

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

PIN #: 1537-04-9611.000 Parcel #: 021537 0019 01 Application #: SFD2010-0002 & BRES2010-0004 Subdivision: \_\_\_\_\_

Lot #: 1

Applicant Name: Donald & Dawn Glover  
Address: 815 Miller Rd. Benson, NC 27504

Type of Facility Served by Well: Barn (Potable) - Home on County Water

Sewage System: 25% Reduction Sys.

Permit Conditions: Location- 74 Sugarbush Lane Dunn, NC 28334

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 06/30/2021

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 #: SFD2010-0002 & BRES2010-0004 Well Contractor: \_\_\_\_\_

Applicant Name: Donald & Dawn Glover  
Address: 815 Miller Rd. Benson, NC 27504  
Directions to Site: 74 Sugarbush Lane Dunn, NC 28334 (Jonesboro Rd. - SR 1808)

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)	Casing	Grout
From _____ To _____	From _____ To _____	From 0 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: 24in (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: 11/09/2021

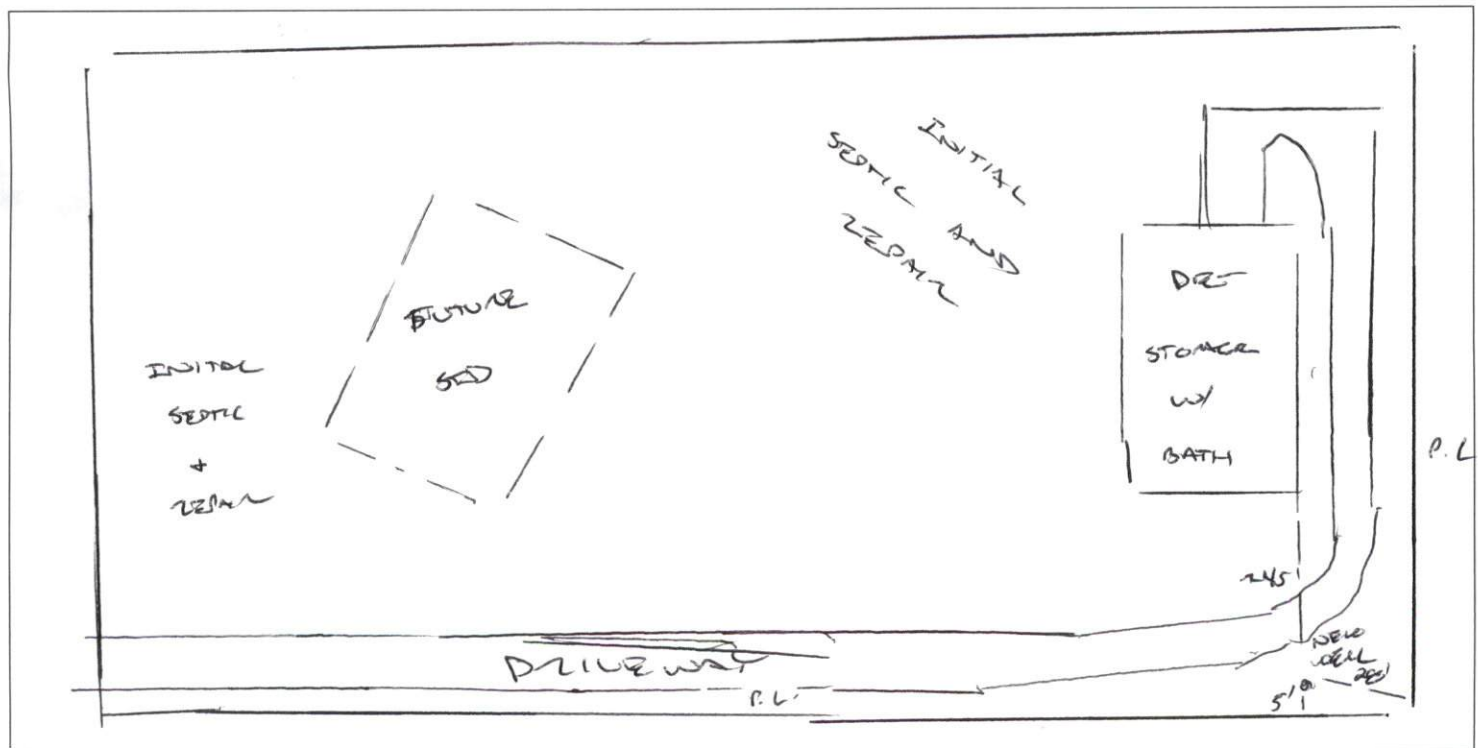
Authorized State Agent [Signature] Date 06/24/2022

See Attachment for completion sketch

Well Construction Sketch



II Completion Sketch





# WELL CONSTRUCTION RECORD (GW-1)

## 1. Well Contractor Information:

**Mark S. Paradise**

Well Contractor Name

**4533-A**

NC Well Contractor Certification Number

**Barefoot's Well Drilling & Pump Service, LLC**

Company Name

## 2. Well Construction Permit #:

**SFD 2010-0002 + BRES 2010-0004**

## 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  Wells > 100,000 GPD

### 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: **10/14/21** Well ID# \_\_\_\_\_

### 5a. Well Location:

**Donald + Dawn Glover**

Facility/Owner Name

Facility ID# (if applicable)

**74 Sugarbush Lane Dunn NC 28334**

Physical Address, City, and Zip

**Harnett**

County

Parcel Identification No. (PIN)

5b. Latitude and longitude in degrees/minutes/seconds or decimal degrees:  
(if well field, one lat/long is sufficient)

\_\_\_\_\_ N \_\_\_\_\_ 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: **265** (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: **12** (in.)

12. Well construction method: **Drilled**

(i.e. auger, rotary, cable, direct push, etc.)

### FOR WATER SUPPLY WELLS ONLY:

13a. Yield (gpm) **40** Method of test: **Air Lift**

13b. Disinfection type: **Chlorinate** Amount: **4oz.**

For Internal Use Only:

### 14. WATER ZONES

FROM	TO	DESCRIPTION
230 ft.	240 ft.	Quartz
ft.	ft.	

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

FROM	TO	DIAMETER	THICKNESS	MATERIAL
72 ft.	209 ft.	6 in.	50x40	Galvanized

### 16. INNER CASING OR TUBING (geothermal closed-loop)

FROM	TO	DIAMETER	THICKNESS	MATERIAL
ft.	ft.	ft.	in.	
ft.	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	Pour 7 bags
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.	120 ft.	Sand/Clay
120 ft.	200 ft.	Clay
200 ft.	209 ft.	Transition
209 ft.	220 ft.	Gray Rock
220 ft.	240 ft.	Quartz
240 ft.	265 ft.	Gray Rock
ft.	ft.	

### 21. REMARKS

### 22. Certification:

**Mark Paradise**  
Signature of Certified Well Contractor

**10/14/21**  
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 construction info (add 'See Over' in Remarks Box). You may also attach additional pages if necessary.

### 24. SUBMITTAL INSTRUCTIONS

Submit this GW-1 within 30 days of well completion per the following:

24a. For All Wells: Original form to Division of Water Resources (DWR), Information Processing Unit, 1617 MSC, Raleigh, NC 27699-1617

24b. For Injection Wells: Copy to DWR, Underground Injection Control (IUC) Program, 1636 MSC, Raleigh, NC 27699-1636

24c. For Water Supply and Open-Loop Geothermal Return Wells: Copy to the county environmental health department of the county where installed

24d. For Water Wells producing over 100,000 GPD: Copy to DWR, CCPCUA Permit Program, 1611 MSC, Raleigh, NC 27699-1611