

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

PIN #: Parcel #: Application #: Subdivision: _____ Lot #: _____

Bras 2309-38

Applicant Name: *Maximino Villanueva*

Address: *79 Outlaw Ln (SR 1100)*

Type of Facility Served by Well: SFD *DWMT*

Sewage System: *25% reduction*

Permit Conditions: Well to be drilled in Well Area

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 _____

Moh D. Potts

Date *10-4-23*

Expiration Date *10-4-28*

* Construction Authorization Expires within five years of issue

Grouting Inspection Witnessed

Grouting self-certified by driller GW-1 provided? Yes No

Date _____

See attachment for construction sketch

WELL CERTIFICATE OF COMPLETION

Date: _____ Application #: *Bras 2309-38* Well Contractor: _____

Applicant Name: *Maximino Villanueva*

Address: *79 Outlaw Ln (SR 1100)*

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: *14* (above finished grade)

Access Port:

Vent Stack:

Well ID Tag:

Pump ID Tag:

Sampling Tap:

Backflow Preventer: *NA*

Sample Taken? Yes No

Well Head properly sealed: _____

Remarks: _____

Authorized State Agent _____

Moh D. Potts

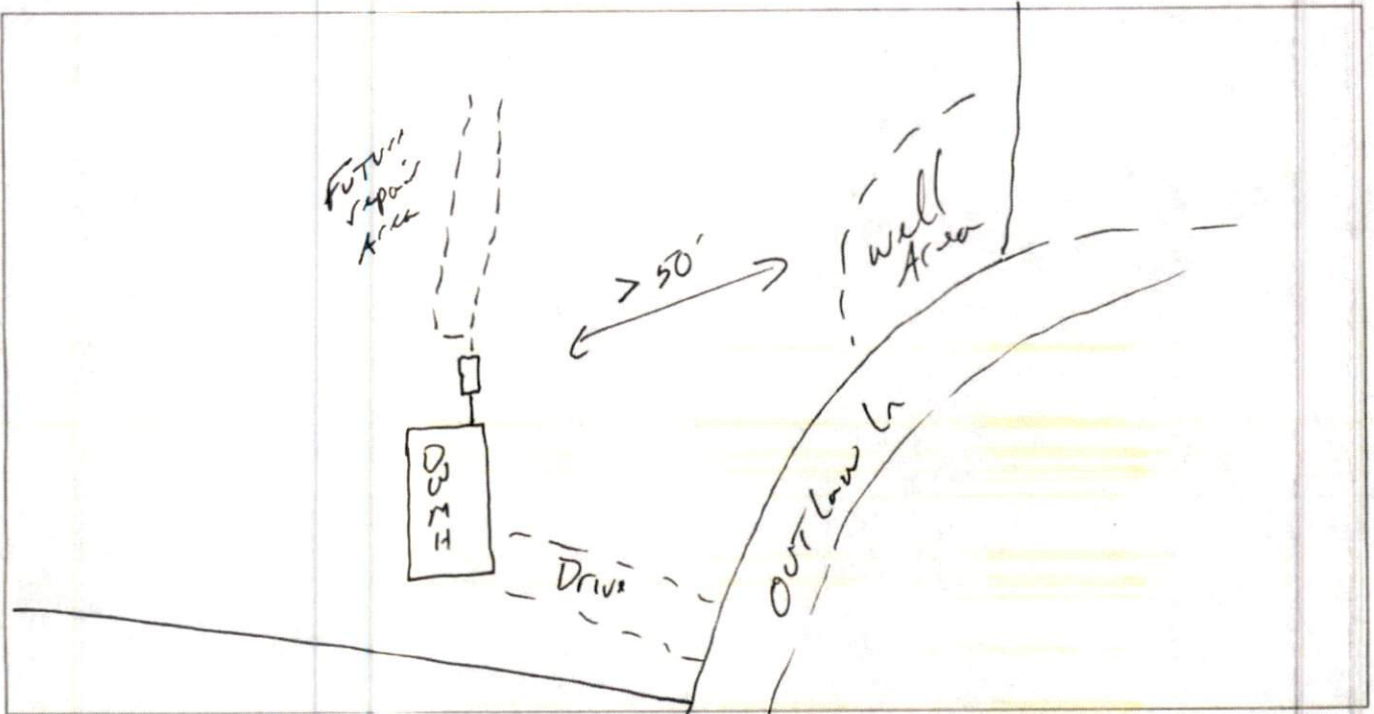
Date *12-9-24*

See Attachment for completion sketch

Application #: Applicant Name: Subdivision: Lot #:

Bres 2309-38 Maximine Villanueva

Well Construction Sketch



Well Completion Sketch



BRES 2309-0028

WELL CONSTRUCTION RECORD

This form can be used for single or multiple wells

1. Well Contractor Information:

Jonathan Kamionka

Well Contractor Name

3465-A

NC Well Contractor Certification Number

Bill's Well Drilling Co.

Company Name

2. Well Construction Permit #: 2309-38

List all applicable well permits (i.e. County, State, Variance, Injection, 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

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: 9-4-24 **Well ID#** _____

5a. Well Location:

Maximino Villanueva

Facility/Owner Name

Facility ID# (if applicable)

79 Outlaw Ln, Cameron, NC 28326

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. Number of wells constructed: 1

For multiple injection or non-water supply wells ONLY with the same construction, you can submit one form.

9. Total well depth below land surface: 280 (ft.)

For multiple wells list all depths if different (example- 3@200' and 2@100')

10. Static water level below top of casing: 127 (ft.)

If water level is above casing, use "+"

11. Borehole diameter: 5.75 (in.)

12. Well construction method: Mud & Air Rotary

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

FOR WATER SUPPLY WELLS ONLY:

13a. Yield (gpm) 10 **Method of test:** blow

13b. Disinfection type: HTH **Amount:** 1 cup

For Internal Use ONLY:

14. WATER ZONES

FROM	TO	DESCRIPTION
160 ft.	180 ft.	
240 ft.	260 ft.	

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

FROM	TO	DIAMETER	THICKNESS	MATERIAL
ft.	ft.	in.		

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

FROM	TO	DIAMETER	THICKNESS	MATERIAL
+1 ft.	165 ft.	6-1/8 in.	SDR21	PVC
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	poured
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.	12 ft.	Sand
12 ft.	23 ft.	Clay
23 ft.	24 ft.	Rock
24 ft.	40 ft.	Sand
40 ft.	69 ft.	Sand & Clay layers
69 ft.	150 ft.	Clay
150 ft.	175 ft.	Green Rock

21. REMARKS

175-280 Gray & Black Rock

22. Certification:



9-4-24

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 site details or well construction details. You may also attach additional pages if necessary.

SUBMITTAL INSTRUCTIONS

24a. For All Wells: Submit this form within 30 days of completion of well construction to the following:

Division of Water Resources, Information Processing Unit,
1617 Mail Service Center, Raleigh, NC 27699-1617

24b. For Injection Wells ONLY: In addition to sending the form to the address in 24a above, also submit a copy of this form within 30 days of completion of well construction to the following:

Division of Water Resources, Underground Injection Control Program,
1636 Mail Service Center, Raleigh, NC 27699-1636

24c. For Water Supply & Injection Wells:

Also submit one copy of this form within 30 days of completion of well construction to the county health department of the county where constructed.