

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

PIN #: Parcel #:

Application #: Subdivision: _____ Lot #: 1

655-46-4106.000

SFD 2477-0104

Applicant Name: Joshua Mason

Address: 251 Keith Weathers Rd Fagway Varina

Type of Facility Served by Well: SFD

Sewage System: Septic

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, m subject this Permit to revocation

Authorized State Agent

[Signature]

Date 12-9-21

Expiration Date 12-9-27

* 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 #: _____

Well Contractor: _____

Applicant Name: _____

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)

From _____ To _____

From _____ To _____

From _____ To _____

Casing

From _____ To _____

Diameter: _____ Material: _____ Thickness: _____

From _____ To _____

Diameter: _____ Material: _____ Thickness: _____

From _____ To _____

Diameter: _____ Material: _____ Thickness: _____

Grout

From 0 To _____

Material: _____ Method: _____

From _____ To _____

Material: _____ Method: _____

From _____ To _____

Material: _____ Method: _____

Inspector: _____

On Hold Date: _____

Release Date: _____

Remarks: _____

Well Head Information

Casing Height: _____ (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

[Signature]

Date 6-9-25

See Attachment for completion sketch

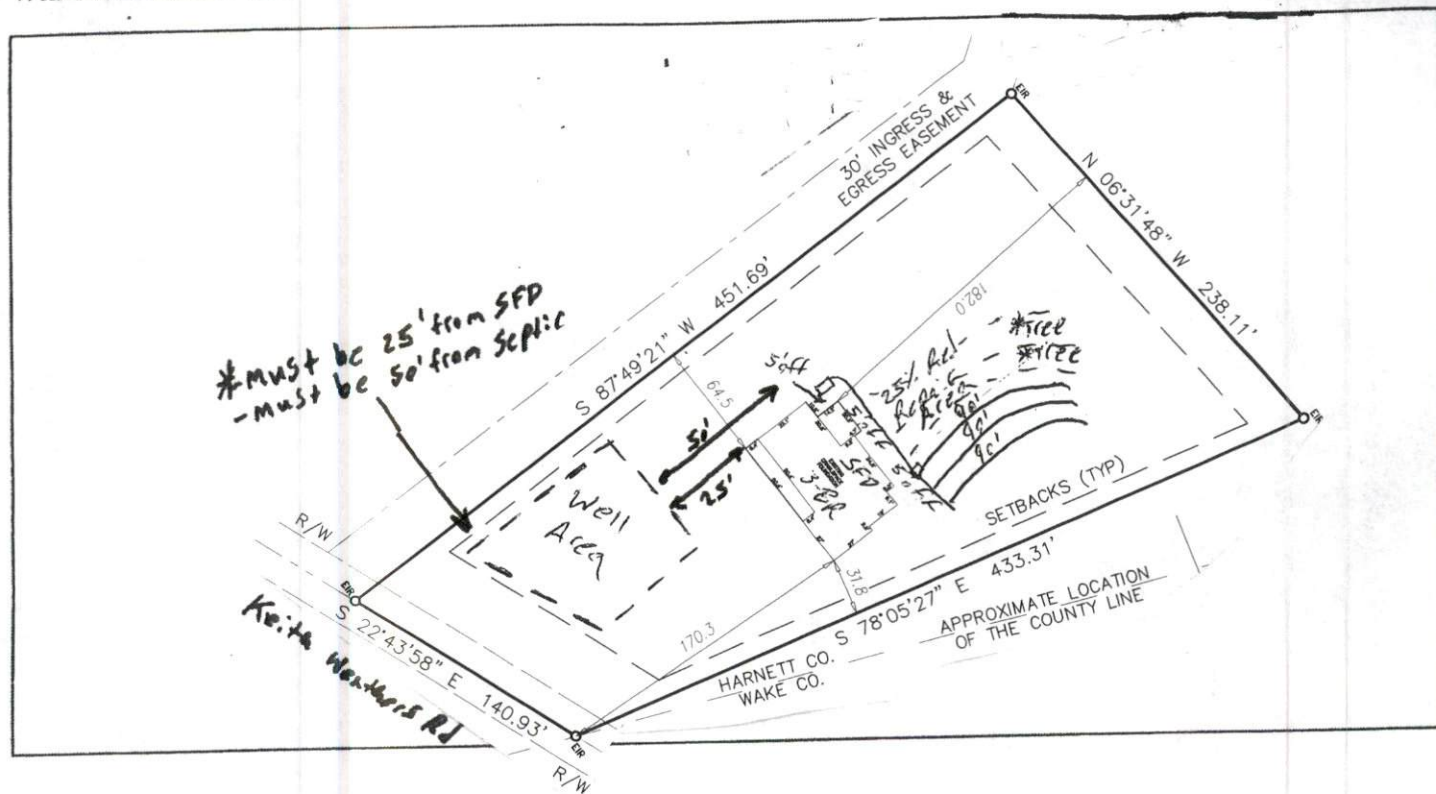
Application #: SFD 2407-0104

Applicant Name: Joshua Mason

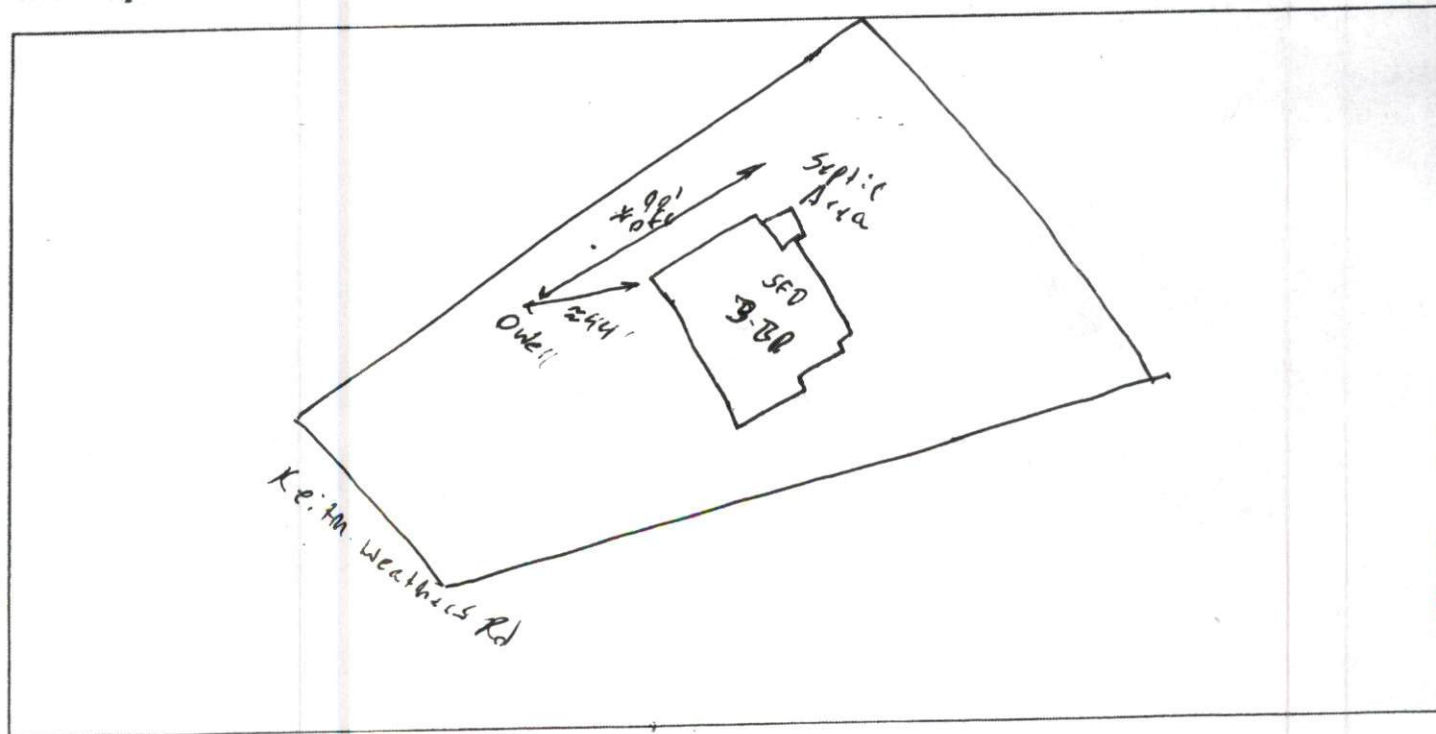
Subdivision: _____

Lot #: 1

Well Construction Sketch



Well Completion Sketch



WELL CONSTRUCTION RECORD

This form can be used for single or multiple wells

1. Well Contractor Information:

Mr John H Boyette, Jr

Well Contractor Name

2505

NC Well Contractor Certification Number

Boyette Well & Septic, Inc.

Company Name

2. Well Construction Permit #:

List all applicable well construction permits (ie County, State, Variance, etc.)

3. Well Use:

Residential

4. Date Well(s) Completed: 5/6/2025 Well ID#

5a. Well Location:

List all applicable well construction permits (ie County, State, Variance, etc.)

Southern Concepts

Facility/Owner Name

Facility ID (if applicable)

251 Keith Weathers Road, Fuquay Varina, NC

Physical Address, City, and Zip

Harnett

County

Parcel Identification No. (PIN)

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

(If well field, one lat/long is sufficient.)

N

W

6. Is (are) the well(s): Permanent

7. Is this a repair to an existing well: 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. Number of wells constructed: 1

For multiple injection or non-water wells ONLY with the same construction, you can submit one form.

9. Total well depth below land surface: 205 (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): 5 Method of test: Air

13b. Disinfection type: Chlorine Amount: 16 Oz

Form GW-1

North Carolina Department of Environment and Natural Resources - Division of Water Quality

Revised 2/22/16

For Internal Use ONLY:

14. WATER ZONES

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

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

FROM	TO	DIAMETER	THICKNESS	MATERIAL
0 ft.	54 ft.	6.25 in.		PVC Plastic
54 ft.	59 ft.	6.25 in.		Steel - 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	THICKNESS	SLOT SIZE	MATERIAL
ft.	ft.	in.			
ft.	ft.	in.			

18. GROUT

FROM	TO	MATERIAL	EMPLACEMENT METHOD & AMOUNT
0 ft.	25 ft.	Grout - Bentonite Slurry	Tremie Pipe - 8 Bags
ft.	ft.		
ft.	ft.		

19. SAND/GRAVEL PACK (if applicable)

FROM	TO	MATERIAL	EMPLACEMENT METHOD & AMOUNT
ft.	ft.		
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.	30 ft.	Clay,
30 ft.	60 ft.	Sandstone,
60 ft.	205 ft.	Granite,
ft.	ft.	
ft.	ft.	
ft.	ft.	
ft.	ft.	

21. REMARKS

22. Certification:

John H. Boyette

6/4/2025

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.

SUMMITAL INSTRUCTIONS

24a. For All Wells: Submit this form within 30 days of completion of well construction to the following:

Division of Water Quality, Information Procession 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 a copy of this form within 30 days of completion of well construction to the following:

Division of Water Quality, Undergroun 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.

North Carolina Department of Environment and Natural Resources - Division of Water Quality