

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

PIN #: 1506-15-0948.000 Parcel #: 061506 0003 01 Application #: BRES2104-0021 Subdivision: _____ Lot #: _____

Applicant Name: Donnie & Becky Hamilton
Address: 112 St. Matthews Rd Erwin, NC 28339

Type of Facility Served by Well: SFD

Sewage System: Low Profile Chamber

Permit Conditions: 687 Hog ^{Haven} Ln. - Old Hamilton Rd. (SR 1776)

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  Date 07/09/2021

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 #: BRES2104-0021 Well Contractor: _____

GW-1 PROVIDED

Applicant Name: Donnie & Becky Hamilton
Address: 112 St. Matthews Rd Erwin, NC 28339
Directions to Site: 687 Hog ^{Haven} Ln. - Old Hamilton Rd. (SR 1776)

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

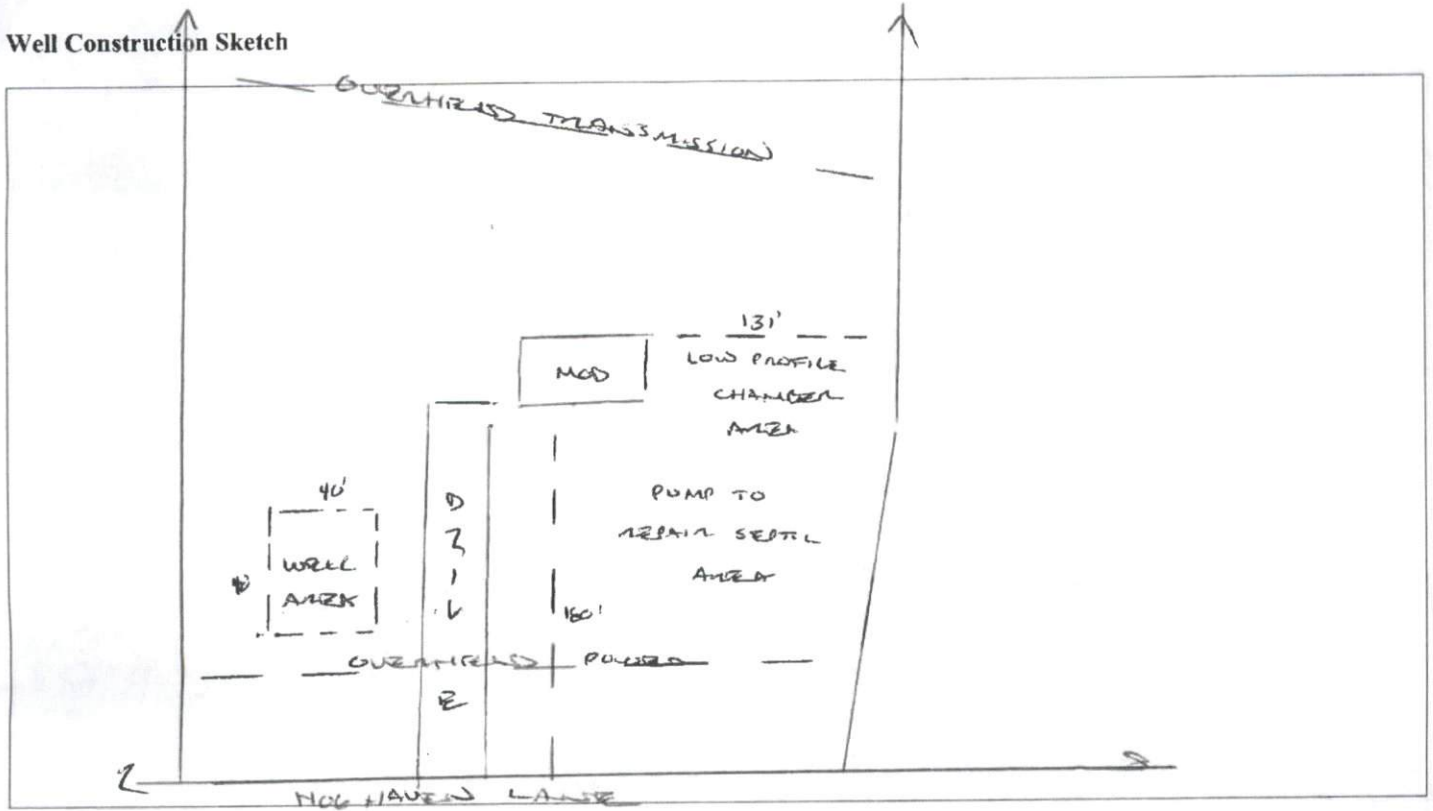
Casing Height: 100 (above finished grade) Access Port: _____ Vent Stack: _____
Well ID Tag: _____ Pump ID Tag: AGAR Sampling Tap: Backflow Preventer: _____
Sample Taken? Yes No Well Head properly sealed:

Remarks: SAMPLE DELAYED FOR POWER

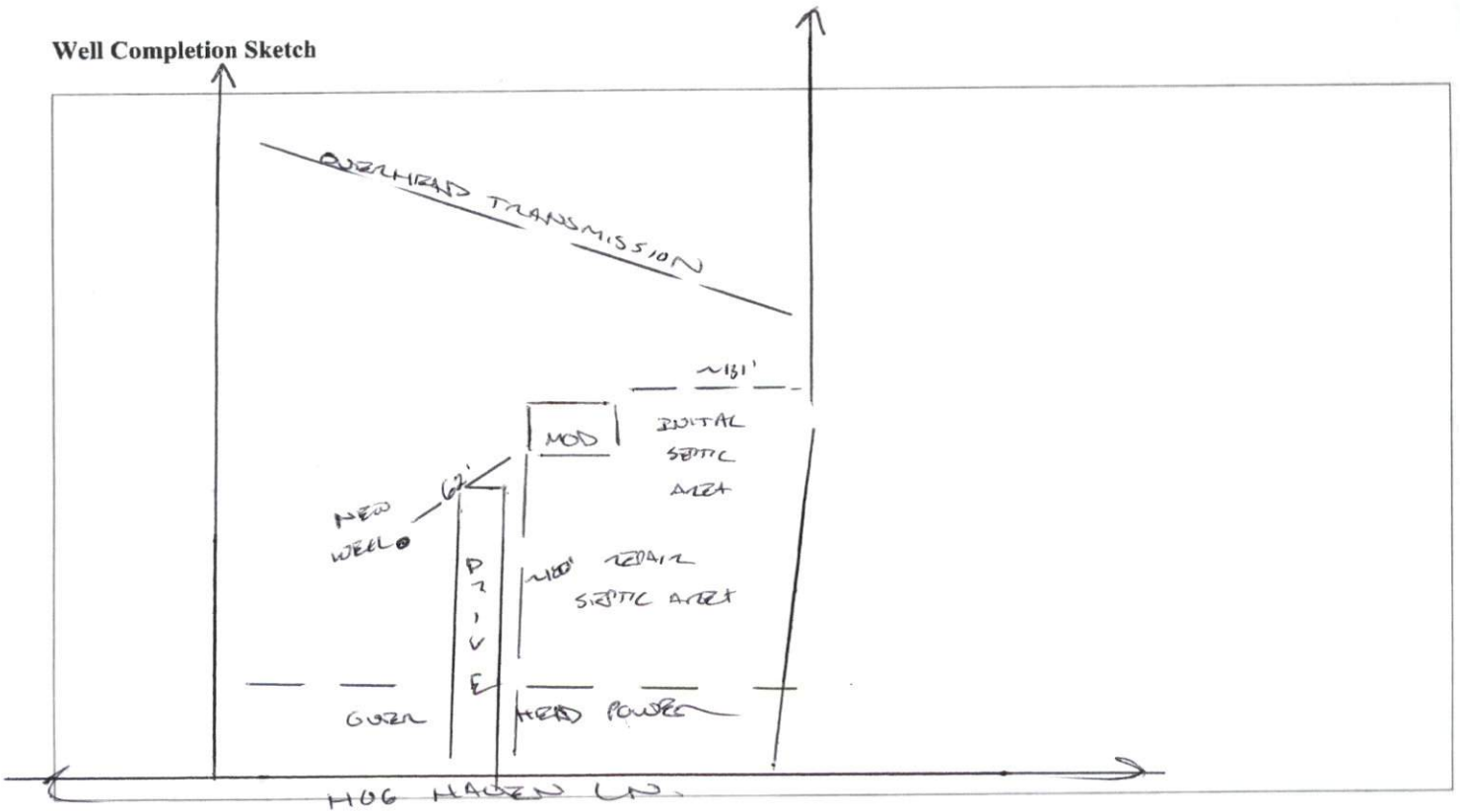
Authorized State Agent  Date 11/19/2021

See Attachment for completion sketch

Well Construction Sketch



Well Completion Sketch



1. Well Contractor Information:

Larry Williford
 Well Contractor Name
2863 A
 NC Well Contractor Certification Number

Williford's Well Drilling
 Company Name

2. Well Construction Permit #: 061504-0003-01
 List all applicable well construction permits (i.e. UIC, County, State, Variance, etc.)

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: 10/27/21 Well ID# _____

5a. Well Location:
Donnie/Becky Hamilton
 Facility/Owner Name Facility ID# (if applicable)
687 Hog Heaven Ln Erwin NC
 Physical Address, City, and Zip
Harnett 1504-15-0948
 County Parcel Identification No. (PIN)

5b. Latitude and longitude in degrees/minutes/seconds or decimal degrees:
 (if well field, one lat/long is sufficient)
35.303439 N -78.659402 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: 20 (ft.)
 For multiple wells list all depths if different (example: 3 @ 200' and 2 @ 100')

10. Static water level below top of casing: 11 (ft.)
 If water level is above casing, use "-"

11. Borehole diameter: 4 (in.)

12. Well construction method: Mud Rotary
 (i.e. auger, rotary, cable, direct push, etc.)

FOR WATER SUPPLY WELLS ONLY:

13a. Yield (gpm): 7 Method of test: pumping
 13b. Disinfection type: HTH Amount: 1/4 cup

14. WATER ZONES		
FROM	TO	DESCRIPTION
14 ft.	20 ft.	Sand & gravel
ft.	ft.	

15. OUTER CASING (for multi-cased wells) OR LINER (if applicable)				
FROM	TO	DIAMETER	THICKNESS	MATERIAL
+1 ft.	14 ft.	2 in.	sch40	PVC

16. INNER CASING OR TUBING (geothermal closed-loop)				
FROM	TO	DIAMETER	THICKNESS	MATERIAL
ft.	ft.	in.		
ft.	ft.	in.		

17. SCREEN					
FROM	TO	DIAMETER	SLOT SIZE	THICKNESS	MATERIAL
14 ft.	20 ft.	2 in.	.012	sch40	PVC
ft.	ft.	in.			

18. GROUT			
FROM	TO	MATERIAL	EMPLACEMENT METHOD & AMOUNT
0 ft.	14 ft.	Bentonite	1 bag-pour
ft.	ft.		
ft.	ft.		

19. SAND/GRAVEL PACK (if applicable)			
FROM	TO	MATERIAL	EMPLACEMENT METHOD
14 ft.	20 ft.	#2 sand	pour
ft.	ft.		

20. DRILLING LOG (attach additional sheets if necessary)		
FROM	TO	DESCRIPTION (color, hardness, soil/rock type, grain size, etc.)
0 ft.	1 ft.	topsoil
1 ft.	7 ft.	sandy clay
7 ft.	14 ft.	orange-white clay
14 ft.	20 ft.	white sand & gravel
ft.	ft.	
ft.	ft.	

21. REMARKS

22. Certification:
Larry Williford Jr 10/27/21
 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 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