

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

PIN #: \_\_\_\_\_ Parcel #: \_\_\_\_\_ Application #: BRES2302-0045 Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_

Applicant Name: Jason Gates

Address: 1430 Titan Roberts Rd (SR 2021)

Type of Facility Served by Well: 32'x60' DWMN

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 *Mohammed RETB* Date 6-20-23

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 #: BRES2302-0045 Well Contractor: \_\_\_\_\_

Applicant Name: Jason Gates

Address: 1430 Titan Roberts Rd (SR 2021)

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: 12 (above finished grade)

Access Port: \_\_\_\_\_ Vent Stack: \_\_\_\_\_

Well ID Tag: \_\_\_\_\_ Pump ID Tag: \_\_\_\_\_

Sampling Tap: \_\_\_\_\_ Backflow Preventer:

Sample Taken?  Yes  No

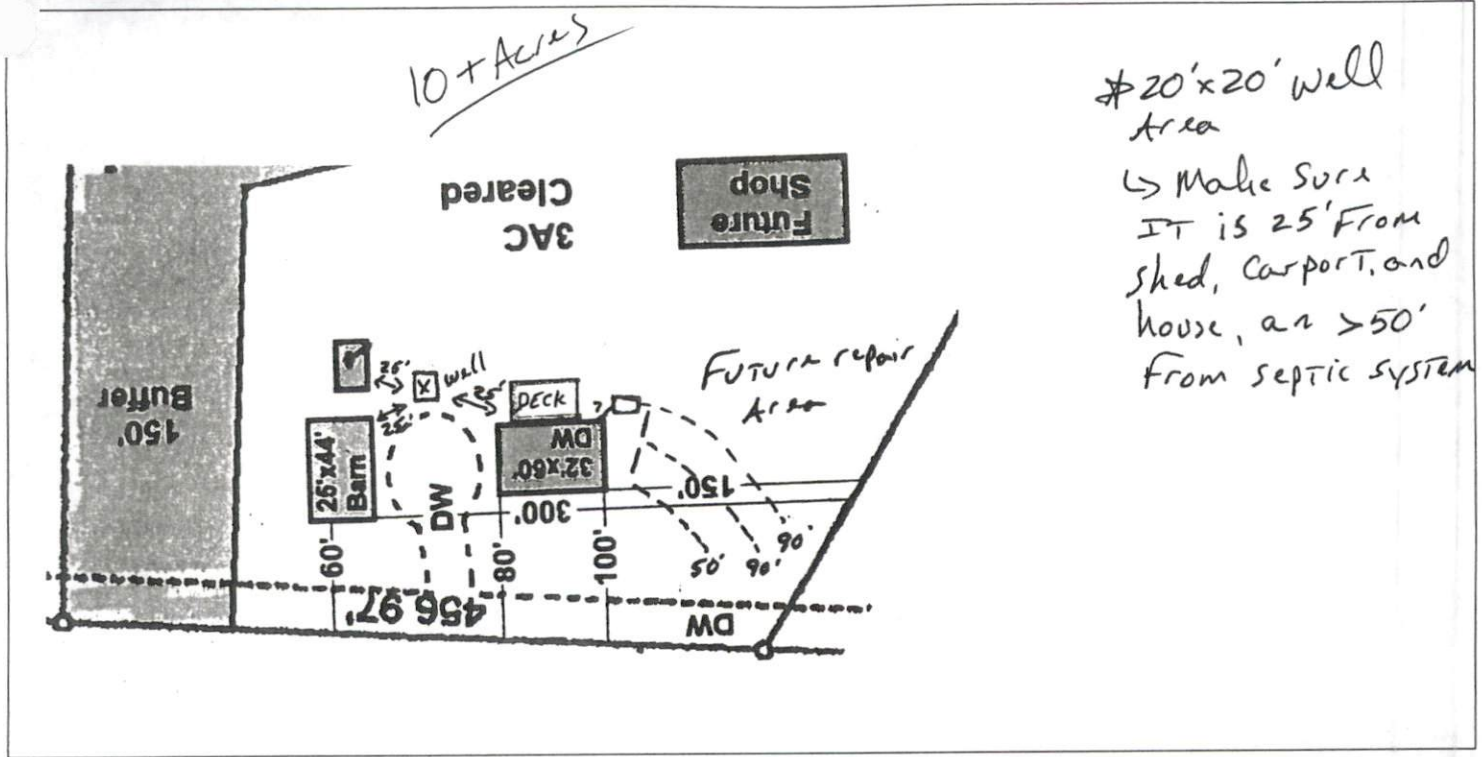
Well Head properly sealed: \_\_\_\_\_

Remarks: Set Pump

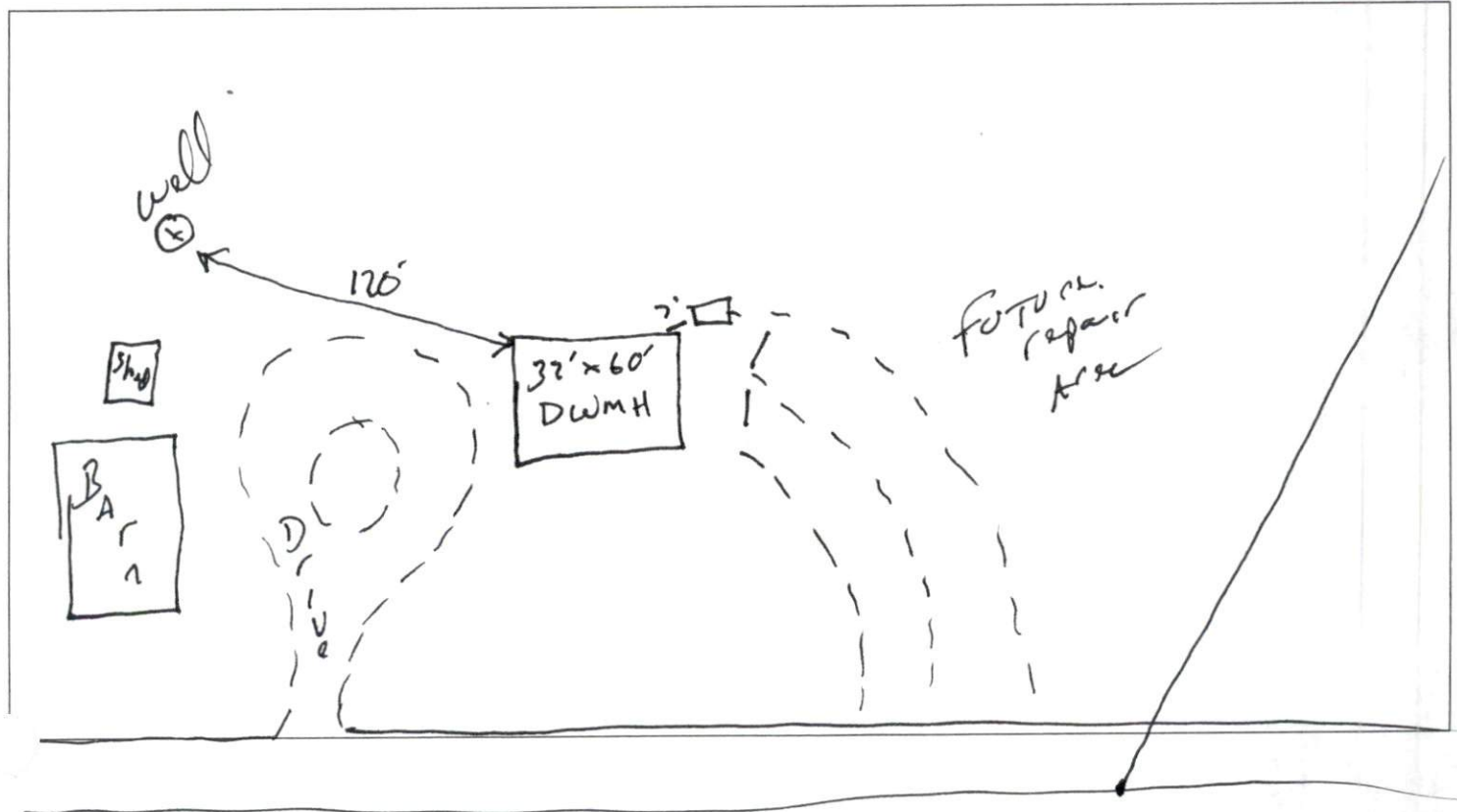
Authorized State Agent *Mohammed RETB* Date 8.17-23

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 #: Bres2302-0045  
 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: \_\_\_\_\_ Well ID# \_\_\_\_\_

5a. Well Location:  
Jason Gates  
 Facility/Owner Name  
1430 Titan Roberts Rd Lillington NC  
 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)

35-334711 N 78.761736 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: 42 ft (ft.)  
 For multiple wells list all depths if different (example- 3@200' and 2@100')

10. Static water level below top of casing: 21 (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) 5 Method of test: pumping  
 13b. Disinfection type: Chlorine Amount: 1 gal

14. WATER ZONES					
FROM	TO	DESCRIPTION			
25 ft.	42 ft.	tan sand & gravel			
ft.	ft.				
15. OUTER CASING (for multi-cased wells) OR LINER (if applicable)					
FROM	TO	DIAMETER	THICKNESS	MATERIAL	
+1 ft.	25 ft.	2 in.	SCH40	PVC	
ft.	ft.	in.			
ft.	ft.	in.			
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
25 ft.	42 ft.	2 in.	.012	SCH40	PVC
ft.	ft.	in.			
18. GROUT					
FROM	TO	MATERIAL	EMPLACEMENT METHOD & AMOUNT		
0 ft.	20 ft.	Bentonite	pour/gravity		
ft.	ft.		4-bags		
ft.	ft.				
19. SAND/GRAVEL PACK (if applicable)					
FROM	TO	MATERIAL	EMPLACEMENT METHOD		
20 ft.	42 ft.	#2 sand	pour/gravity		
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.	18 ft.	tan-white clay			
18 ft.	25 ft.	tan-clay			
25 ft.	42 ft.	tan sand & gravel			
ft.	ft.				
ft.	ft.				
21. REMARKS					

22. Certification:  
Larry Williford 8-11-2023  
 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