

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

1506-23-4263

061506 0005 11

B1252106-0008

PIN #: \_\_\_\_\_ Parcel #: \_\_\_\_\_ Application #: \_\_\_\_\_ Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_

Applicant Name: NONNIE HAMILTON

Address: 1286 OLD HAMILTON RD. (SR 1776)

Type of Facility Served by Well: SID

Sewage System: 25% REDUCTION SYS.

Permit Conditions: \_\_\_\_\_

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 06/11/2021

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 #: B1252106-0008 Well Contractor: \_\_\_\_\_

Applicant Name: NONNIE HAMILTON

Address: 1286 OLD HAMILTON RD (SR 1776)

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: 12in (above finished grade)

Access Port: \_\_\_\_\_

Vent Stack: \_\_\_\_\_

Well ID Tag:

Pump ID Tag: AB007

Sampling Tap:

Backflow Preventer: \_\_\_\_\_

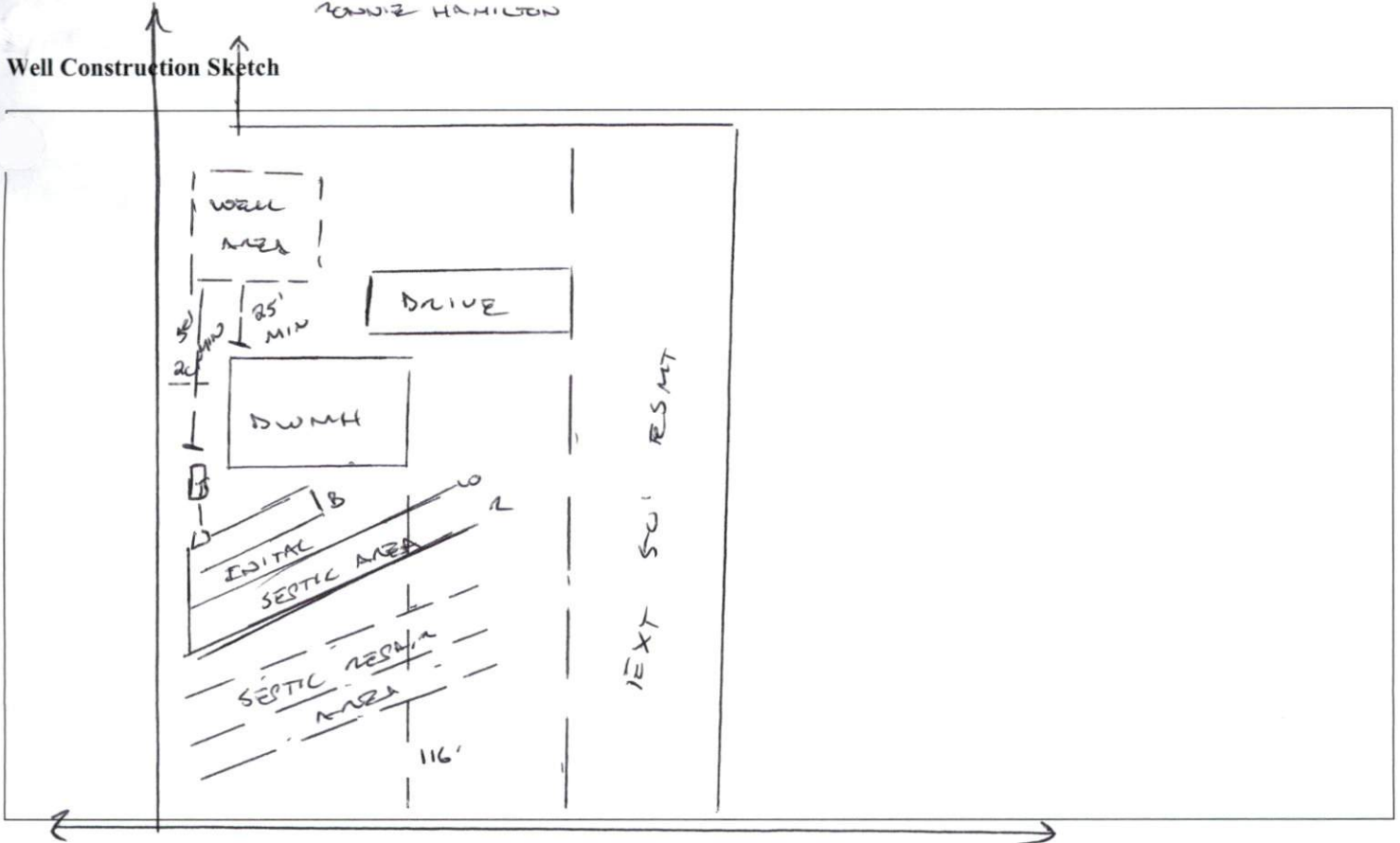
Sample Taken?  Yes  No

Well Head properly sealed:

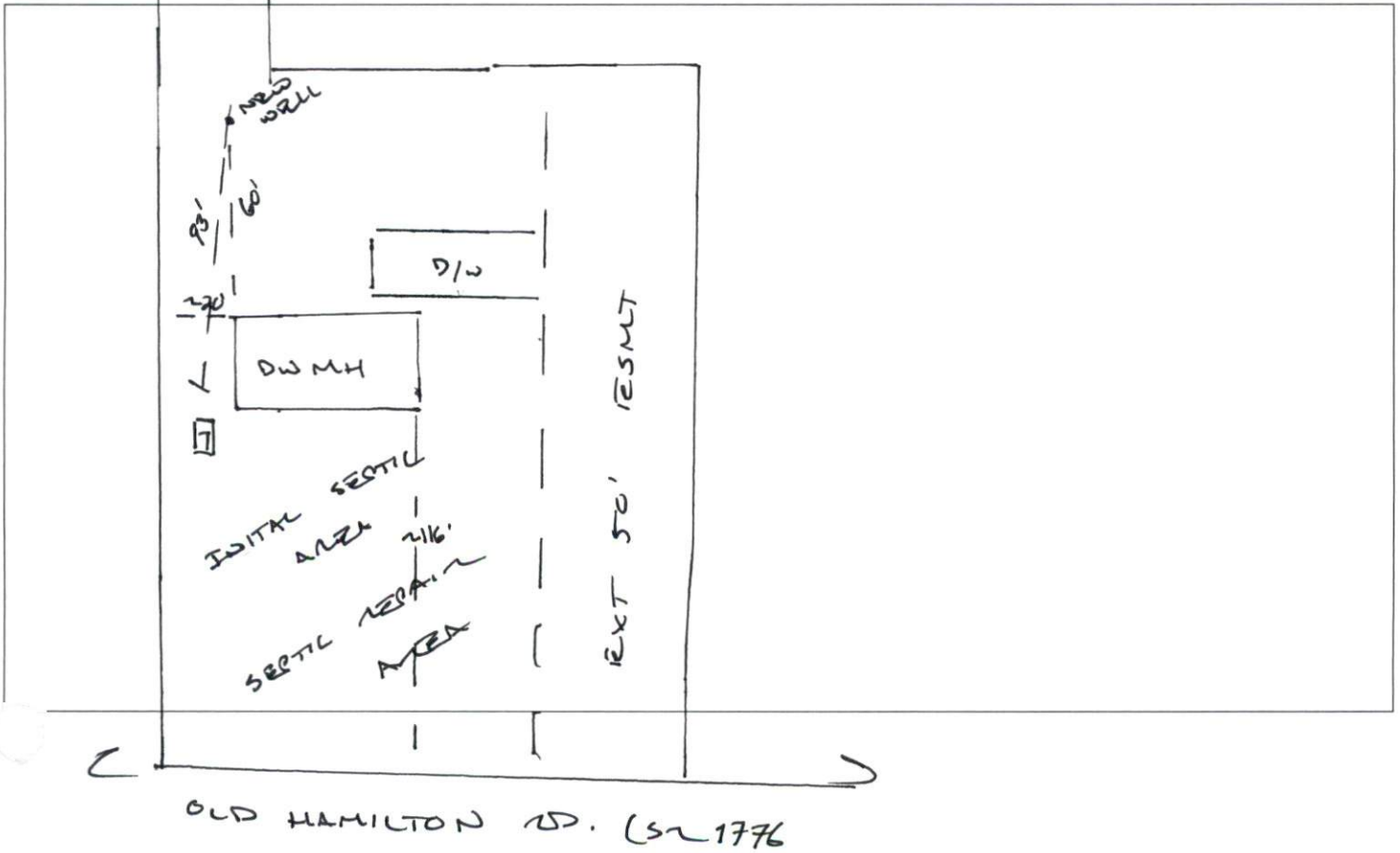
Remarks: SAMPLE DEFERED FOR POWELL

Authorized State Agent [Signature] Date 10/06/2021

See Attachment for completion sketch



### II Completion Sketch



**1. Well Contractor Information:**

Well Contractor Name: Larry Williford Jr  
2863 A  
 NC Well Contractor Certification Number  
Williford's Well Drilling  
 Company Name

2. Well Construction Permit #: 06506 00511  
 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: 8/30/21 Well ID# \_\_\_\_\_

5a. Well Location:  
Ron Hamilton  
 Facility/Owner Name Facility ID# (if applicable)  
1286 Old Hamilton Rd  
 Physical Address, City, and Zip  
Harnett  
 County Parcel Identification No. (PIN) 1506 23 4203

5b. Latitude and longitude in degrees/minutes/seconds or decimal degrees:  
 (if well field, one lat/long is sufficient)  
35.297271 N -78.657132 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: 31 (ft.)  
 For multiple wells list all depths if different (example- 3@20' and 2@100')

10. Static water level below top of casing: 12 (ft.)  
 If water level is above casing, use "+"

11. Borehole diameter: 6 (in.)

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

**FOR WATER SUPPLY WELLS ONLY:**  
 13a. Yield (gpm) 8 Method of test: pumping  
 13b. Disinfection type: HTH Amount: 1/4 cup

14. WATER ZONES					
FROM	TO	DESCRIPTION			
21 ft.	24 ft.	tan sand & gravel			
ft.	ft.				
15. OUTER CASING (for multi-cased wells) OR LINER (if applicable)					
FROM	TO	DIAMETER	THICKNESS	MATERIAL	
11 ft.	21 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
21 ft.	24 ft.	2 in.	.012		SCH40 PVC
ft.	ft.	in.			
18. GROUT					
FROM	TO	MATERIAL	EMPLACEMENT METHOD & AMOUNT		
0 ft.	20 ft.	Bentonite	2 bags - pour		
ft.	ft.				
ft.	ft.				
19. SAND/GRAVEL PACK (if applicable)					
FROM	TO	MATERIAL	EMPLACEMENT METHOD		
20 ft.	31 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.	8 ft.	reddish sandy clay			
8 ft.	21 ft.	orange-white clay			
21 ft.	24 ft.	tan sand & gravel			
24 ft.	31 ft.	tan clay			
ft.	ft.				
ft.	ft.				
21. REMARKS					
Casing 24-31					

22. Certification:  
Larry Williford Jr 8/30/21  
 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