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

PIN #: Parcel #: Appli	cation #: Subdivision:			
613-53-1923.00 SFD 2403	-0116			
Applicant Name: Jered. s. po	11:00			
Address: 924 ponchartein 5	t. Faquey			
Type of Facility Served by Well:	SFD			
Sewage System:				
Permit Conditions: Well to be dril	led in Well Area			
General Permit Conditions:				
 Drinking water supply well 	construction must meet 15A NCAC	C 02C.100 rules		
The permitted drinking water	er supply well shall be located in ac	cordance with the SITE P	LAN	`4b
	ne site of the site (including location	of structures and appurter	nance) or modification in use of	the well, may
subject this Permit to revoca	ition			
Authorized State Agent	MA STALLERS	Date 4-17-2	4 Expiration Date 4	-17-29
	* Construction Authorization	Expires within five years o		
Grouting Inspection Witnessed		Date		
Grouting self-certified by drille	er GW-1 provided? Ye	es No	_	
See attachment for construction sk	etch			
			96.9	
	WELL CERTIFICA	TE OF COMPLETION		
N	Well Controlton			
Date: Application #:	Well Contractor:			
Applicant Name:				
Address:				
Directions to Site:				
Use of Well: Date Dr	illed: Total Denth:	Replacement W	Vell? Tyes No	
Static Water Level:	Top of Casing is in. above	surface. Yield: g	gpm at ft.	
Disinfection: Type Amoun	· ·			
			Curant	
Water Zone (depth) From To	Casing From To		Grout From 0 To	
From To	Diameter: Material:	Thickness:	Material: Method: _	
From To	From To		From To	
	Diameter: Material:	Thickness:	Material: Method: _	
		_ 1 mekness		
	From To		From To	
	Diameter: Material:	_ Thickness:	Material: Method: _	
Inspector: On Hold	l Date: Release Date: _			
Remarks:				
Well Head Information				
Well Head Information Casing Height: (above finis	hed grade) / Access Port:	Vent Stack:	/	
7/ell ID Tag: Pump II	Tag: Sampling Tap:	Backfl	low Preventer:	
ample Taken? Yes No	Well Head properly seale	d:		
Remarks:				
/	11/	10 11 01	/	
Authorized State Agent	IN NEHS	Date 12-11-29		

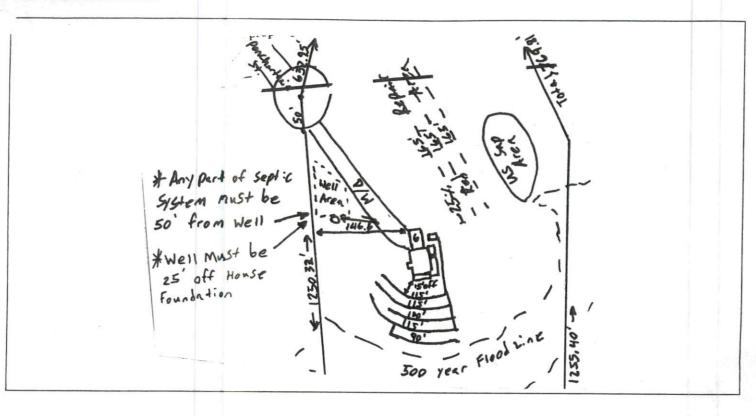
See Attachment for completion sketch

Application #: SFD 2403-0116

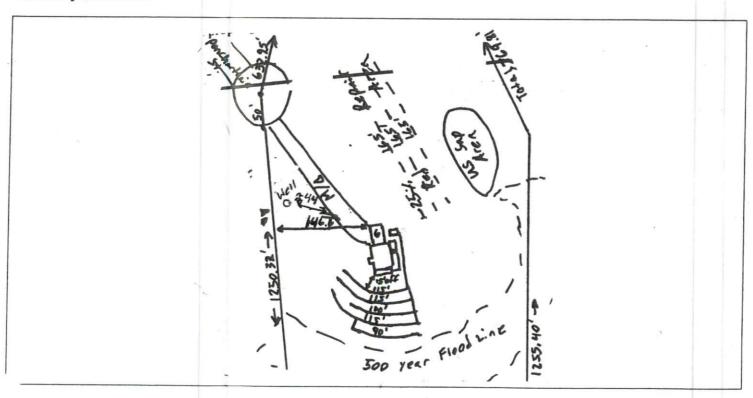
Applicant Name: Jered S. Pollino Melissa P. Pollino

Subdivision: ____ Lot #: TR#7

Well Construction Sketch



Well Completion Sketch



WELL CONSTRUCTION RECORD This form can be used for single or multiple wells	For Internal Use ONLY:		
I. Well Contractor Information:			
Jon Poole	14. WATER ZONES FROM TO DESCRIPTION		
Well Contractor Name	" 260 " 25 gpm		
_2281A	ft. ft. 15. OUTER CASING (for multi-cased wells) OR LINER (if applicable)		
NC Well Contractor Certification Number	FROM TO DIAMETER THICKNESS MATERIAL		
Grady Poole Well & Pump	0 n. 63 n. 6 14 in. PVC		
Company Name	16. INNER CASING OR TUBING (geothermal closed-loop) FROM TO DIAMETER THICKNESS MATERIAL		
2. Well Construction Permit #:	ft. ft. in.		
List all applicable well permits (i.e. County, State, Variance, Injection, etc.)	ft. ft. in.		
3. Well Use (check well use):	17. SCREEN FROM TO DIAMETER SLOT SIZE THICKNESS MATERIAL		
Water Supply Well: □Agricultural □Municipal/Public	ft. ft. in.		
A : 1 - 1 Water Cumple (cingle)	ft. ft. in.		
☐ Geothermal (Heating/Cooling Supply) ☐ Industrial/Commercial ☐ Residential Water Supply (shared)	18. GROUT FROM TO MATERIAL A EMPLACEMENT METHOD & AMOUNT		
□ Irrigation	of 20 th ben onte a ravity		
Non-Water Supply Well:	a a Goldan Filed		
☐ Monitoring ☐ Recovery	ft. ft. q head		
Injection Well: □Aquifer Recharge □Groundwater Remediation	19. SAND/GRAVEL PACK (if applicable)		
□ Aquifer Recharge □ Groundwater Remediation □ Aquifer Storage and Recovery □ Salinity Barrier	FROM TO MATERIAL EMPLACEMENT METHOD		
□ Aquifer Test □ Stormwater Drainage	ft. ft.		
□Experimental Technology □Subsidence Control	ft. ft.		
□Geothermal (Closed Loop) □Tracer	20. DRILLING LOG (attach additional sheets if necessary) FROM TO DESCRIPTION (color, hardness, soil/rock type, grain size, etc.)		
☐Geothermal (Heating/Cooling Return) ☐Other (explain under #21 Remarks)	0 th 35 th C(ay		
8.10.70	35 th 300 th state rock		
4. Date Well(s) Completed: 8 10,24 Well ID#	ft. ft.		
5a. Well Location:	ft. ft.		
Raynor blais.	ft. ft.		
Facility/Owner Name Facility ID# (if applicable)	ft. ft.		
924 Por hatrain	ft. ft.		
Physical Address, City, and Zip	21. REMARKS		
Harhett			
County Parcel Identification No. (PIN)			
5b. Latitude and Longitude in degrees/minutes/seconds or decimal degrees: 22. Certification:			
(if well field, one lat/long is sufficient)	0-1-1A D H Mal 4 6-10-2		
N	Jon 1804 21 97814 0-10-2		
6. Is (are) the well(s): Permanent or Temporary	Signature of Certified Well Contractor Date		
o. 15 (are) are west(s), are manche of Elemporary	By signing this form, I hereby certify that the well(s) was (were) constructed in accordar with 15A NCAC 02C .0100 or 15A NCAC 02C .0200 Well Construction Standards and that		
7. Is this a repair to an existing well:	copy of this record has been provided to the well owner.		
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.	23. Site diagram or additional well details:		
9 Number of walls constructed.	You may use the back of this page to provide additional well site details or v		
8. Number of wells constructed: For multiple injection or non-water supply wells ONLY with the same construction, you can	construction details. You may also attach additional pages if necessary.		
submit one form. O. Total well doubt below load and 500	SUBMITTAL INSTUCTIONS		
9. I otal well depth below land surface:	24a. For All Wells: Submit this form within 30 days of completion of w		
For multiple wells list all depths if different (example-3@200' and 2@100')	construction to the following:		
10. Static water level below top of casing: ## (ft.)	Division of Water Resources, Information Processing Unit,		
If water level is above casing, use "TIU"	1617 Mail Service Center, Raleigh, NC 27699-1617		
11. Borchole diameter: (in.)	24b. For Injection Wells ONLY: In addition to sending the form to the add		
12. Well construction method: QII CoTary	24a above, also submit a copy of this form within 30 days of completion construction to the following:		
(i.e. auger, rotary, cable, direct push, etc.)			
FOR WATER SUPPLY WELLS ONLY:	Division of Water Resources, Underground Injection Control Program 1636 Mail Service Center, Raleigh, NC 27699-1636		
26 11,			
13a. Yield (gpm) 27 Method of test: DIW	24c. For Water Supply & Injection Wells: Also submit one copy of this form within 30 days of completion of		
13b. Disinfection type: 4th Amount: 12 lb	well construction to the county health department of the county where		
	J constructed.		