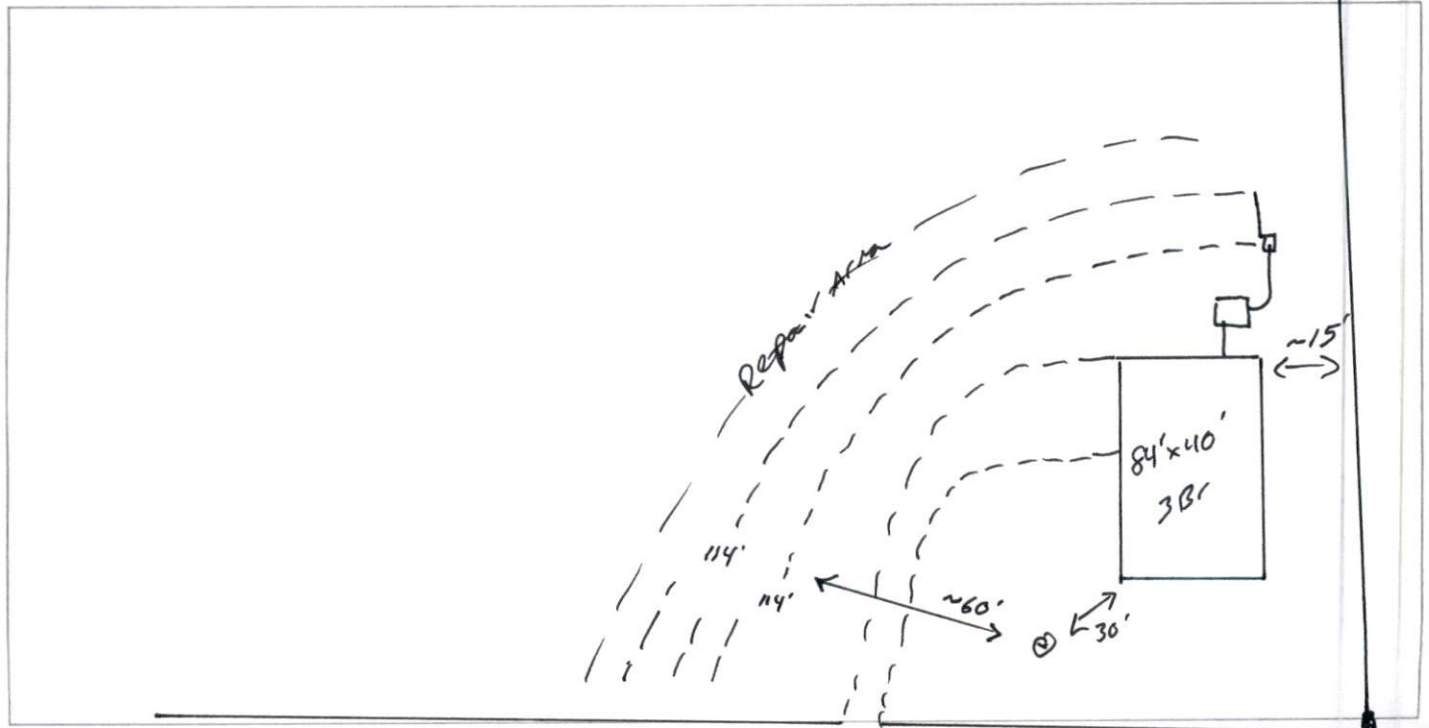
Authorized State Agent Mohd REHS Date 6-11-24

See Attachment for completion sketch

Well Construction Sketch



Well Completion Sketch



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 #: SFD 2307-29
 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: 2/2/24 Well ID# _____

5a. Well Location:
Seth Spodley
 Facility Owner Name Facility ID# (if applicable)
944 River Ridge Drive, Broadway, NC
 Physical Address, City, and Zip
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)
35.481450 N -78.945610 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: 405 (ft.)
 For multiple wells list all depths if different (example: 300, 200 and 150)

10. Static water level below top of casing: 80 (ft.)
 If water level is above casing, use "

11. Borehole diameter: 8 (in.)

12. Well construction method: Drilled
 (i.e. auger, rotary, cable, direct push, etc.)

FOR WATER SUPPLY WELLS ONLY:
 13a. Yield (gpm) 20 Method of test Airlift
 13b. Disinfection type: Chlorinate Amount: 100Z

For Internal Use Only:

| 14. WATER ZONES | | |
|-----------------|---------|-------------|
| FROM | TO | DESCRIPTION |
| 380 ft. | 395 ft. | Quartz |

| 15. OUTER CASING (for multi-cased wells) OR LINER (if applicable) | | | | |
|---|--------|----------|-----------|------------|
| FROM | TO | DIAMETER | THICKNESS | MATERIAL |
| 42 ft. | 35 ft. | 6 in. | Sch 40 | 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 | SLOT SIZE | THICKNESS | MATERIAL |
| ft. | ft. | in. | | | |
| ft. | ft. | in. | | | |

| 18. GROUT | | | |
|-----------|--------|-----------------|-----------------------------|
| FROM | TO | MATERIAL | EMPLACEMENT METHOD & AMOUNT |
| 0 ft. | 20 ft. | Portland Cement | Pow & Bags |
| 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. | 20 ft. | Sand Clay |
| 20 ft. | 35 ft. | Gray Rock |
| 35 ft. | 250 ft. | Transition |
| 250 ft. | 380 ft. | Gray Rock |
| 380 ft. | 395 ft. | Quartz |
| 395 ft. | 405 ft. | Gray Rock |
| ft. | ft. | |

21. REMARKS

22. Certification:
Mark Paradise 2/2/24
 Signature of Certified Well Contractor 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.