

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

PIN #: 0529-95-9312.000 Parcel #: 130600 0112 Application #: BRES1903-0026 Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_

Applicant Name: Daniel Buchanan  
Address: 283 Black Ln. Lillington, NC 27546

Type of Facility Served by Well: 3BR SWMH

Sewage System: 25% Reduction System

Permit Conditions: Location - Black Lane (McLean Rd. - SR 1299) - Across from 283 Black Ln. Lillington, NC 27546

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 [Signature] Date 04/01/2019

Grouting Inspection Witnessed \_\_\_\_\_ Date \_\_\_\_\_  
 Grouting self-certified by driller      GW-1 provided?  Yes  No

See attachment for construction sketch

**WELL CERTIFICATE OF COMPLETION**

Date: 6/13/19 Application #: BRES1903-0026 Well Contractor: Larry Williford Jr.

Applicant Name: Daniel Buchanan  
 Address: 283 Black Ln. Lillington, NC 27546  
 Directions to Site: Black Lane (McLean Rd. - SR 1299) - Across from 283 Black Ln. Lillington, NC 27546

REFERENCE  
 ↓  
 GW-1 FORM

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 \_\_\_\_\_

<u>Water Zone (depth)</u>	<u>Casing</u>	<u>Grout</u>
From _____ To _____	From _____ To _____	From <u>0</u> 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**

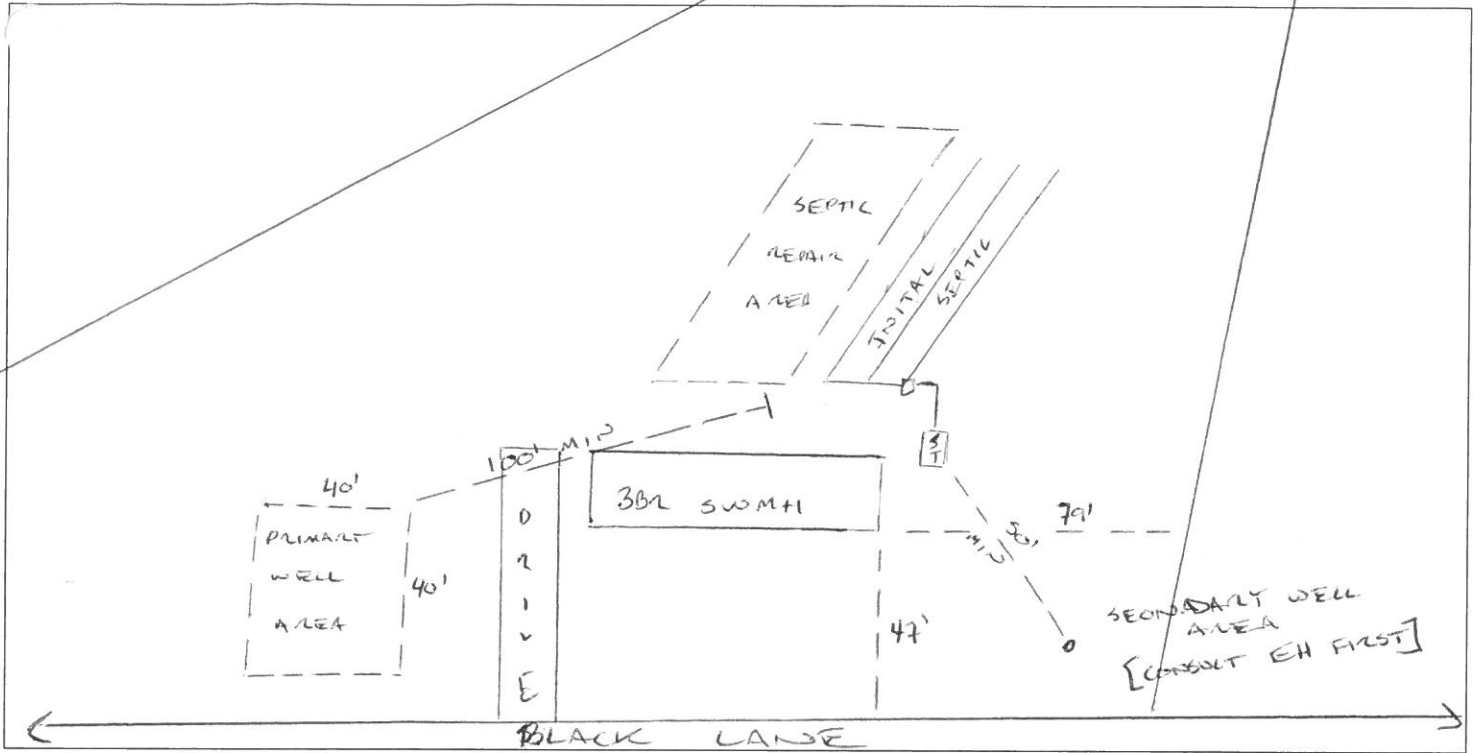
Casing Height: 18 in (above finished grade) Access Port: \_\_\_\_\_ Vent Stack: \_\_\_\_\_  
 Well ID Tag:  Pump ID Tag: \_\_\_\_\_ Sampling Tap: \_\_\_\_\_ Backflow Preventer: \_\_\_\_\_  
 Sample Taken?  Yes  No Well Head properly sealed:

Remarks: Water sample pending power

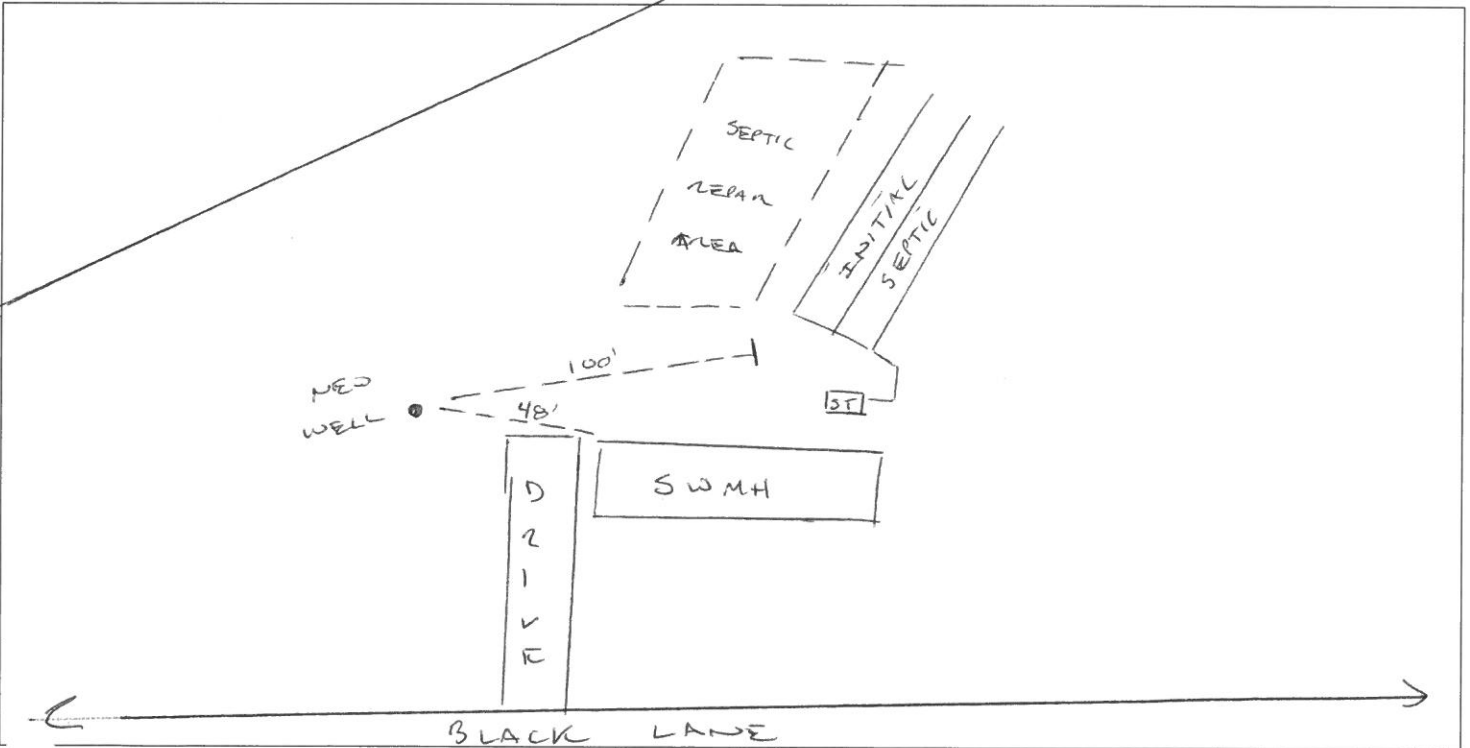
Authorized State Agent [Signature] Date 06/13/2019

See Attachment for completion sketch

### Well Construction Sketch



### Completion Sketch



**1. Well Contractor Information:**

**Larry Williford Jr**

Well Contractor Name

**2863A**

NC Well Contractor Certification Number

**Willifords Well Drilling**

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):**

<b>Water Supply Well:</b>	
<input type="checkbox"/> Agricultural	<input type="checkbox"/> Municipal/Public
<input type="checkbox"/> Geothermal (Heating/Cooling Supply)	<input checked="" type="checkbox"/> Residential Water Supply (single)
<input type="checkbox"/> Industrial/Commercial	<input type="checkbox"/> Residential Water Supply (shared)
<input type="checkbox"/> Irrigation	
<b>Non-Water Supply Well:</b>	
<input type="checkbox"/> Monitoring	<input type="checkbox"/> Recovery
<b>Injection Well:</b>	
<input type="checkbox"/> Aquifer Recharge	<input type="checkbox"/> Groundwater Remediation
<input type="checkbox"/> Aquifer Storage and Recovery	<input type="checkbox"/> Salinity Barrier
<input type="checkbox"/> Aquifer Test	<input type="checkbox"/> Stormwater Drainage
<input type="checkbox"/> Experimental Technology	<input type="checkbox"/> Subsidence Control
<input type="checkbox"/> Geothermal (Closed Loop)	<input type="checkbox"/> Tracer
<input type="checkbox"/> Geothermal (Heating/Cooling Return)	<input type="checkbox"/> Other (explain under #21 Remarks)

**4. Date Well(s) Completed:** 6 2019 Well ID# \_\_\_\_\_

**5a. Well Location:**

**Daniel Buchanon**

Facility/Owner Name

Facility ID# (if applicable)

**Across from 283Black LN Lillington Nc**

Physical Address, City, and Zip

**Hamett**

County

Parcel Identification No. (PIN)

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

(if well field, one lat/long is sufficient)

**N35 23.150** N **78 53.974** 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: \_\_\_\_\_

**9. Total well depth below land surface:** 140 (ft.)  
For multiple wells list all depths if different (example- 3@200' and 2@100')

**10. Static water level below top of casing:** 27 (ft.)  
If water level is above casing, use "+"

**11. Borehole diameter:** 10 (in.)

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

<b>FOR WATER SUPPLY WELLS ONLY:</b>	
<b>13a. Yield (gpm)</b> <u>40</u>	<b>Method of test:</b> <u>air develop</u>
<b>13b. Disinfection type:</b> <u>Hth</u>	<b>Amount:</b> <u>4oz</u>

<b>14. WATER ZONES</b>					
FROM	TO	DESCRIPTION			
125 ft.	140 ft.	gray rock			
ft.	ft.				
<b>15. OUTER CASING (for multi-cased wells) OR LINER (if applicable)</b>					
FROM	TO	DIAMETER	THICKNESS	MATERIAL	
+2 ft.	93 ft.	6 in.	sdr21	pvc	
<b>16. INNER CASING OR TUBING (geothermal closed-loop)</b>					
FROM	TO	DIAMETER	THICKNESS	MATERIAL	
ft.	ft.	in.			
ft.	ft.	in.			
<b>17. SCREEN</b>					
FROM	TO	DIAMETER	SLOT SIZE	THICKNESS	MATERIAL
ft.	ft.	in.			
ft.	ft.	in.			
<b>18. GROUT</b>					
FROM	TO	MATERIAL	EMPLACEMENT METHOD & AMOUNT		
0 ft.	20 ft.	bentonite	pour 20 50lb bags		
ft.	ft.				
ft.	ft.				
<b>19. SAND/GRAVEL PACK (if applicable)</b>					
FROM	TO	MATERIAL	EMPLACEMENT METHOD		
ft.	ft.				
ft.	ft.				
<b>20. DRILLING LOG (attach additional sheets if necessary)</b>					
FROM	TO	DESCRIPTION (color, hardness, soil/rock type, grain size, etc.)			
0 ft.	2 ft.	topsoil			
2 ft.	12 ft.	sandy clay			
12 ft.	38 ft.	reddish clay			
38 ft.	93 ft.	gray clay			
93 ft.	140 ft.	rock			
ft.	ft.				
ft.	ft.				
<b>21. REMARKS</b>					

**22. Certification:**  
Signature of Certified Well Contractor: Larry Williford Jr Date: 6 2019

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.

**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.