

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

SL2769 Rogers RD  
1530 Rogers RD

SFD 230-0023

PIN #: \_\_\_\_\_ Parcel #: \_\_\_\_\_ Application #: \_\_\_\_\_ Subdivision: \_\_\_\_\_ Lot #: 5

Applicant Name: STEPHENSON Builders  
Address: \_\_\_\_\_

Type of Facility Served by Well: SFD

Sewage System: 2520 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. Manhattan <sup>REGS</sup> Date 11-3-23

Grouting Inspection Witnessed \_\_\_\_\_ Date \_\_\_\_\_

Grouting self-certified by driller  GW-1 provided?  Yes  No

See attachment for construction sketch

WELL CERTIFICATE OF COMPLETION

Date: 1-30-24 Application #: \_\_\_\_\_ Well Contractor: NW Puole Well

Applicant Name: STEPHENSON BIDAS  
Address: \_\_\_\_\_  
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 <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: 16'10" (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. Manhattan <sup>REGS</sup> Date 1-30-24

See Attachment for completion sketch

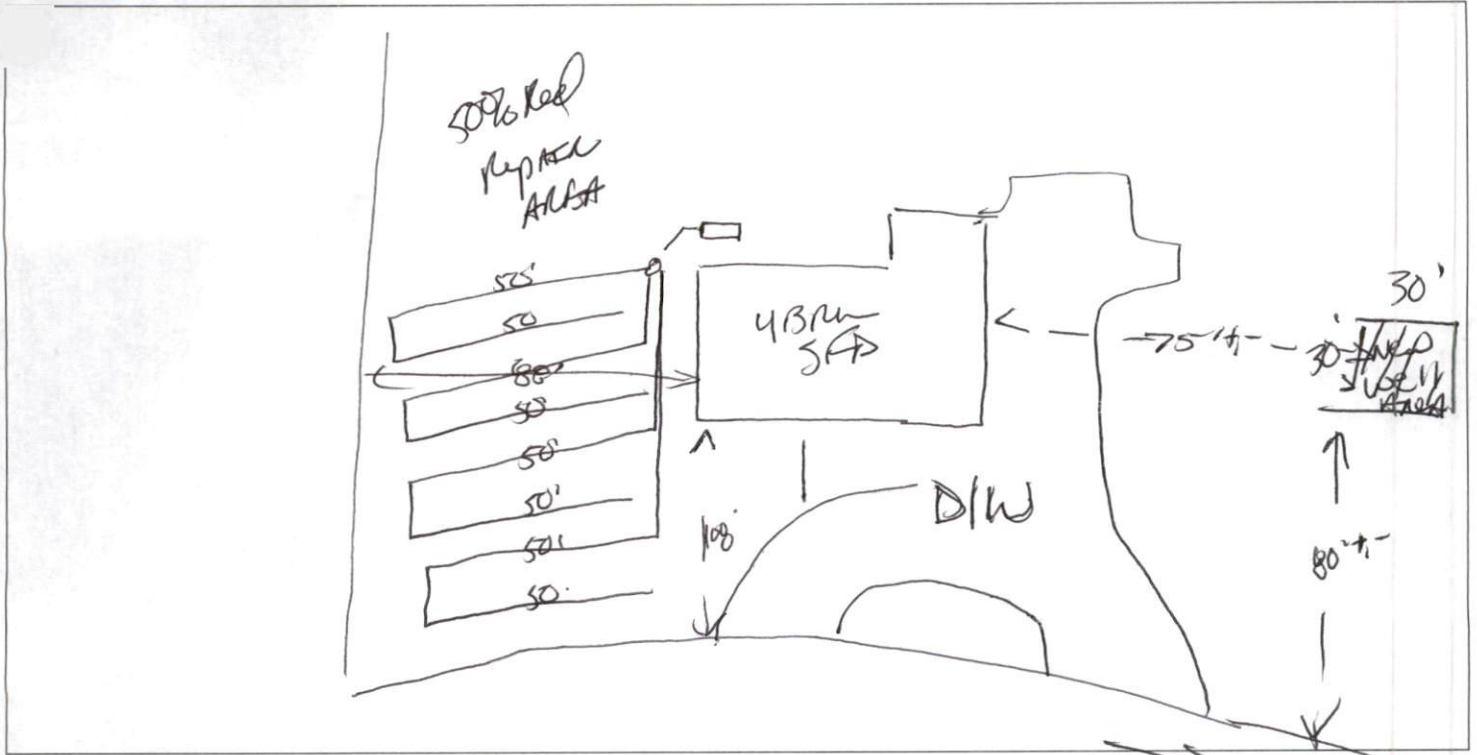
SFD 2310-0023  
Application #:

Applicant Name:  
STEPHENSON BIODIS

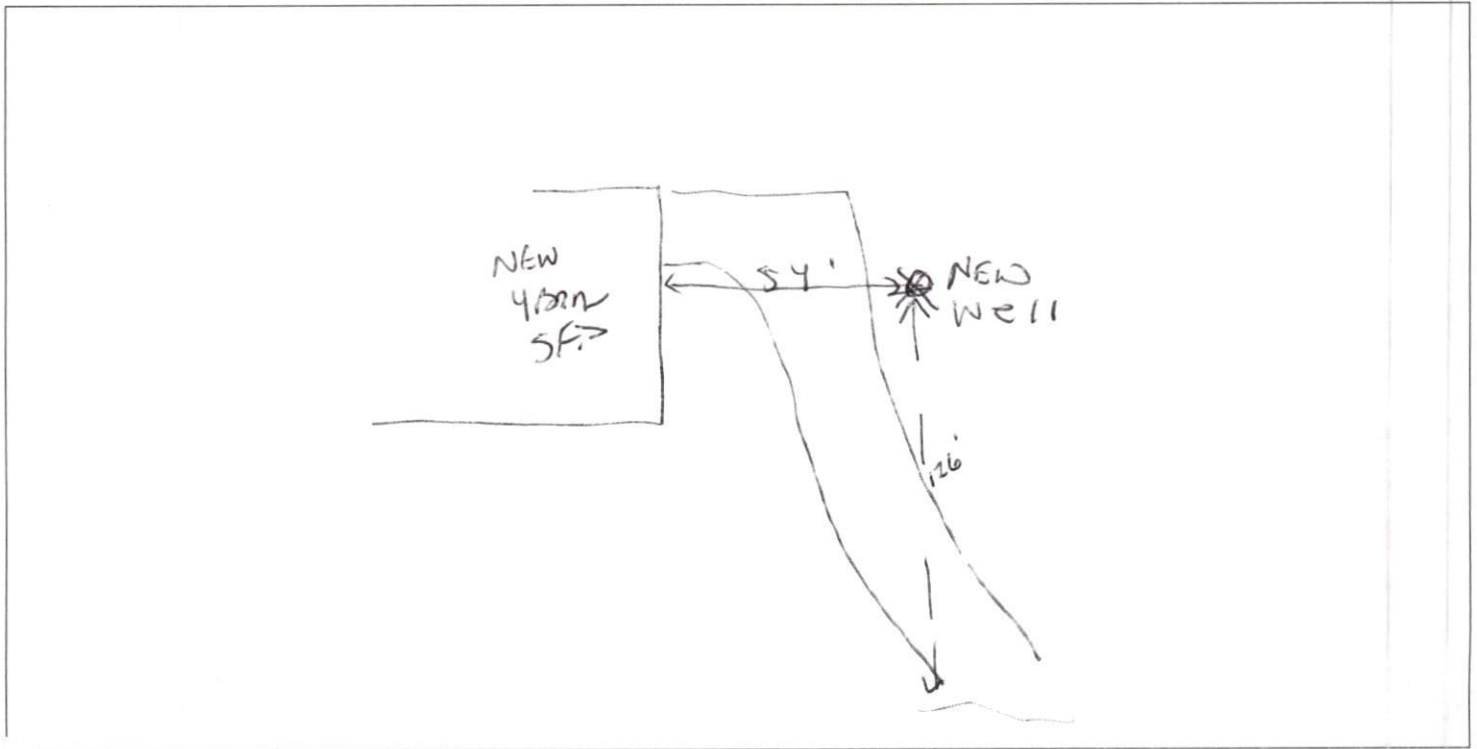
Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_

2769 Rogers RD  
1530 Rogers RD

Well Construction Sketch



Completion Sketch



# WELL CONSTRUCTION RECORD (GW-1)

## 1. Well Contractor Information:

Nick Young

Well Contractor Name

4605-A

NC Well Contractor Certification Number

N.W. Poole Well and Pump Co.

Company Name

2. Well Construction Permit #: SFD 230-0023

List all applicable well construction permits (i.e. UIC, County, State, Variance, etc.)

## 3. Well Use (check well use):

Water Supply Well:	
<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	<input type="checkbox"/> Wells > 100,000 GPD
Non-Water Supply Well:	
<input type="checkbox"/> Monitoring	<input type="checkbox"/> Recovery
Injection Well:	
<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: 1-5-23 Well ID# \_\_\_\_\_

### 5a. Well Location:

Facility Owner Name: Stephenson Builders Facility ID# (if applicable) \_\_\_\_\_

Physical Address, City, and Zip: 1530 Rogers Rd Fuquay Varina NC

County: Harris Parcel Identification No. (PIN) \_\_\_\_\_

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

35.546856 N -78.791941 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: 265 (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: Rotary  
(i.e. auger, rotary, cable, direct push, etc.)

FOR WATER SUPPLY WELLS ONLY:	
13a. Yield (gpm): <u>10</u>	Method of test: <u>Blow</u>
13b. Disinfection type: <u>HTH</u>	Amount: _____

For Internal Use Only:

14. WATER ZONES					
FROM	TO	DESCRIPTION			
<u>60</u> ft.	<u>65</u> ft.	<u>2</u>			
<u>210</u> ft.	<u>215</u> ft.	<u>8</u>			
15. OUTER CASING (for multi-cased wells) OR LINER (if applicable)					
FROM	TO	DIAMETER	THICKNESS	MATERIAL	
<u>11</u> ft.	<u>21</u> ft.	<u>6</u> in.	<u>.187</u>	<u>Galv</u>	
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		
<u>0</u> ft.	<u>20</u> ft.	<u>Bentonite</u>	<u>pour</u>		
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.)			
<u>0</u> ft.	<u>2</u> ft.	<u>Top Soil</u>			
<u>2</u> ft.	<u>13</u> ft.	<u>Sand</u>			
<u>13</u> ft.	<u>265</u> ft.	<u>Granite</u>			
ft.	ft.				
ft.	ft.				
ft.	ft.				
ft.	ft.				
21. REMARKS					
<u>Used steel hardened drive shoe</u>					

## 22. Certification:

Signature of Certified Well Contractor: Nick Young Date: 1-5-23

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 (IUC) Program, 1636 MSC, Raleigh, NC 27699-1636

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, CCCUA Permit Program, 1611 MSC, Raleigh, NC 27699-1611