

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

PIN #: Parcel #: Application #: BRES2207-0088 Subdivision: \_\_\_\_\_ Lot #:

Applicant Name: Jaqarius Cameron  
Address: 128 Woods Edge Ln

Type of Facility Served by Well: Manufactured Home

Sewage System: 25% Reduction

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 8/12/22

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 #: \_\_\_\_\_ Well Contractor: \_\_\_\_\_

Applicant Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
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 \_\_\_\_\_

<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**

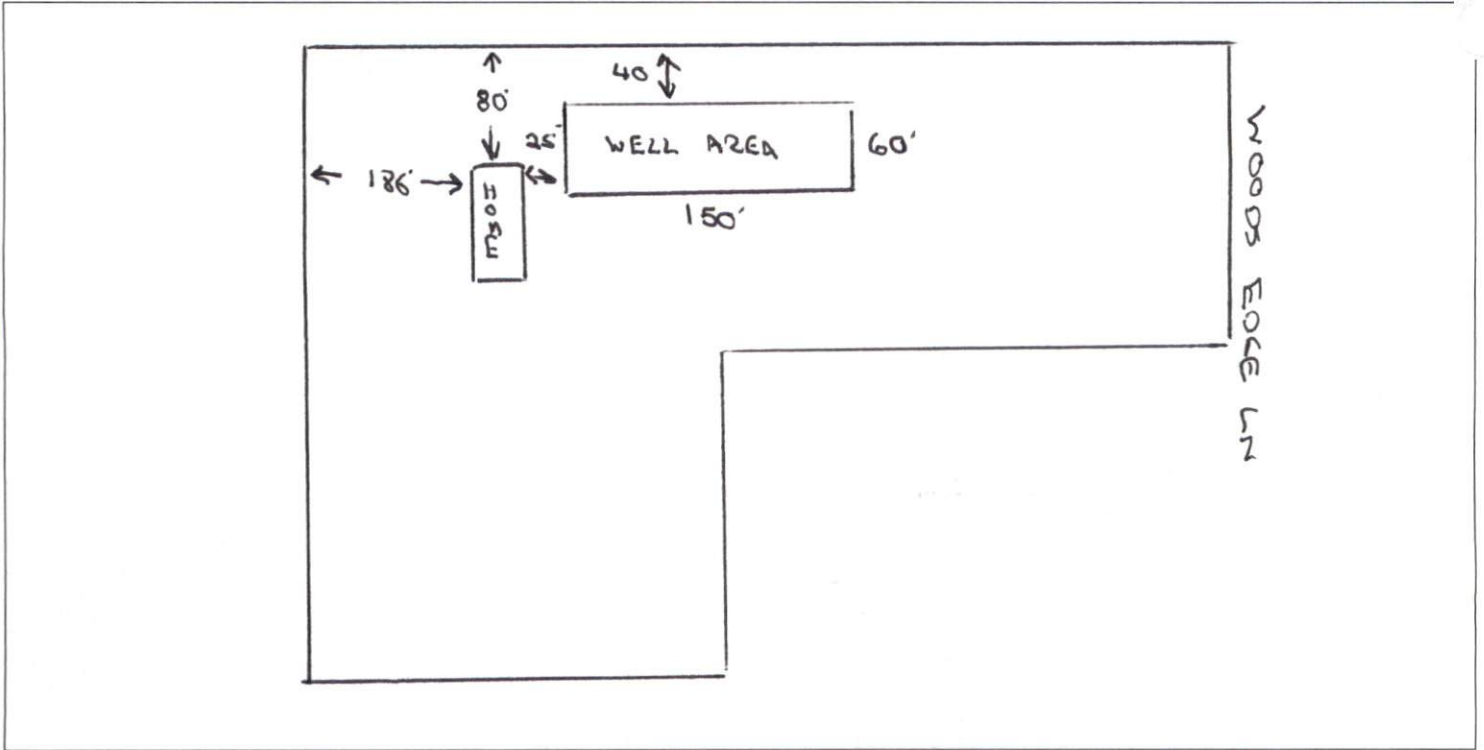
Casing Height: 12 (above finished grade) Access Port:  Vent Stack:   
Well ID Tag:  Pump ID Tag:  Sampling Tap:  Backflow Preventer:   
Sample Taken?  Yes  No Well Head properly sealed:

Remarks: \_\_\_\_\_

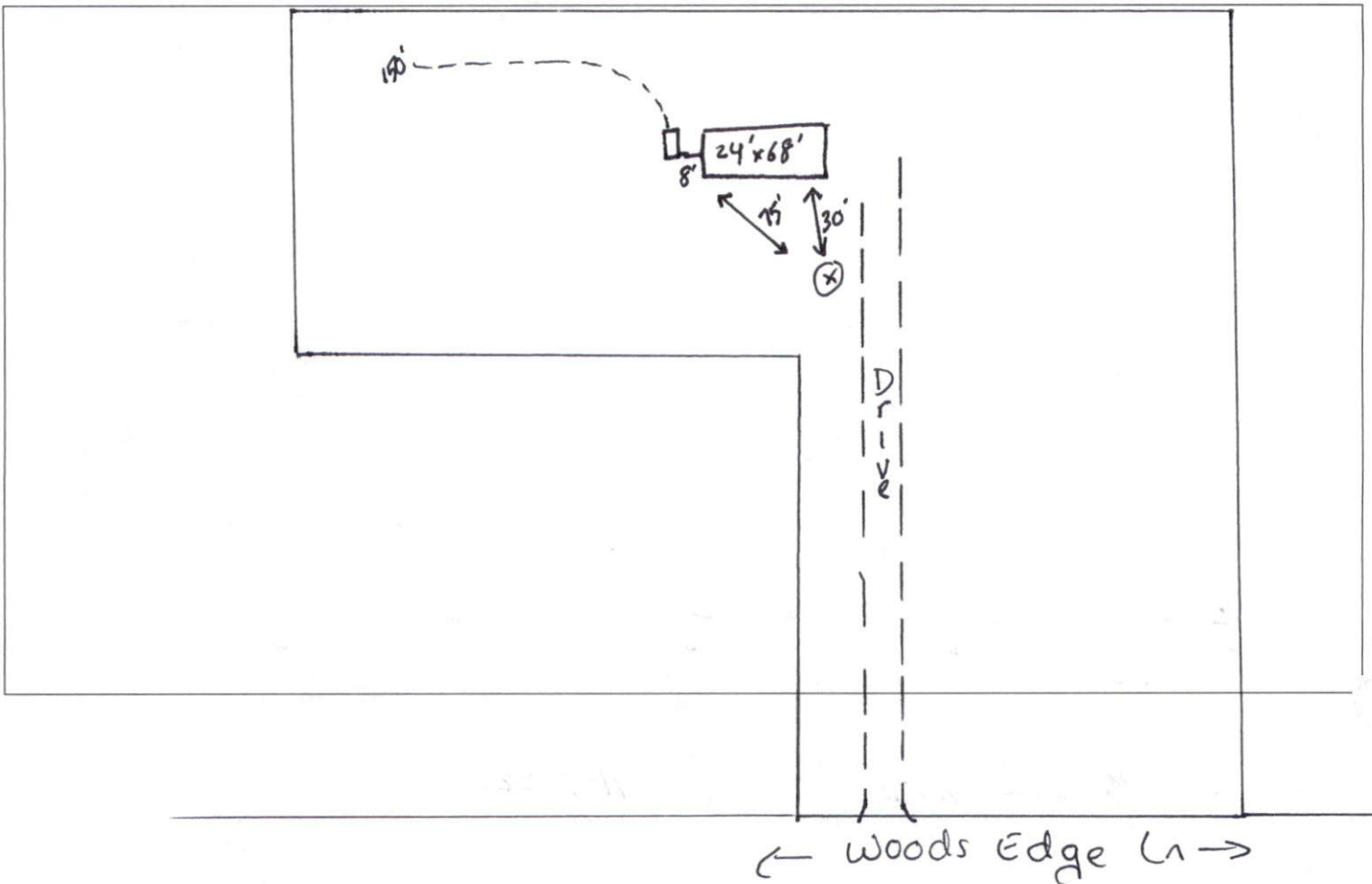
Authorized State Agent *[Signature]* Date 11-1-22

See Attachment for completion sketch

**Well Construction Sketch**



**Well Completion Sketch**



**1. Well Contractor Information:**

Larry Williford Jr  
 Well Contractor Name  
2803A  
 NC Well Contractor Certification Number  
Williford's Well Drilling  
 Company Name

**2. Well Construction Permit #:** BRE 2207-0088  
 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:** 9/20/22 Well ID# \_\_\_\_\_

**5a. Well Location:**  
Jaganus Cameron  
 Facility/Owner Name Facility ID# (if applicable)  
128 Woods Edge Lane Erwin  
 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)  
35.293554 -78.735321 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:** 26 (ft.)  
 For multiple wells list all depths if different (example- 3@200' and 2@100')

**10. Static water level below top of casing:** 8 (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)** 7 Method of test: pumping  
**13b. Disinfection type:** HTH Amount: 1/4 cup

14. WATER ZONES					
FROM	TO	DESCRIPTION			
20 ft.	26 ft.	whitesand			
ft.	ft.				
15. OUTER CASING (for multi-cased wells) OR LINER (if applicable)					
FROM	TO	DIAMETER	THICKNESS	MATERIAL	
+1 ft.	20 ft.	2 in.		sch40 PVC	
ft.	ft.				
16. INNER CASING OR TUBING (geothermal closed-loop)					
FROM	TO	DIAMETER	THICKNESS	MATERIAL	
ft.	ft.				
ft.	ft.				
17. SCREEN					
FROM	TO	DIAMETER	SLOT SIZE	THICKNESS	MATERIAL
20 ft.	26 ft.	2 in.	012		sch40 PVC
ft.	ft.				
18. GROUT					
FROM	TO	MATERIAL	EMPLACEMENT METHOD & AMOUNT		
0 ft.	20 ft.	Bentonite	2 1/4 bags		
ft.	ft.				
ft.	ft.				
19. SAND/GRAVEL PACK (if applicable)					
FROM	TO	MATERIAL	EMPLACEMENT METHOD		
20 ft.	26 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.	2 ft.	topsoil			
2 ft.	9 ft.	sandy clay			
9 ft.	20 ft.	tan clay			
20 ft.	26 ft.	white sand			
ft.	ft.				
ft.	ft.				
ft.	ft.				
21. REMARKS					

**22. Certification:**  
Larry Williford Jr 9/20/22  
 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