

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

PIN #: Parcel #: Application #: Subdivision: Lot #: TR# 4  
0663-12-2943 08065202 010547- SFD 2312-0257

Applicant Name: Triple A Homes  
Address: 718 Tyler Stone Dr, Fuquay Varina

Type of Facility Served by Well: SFD

Sewage System:

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 James E. Marshall III PEHS Date 3-6-24 Expiration Date 3-6-29  
\* 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

Application #: SFD 2312-0257 Well Contractor: \_\_\_\_\_

Applicant Name: Triple A Homes  
Address: 718 Tyler Stone Dr, Fuquay Varina  
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: 22 (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. Marshall III PEHS Date 9-18-24

See Attachment for completion sketch

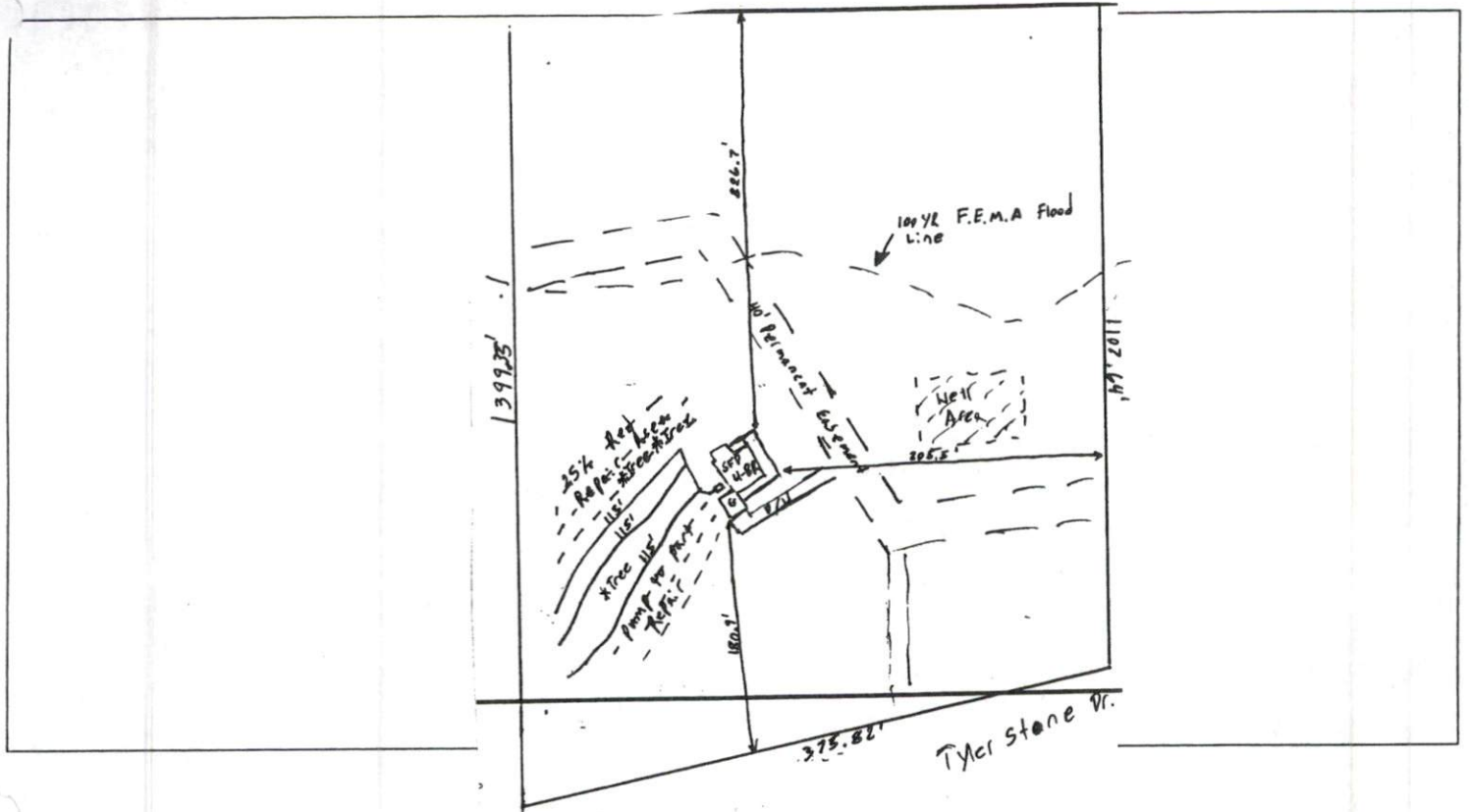
SFD Application #: 2317-0257

Applicant Name: Triple A Homes

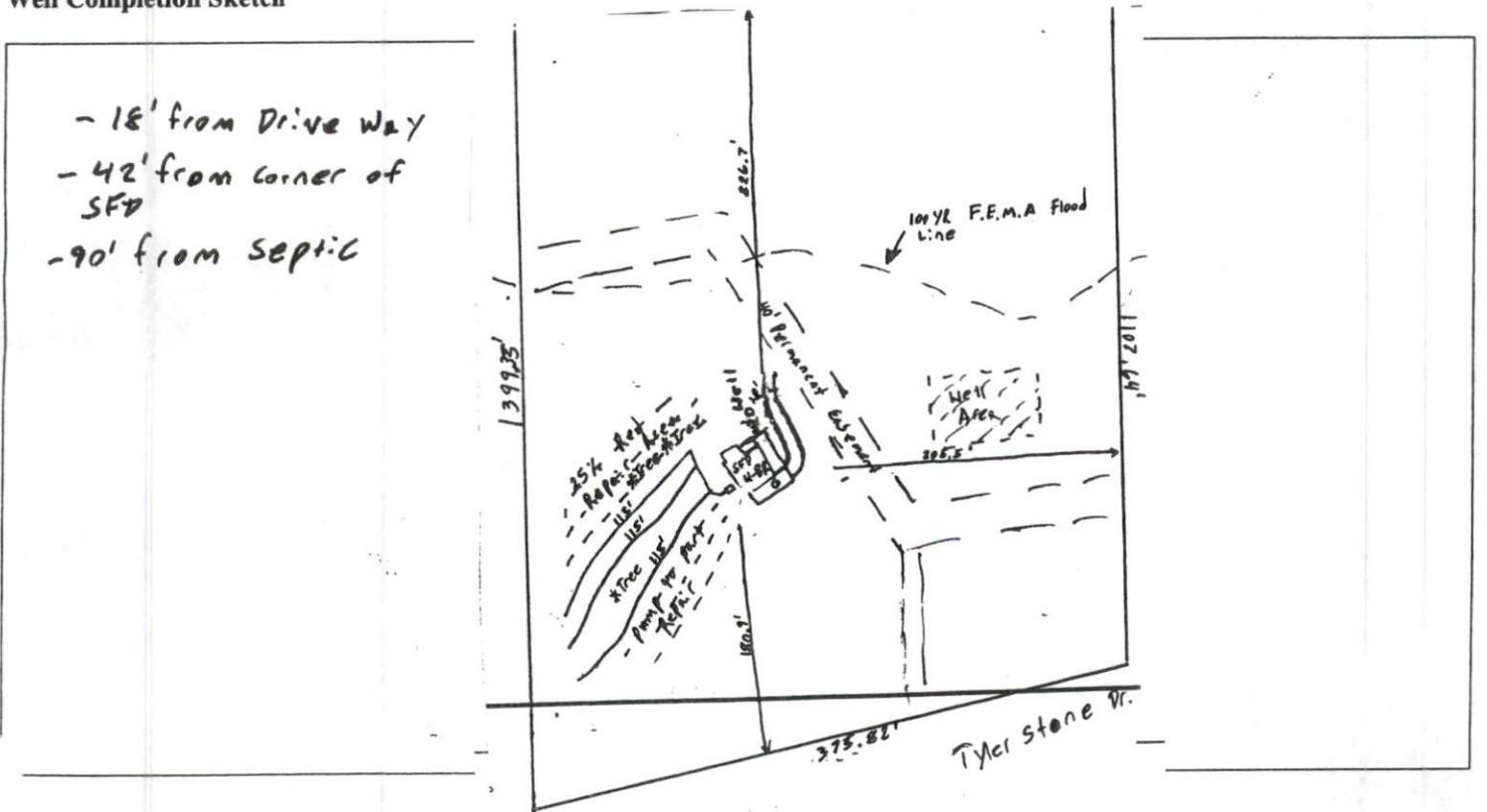
Subdivision: \_\_\_\_\_

Lot #: TR# 04

### Well Construction Sketch



### Well Completion Sketch





1. Well Contractor Information:

John H. Boyette, Jr.

Well Contractor Name

2505

NC Well Contractor Certification Number

Boyette Well

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):

Water Supply Well:

- Agricultural
- Geothermal (Heating/Cooling Supply)
- Industrial/Commercial
- Irrigation
- Municipal/Public
- Residential Water Supply (single)
- Residential Water Supply (shared)
- Wells > 100,000 GPD

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 (explain under #21 Remarks)

4. Date Well(s) Completed: 6-5-24 Well ID#

5a. Well Location:

Triple A Homes

Facility/Owner Name

Facility ID# (if applicable)

718 Tyler Stone Dr.

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)

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: 205

9. Total well depth below land surface: 20 (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: 6.25 (in.)

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

FOR WATER SUPPLY WELLS ONLY:

13a. Yield (gpm): 30 Method of test: flow  
13b. Disinfection type: HTH Amount: 16oz.

14. WATER ZONES

FROM	TO	DESCRIPTION
180 ft.	183 ft.	
ft.	ft.	

FROM	TO	DIAMETER	THICKNESS	MATERIAL
ft.	ft.	in.		

FROM	TO	DIAMETER	THICKNESS	MATERIAL
+1.5 ft.	65 ft.	6.25 in.	SDR21	PVC
65 ft.	70 ft.	6.25 in.	188	Galv. steel

FROM	TO	DIAMETER	SLOT SIZE	THICKNESS	MATERIAL
ft.	ft.	in.			
ft.	ft.	in.			

FROM	TO	MATERIAL	EMPLACEMENT METHOD & AMOUNT
0 ft.	25 ft.	bentonite	pumped
ft.	ft.		
ft.	ft.		

FROM	TO	MATERIAL	EMPLACEMENT METHOD
ft.	ft.		
ft.	ft.		

FROM	TO	DESCRIPTION (color, hardness, soil/rock type, grain size, etc.)
0 ft.	30 ft.	clay
30 ft.	60 ft.	Saprolite
60 ft.	205 ft.	granite
ft.	ft.	
ft.	ft.	
ft.	ft.	

21. REMARKS

22. Certification: John Boyette 6-15-24  
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 construction information (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, 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, CCPCU Permit Program, 1611 MSC, Raleigh, NC 27699-1611