

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

PIN #: 9577-28-2450

Parcel #:

Application #: SFD2403-0069

Subdivision:

Lot #:

Applicant Name: Victoria Olive

Address: 1423 Benhaven School rd

Type of Facility Served by Well: 32'x45' 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 Al REHS

Date 3-26-25

Expiration Date

3-26-30

* 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 #: SFD2403-0069

Well Contractor: _____

Applicant Name: Victoria Olive

Address: 1423 Benhaven School rd

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: 16' 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. Markon

Date 6-20-25

See Attachment for completion sketch

Application #:

SFD2403-0069

Applicant Name:

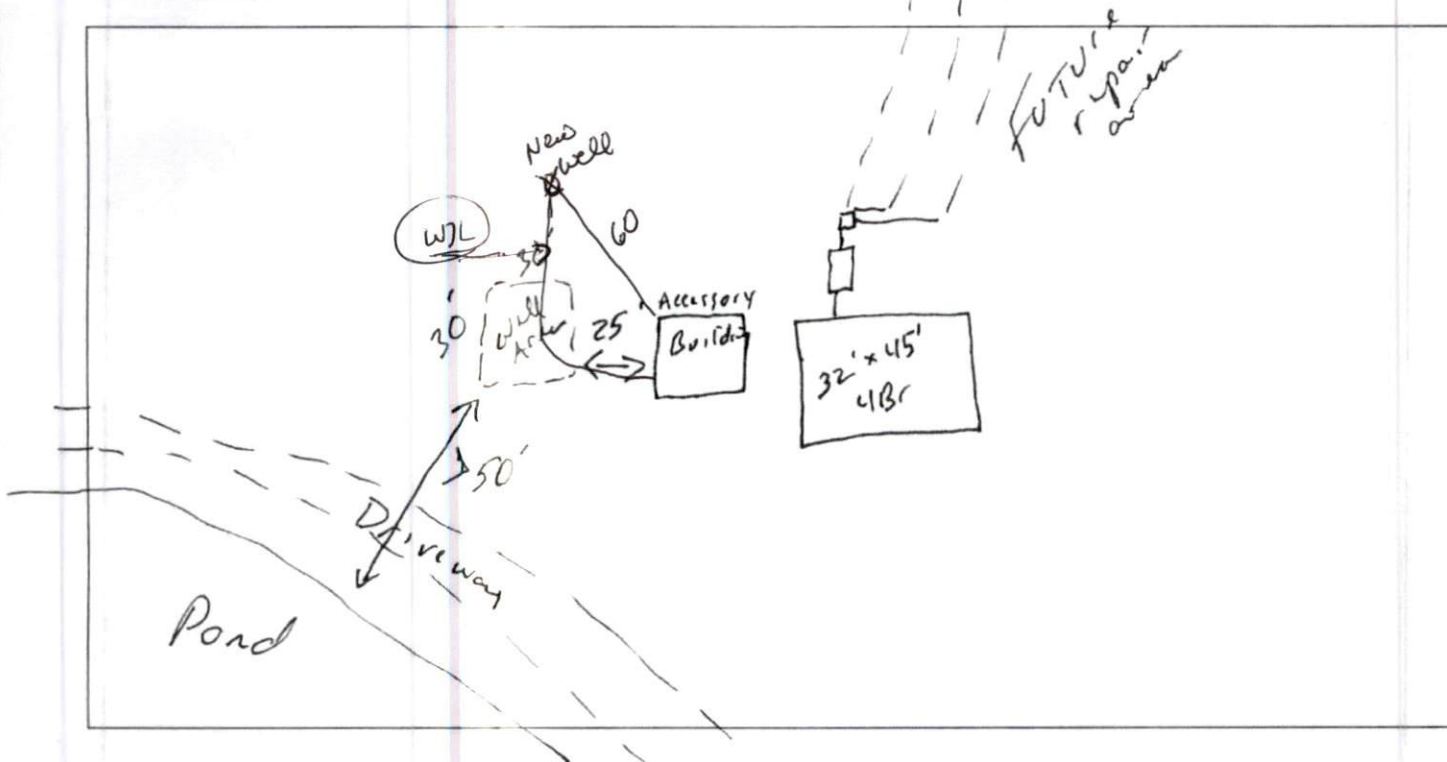
Victoria Olive

Subdivision:

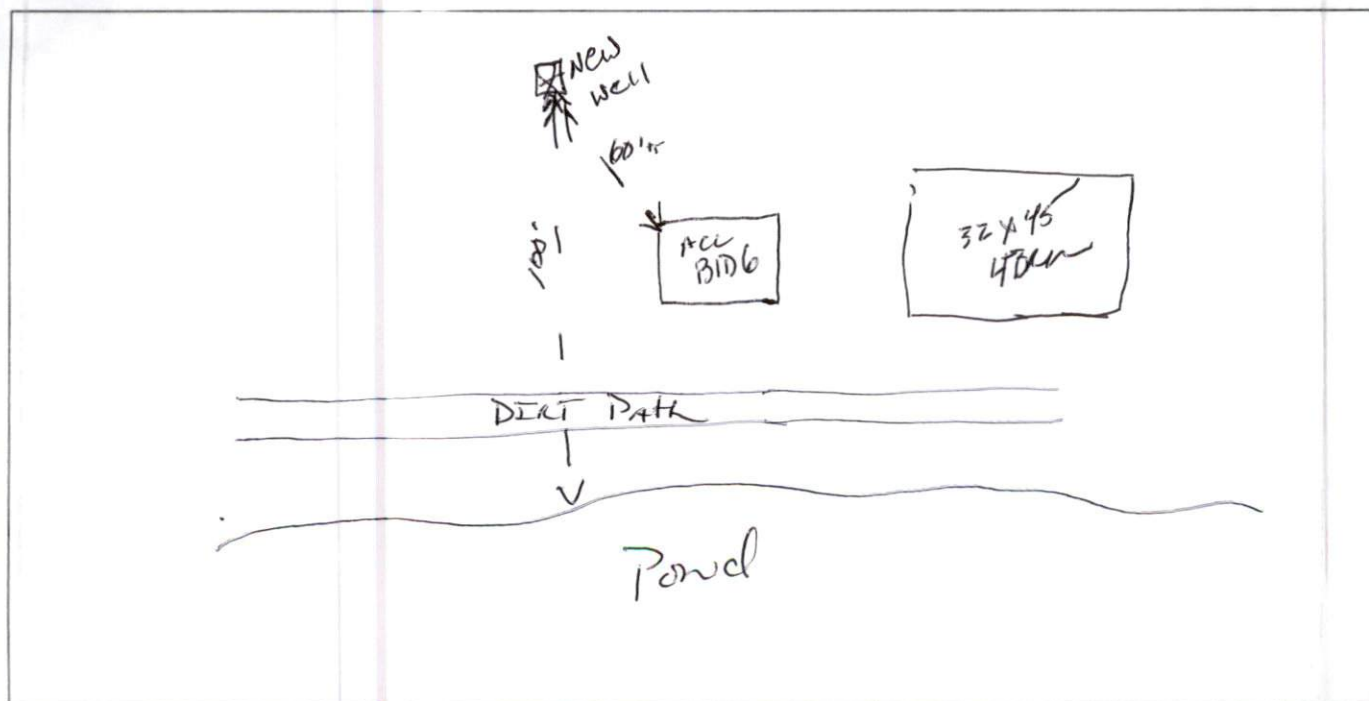
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Lot #:

Well Construction Sketch



Well Completion Sketch



WELL CONSTRUCTION RECORD (GW-1)

1. Well Contractor Information:

Christopher Maness

Well Contractor Name

NCWC 2958-A

NC Well Contractor Certification Number

W.W. Maness & Sons

Company Name

2. Well Construction Permit #:

List all applicable well construction permits (i.e., RC, 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: 6-6-25

Well ID#

5a. Well Location:

Victoria Olive

Facility Owner Name

Facility ID# (if applicable)

1423 Benhaven School Rd Sanford

Physical Address, City, and Zip

Harnett

County

Parcel Identification No. (PIN)

5b. Latitude and longitude in degrees/minutes/seconds or decimal degrees:

35° 20' 24" N, 79° 5' 44" 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/DP1 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: 280 (ft.)

For multiple wells list all depths at different locations (e.g., 200' and 250' 100')

10. Static water level below top of casing: 40 (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) 15 Method of test: Air

13b. Disinfection type: HTH Amount: 1 pound

For Internal Use Only:

14. WATER ZONES

FROM	TO	DESCRIPTION
ft.	190 ft.	5 Gpm
ft.	215 ft.	10 Gpm

15. OUTER CASING (for multi-cased wells) OR LINER (if applicable)

FROM	TO	DIAMETER	THICKNESS	MATERIAL
ft.	143 ft.	6.25 in.	SDR21	R/C

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.	Bentonite	Pumped
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.	5 ft.	Sand
5 ft.	60 ft.	Sand Clay
60 ft.	280 ft.	Grey Rock
ft.	ft.	
ft.	ft.	
ft.	ft.	
ft.	ft.	

21. REMARKS

22. Certification:

Chris Maness

Signature of Certified Well Contractor

6-6-25

Date

By signing this form, I hereby certify that the well(s) was (were) constructed in accordance with 15A NC AC 02C 0100 or 15A NC AC 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