

- WELL #1 -

SURRY COUNTY HEALTH & NUTRITION CENTER



Well Certificate of Completion

- Date: 11/12/2015

- Well Contractor: RAYMOND BROWN WELL CO.

- Applicant Name: EODIE SHUMATE

- Address: 319 WHITE PINE TRAIL
ELKIN NC 28621

- Directions to Site: HWY 268W towards Elkin - R - White Pine Trl. - Prop at end on left

- Permit Number: BEH090315-01

- Use of Well: AGRICULTURE - CHICK HOUSES

- Date Drilled: _____

- Total Depth: 500 FT. AT TIME OF GROUT

- Replacement Well Yes No

- Static Water Level: _____

- Top of Casing is 12+ in. above surface

- Yield: 15 gpm at _____ ft.

- Disinfection: Type _____ Amount _____

- Water Zone (depth):

From _____ To _____

From _____ To _____

From _____ To _____

- Casing:

From: SURFACE To 53 FT. ft.

Diameter: 6" Material: PLASTIC Thickness: SPR 21

- Grout:

From SURFACE To 23 FT.

Material: CEMENT + CUTTINGS Method: POURED

From _____ To _____

Material: _____ Method: _____

EHS: JOHNNY EASTER

Remarks: _____

On Hold Date: _____ Release Date: _____

WELL HEAD INFORMATION

Casing Height: _____ (above finished grade)

Access Port: _____ Vent Stack: _____

Well ID Tag: _____ Pump ID Tag: _____

Bib Cock: _____ Sample Taken: YES / NO

Properly sealed: _____ GW-1 Form: _____

EHS: _____ Date: _____

Remarks: 2/4/2016 - SITE VISIT - CAPPED

Certification of Completion

EHS: _____ Date: _____



NON RESIDENTIAL WELL CONSTRUCTION RECORD

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

WELL CONTRACTOR CERTIFICATION # 2312

1. WELL CONTRACTOR:

Chris Bullins
 Well Contractor (Individual) Name
raymond Brown Well Company, Inc.
 Well Contractor Company Name
 STREET ADDRESS 1109 N Main Street
Danbury NC 27016
 City or Town State Zip Code
 (336) 593-8239
 Area code- Phone number

2. WELL INFORMATION:

SITE WELL ID #(if applicable) _____
 WELL CONSTRUCTION PERMIT #(if applicable) BEH090315-01
 OTHER ASSOCIATED PERMIT #(if applicable) _____

3. WELL USE (Check Applicable Box) Monitoring Municipal/Public

Industrial/Commercial Agricultural Recovery Injection
 Irrigator Other (list use) _____

DATE DRILLED 11-13-15

TIME COMPLETED 5:00 AM PM

4. WELL LOCATION:

CITY: _____ COUNTY Surry

(Street Name, Numbers, Community, Subdivision, Lot No., Parcel, Zip Code)

TOPOGRAPHIC / LAND SETTING:

Slope Valley Flat Ridge Other
 (check appropriate box)

LATITUDE _____

LONGITUDE _____

May be in degrees, minutes, seconds or in a decimal format

Latitude/longitude source: GPS Topographic map
 (location of well must be shown on a USGS topo map and attached to this form if not using GPS)

5. FACILITY- is the name of the business where the well is located.

FACILITY ID #(if applicable) _____

NAME OF FACILITY _____

STREET ADDRESS _____

City or Town State Zip Code

CONTACT PERSON Eddie Shumate

MAILING ADDRESS _____

City or Town State Zip Code

Area code - Phone number

6. WELL DETAILS:

- a. TOTAL DEPTH: 705
- b. DOES WELL REPLACE EXISTING WELL? YES NO
- c. WATER LEVEL Below Top of Casing: 60 FT.
 (Use "+" if Above Top of Casing)

d. TOP OF CASING IS 1 FT. Above Land Surface*
 *Top of casing terminated at/or below land surface may require a variance in accordance with 15A NCAC 2C .0118.

e. YIELD (gpm): 15 METHOD OF TEST sight

f. DISINFECTION: Type Hth Amount 8 OZ

g. WATER ZONES (depth):

From _____ To _____ From _____ To _____

From _____ To _____ From _____ To _____

From _____ To _____ From _____ To _____

7. CASING: Depth Diameter Thickness/Weight Material

From 0 To 53 Ft. 6 1/4 sdr 21 pvc

From _____ To _____ Ft. _____

From _____ To _____ Ft. _____

8. GROUT: Depth Material Method

From 0 To 20 Ft. Bentonite Pump

From _____ To _____ Ft. _____

From _____ To _____ Ft. _____

9. SCREEN: Depth Diameter Slot Size Material

From _____ To _____ Ft. _____ in. _____ in.

From _____ To _____ Ft. _____ in. _____ in.

From _____ To _____ Ft. _____ in. _____ in.

10. SAND/GRAVEL PACK:

Depth Size Material

From _____ To _____ Ft. _____

From _____ To _____ Ft. _____

From _____ To _____ Ft. _____

11. DRILLING LOG

From	To	Formation Description
0	5	Red Clay
5	48	Sand Rock
48	705	Blue Granite

12. REMARKS:

I DO HEREBY CERTIFY THAT THIS WELL WAS CONSTRUCTED IN ACCORDANCE WITH 15A NCAC 2C, WELL CONSTRUCTION STANDARDS, AND THAT A COPY OF THIS RECORD HAS BEEN PROVIDED TO THE WELL OWNER.

Chris Bullins 11-13-15
 SIGNATURE OF CERTIFIED WELL CONTRACTOR DATE

Chris Bullins
 PRINTED NAME OF PERSON CONSTRUCTING THE WELL

Submit the original to the Division of Water Quality within 30 days. Attn: Information Mgt.,
 1617 Mail Service Center - Raleigh, NC 27699-1617 Phone No. (919) 733-7015 ext 568.

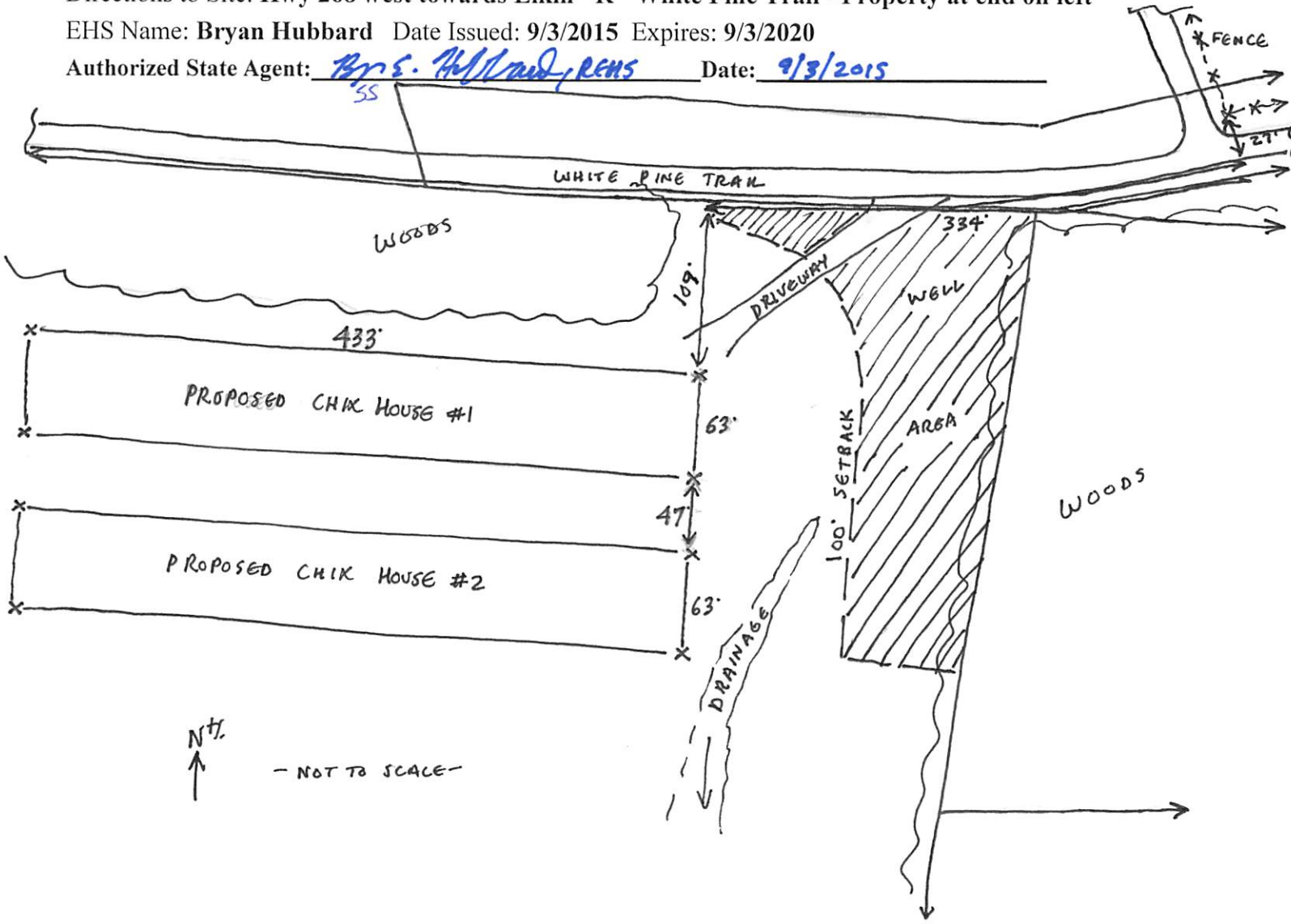
Form GW-1b
 Rev.12/07

SURRY COUNTY HEALTH AND NUTRITION CENTER WELL CONSTRUCTION PERMIT



If the information on this Well Construction Permit is falsified, changed, or if the site is altered, then the Well Construction Permit shall become invalid.

Applicant's Name: **Eddie Shumate** PIN: 4983-00-38-7066
 Permit Number: **BEH090315-01** Site Address: **319 White Pine Trail / Elkin NC 28621**
 Subdivision: **N/A** Lot Number: **N/A**
 Directions to Site: **Hwy 268 west towards Elkin - R - White Pine Trail - Property at end on left**
 EHS Name: **Bryan Hubbard** Date Issued: **9/3/2015** Expires: **9/3/2020**
 Authorized State Agent: *Bry S. Hubbard, RENS* Date: *9/3/2015*



Facility Served: Agriculture - Chicken Houses

PERMIT SPECIFICATIONS: Do not violate setbacks before, during or after well construction including (but not limited to) 100' off any part of the septic area and animal barns/feedlots, 25' off the footprint of any structure and streams and 50' off any other potential source of contamination.

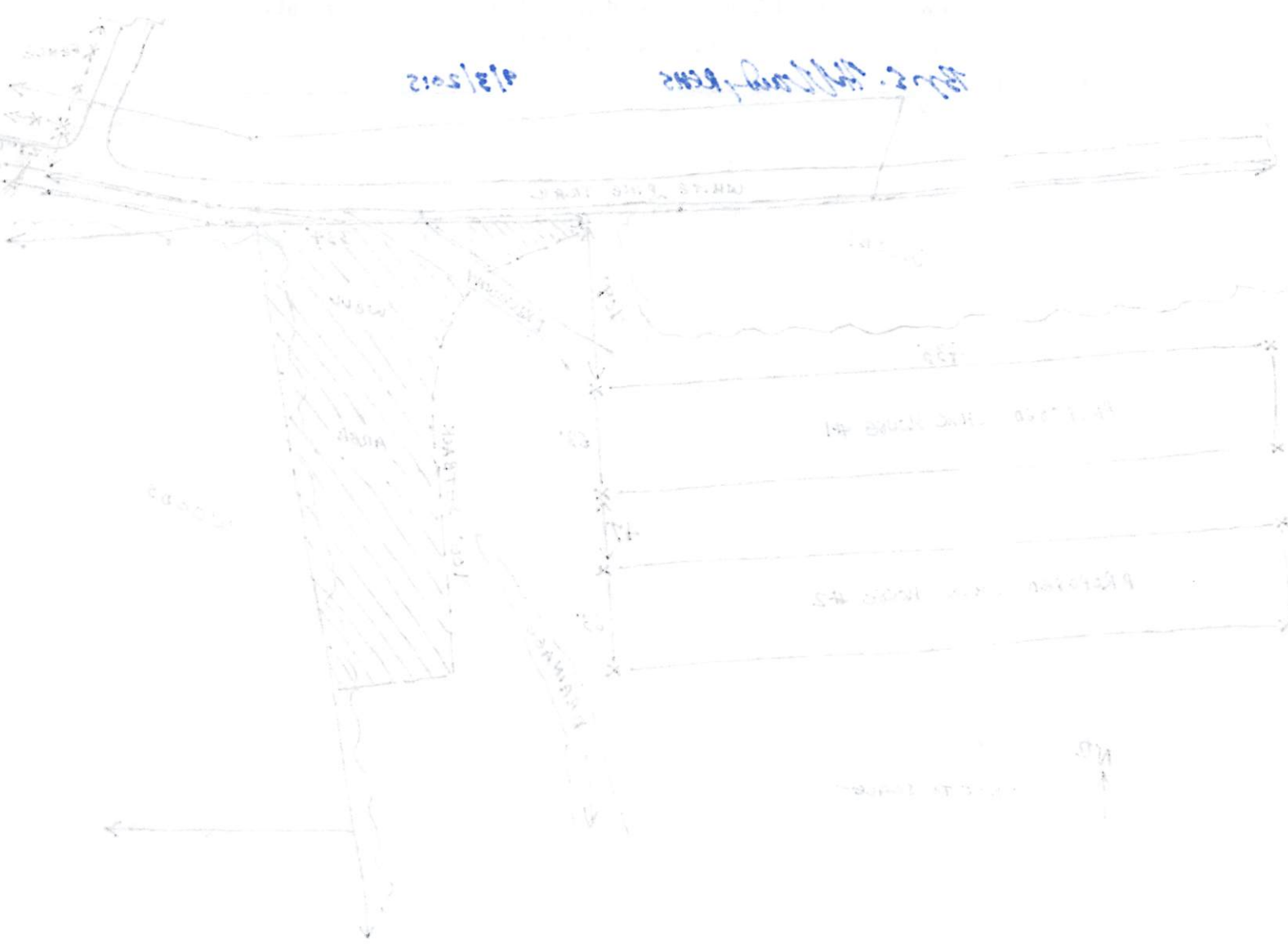
*This permit is for one single well

*This permit is valid until the date listed above OR until the well is grouted, whichever comes first.

*I understand that once the well is completed, I must contact the Surry County Environmental Health Department for the final well head inspection.

*I have reviewed and hereby approve of this Well Construction Permit. I will contact the Surry County Environmental Health Department if there is a relocation of the proposed facility, a change in the intended use of the facility, a need for the installation of a waste water system in an area other than indicated on the well permit, or if there are any landscaping changes that may affect site drainage prior to the construction of the well. I accept the specifications of this permit.

Applicant or Legal Representative Signature *Eddie Shumate* Date *9/21/15*



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