

BUES 2310-0040

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

PIN #: Parcel #:

Application #: Subdivision: Rollens Acres Lot #: 6

Applicant Name:  
Address:

DAB Holdings of N.C. LLC  
211 Rollens Acres in Lenoir N.C. 27546

Type of Facility Served by Well: SFD

Sewage System:

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

[Signature] REAS

Date 11-14-24

Expiration Date 11-14-29

\* Construction Authorization Expires within five years of issue

Grouting Inspection Witnessed

Date

☐ Grouting self-certified by driller

GW-1 provided? ☐ Yes ☐ No

See attachment for construction sketch

WELL CERTIFICATE OF COMPLETION

Site:

Application #:

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

Applicant Name:

DAB Holdings of NC LLC

lot 6

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 \_\_\_\_\_

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: 18 (above finished grade)

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

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

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

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

Sampling Tap: \_\_\_\_\_

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

Well Head properly sealed? ☐ Yes ☐ No

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

Authorized State Agent

[Signature] REAS

Date

5-7-25

See Attachment for completion sketch

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Application #:

Applicant Name:

Subdivision: \_\_\_\_\_

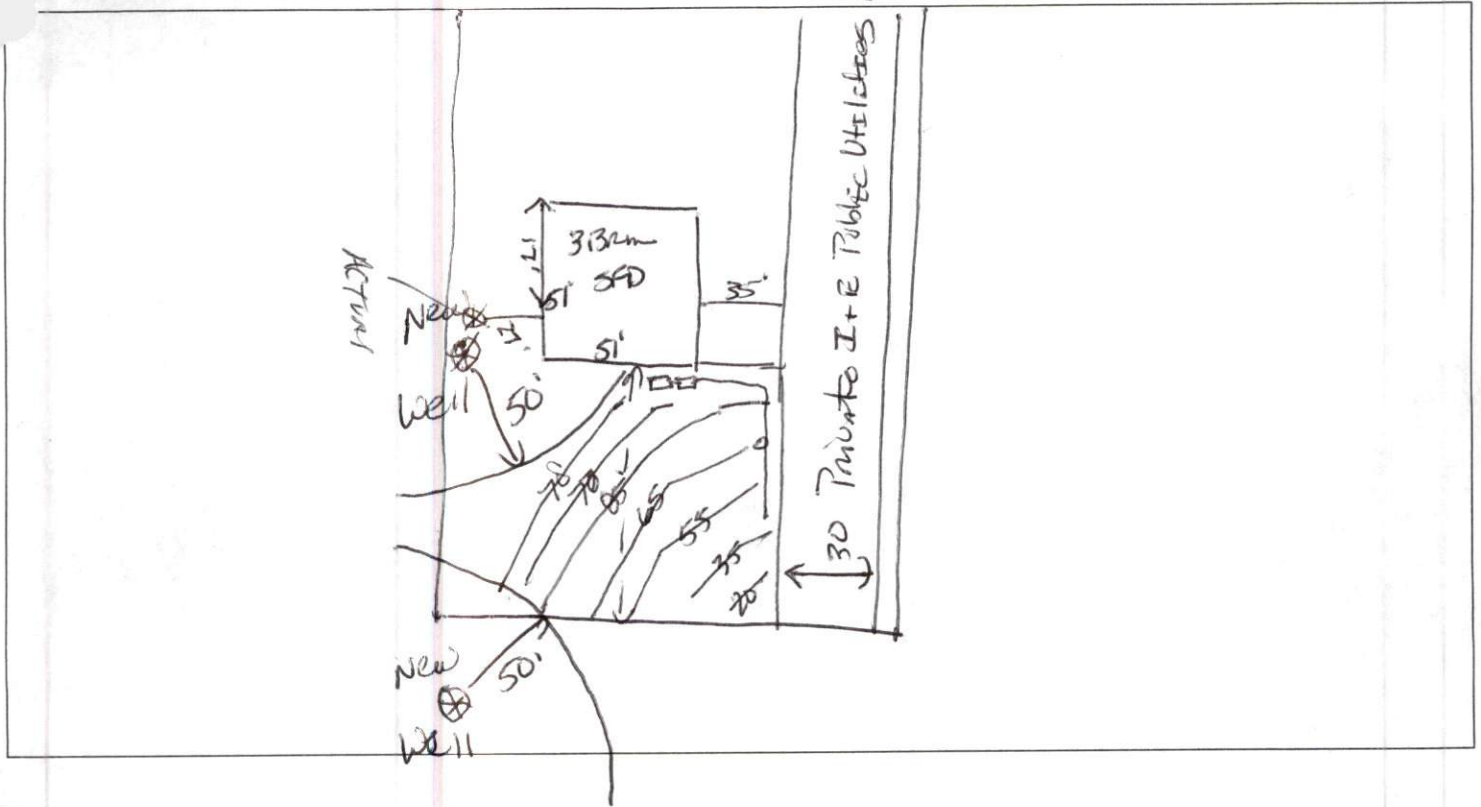
Lot #: \_\_\_\_\_

6

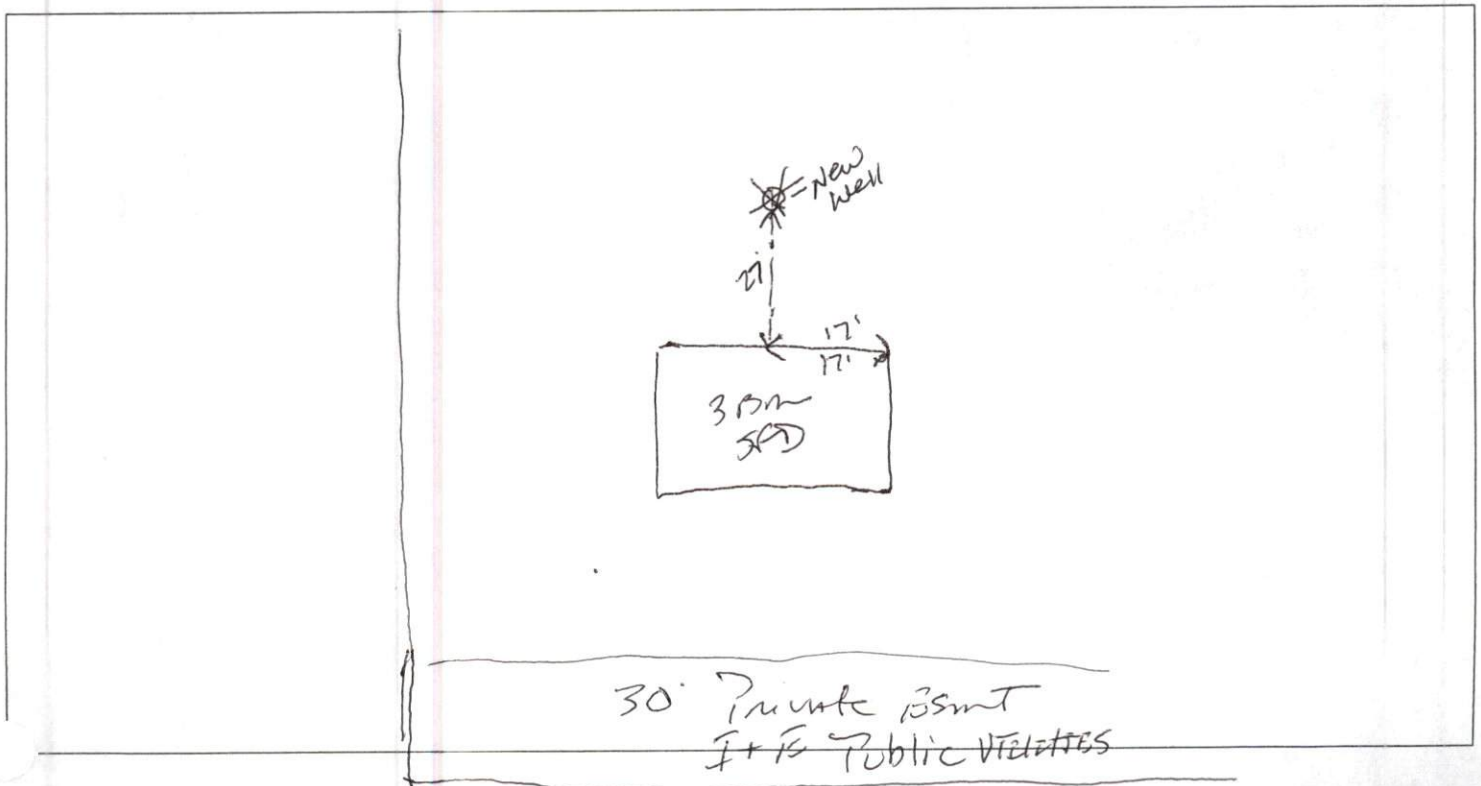
DAB Holdings  
of NC, LLC

Rollins Acres

Well Construction Sketch



Well Completion Sketch





# WELL CONSTRUCTION RECORD (GW-1)

## 1. Well Contractor Information:

Mark S. Paradise

Well Contractor Name

4533-A

NC Well Contractor Certification Number

Barefoot's Well Drilling & Pump Service, LLC

Company Name

BRES 2310-0040

## 2. Well Construction Permit #:

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

### 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: 3/7/25 Well ID#

### 5a. Well Location:

Facility/Owner Name

Facility ID# (if applicable)

211 Rollins Acres Ln, Lillington

Physical Address, City, and Zip

Hamm H

County

Parcel Identification No. (PIN)

5b. Latitude and longitude in degrees/minutes/seconds or decimal degrees:  
(if well field, one lat/long is sufficient)

35.431305 N -78.719782 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: 165 (ft.)  
For multiple wells list all depths if different (example: 3@200' and 2@100')

10. Static water level below top of casing: 20 (ft.)  
If water level is above casing, use "+"

11. Borehole diameter: 8 (in.)

12. Well construction method:

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

Drilled

### FOR WATER SUPPLY WELLS ONLY:

13a. Yield (gpm): 8 Method of test: Airlift

13b. Disinfection type: Chlorinate Amount: 60Z

For Internal Use Only:

| 14. WATER ZONES   |         |   |                             |           |          |
|---|---------|---|-----------------------------|-----------|----------|
| FROM  | TO      | DESCRIPTION   |                             |           |          |
| 150 ft.   | 165 ft. | Quartz, Rock, Granite   |                             |           |          |
| ft.   | ft.     |   |                             |           |          |
| 15. OUTER CASING (for multi-cased wells) OR LINER (if applicable) |         |   |                             |           |          |
| FROM  | TO      | DIAMETER  | THICKNESS                   | MATERIAL  |          |
| 12 ft.  | 56 ft.  | 6 in.   | Sch 40                      | Galv.     |          |
| 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 |
| ft.   | ft.     | in.   |                             |           |          |
| ft.   | ft.     | in.   |                             |           |          |
| 18. GROUT   |         |   |                             |           |          |
| FROM  | TO      | MATERIAL  | EMPLACEMENT METHOD & AMOUNT |           |          |
| 0 ft.   | 20 ft.  | Portland Cement   | Pneum. 10 Bags              |           |          |
| 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.   | 40 ft.  | Sand/Clay   |                             |           |          |
| 40 ft.  | 56 ft.  | Rock/Granite  |                             |           |          |
| 56 ft.  | 100 ft. | Rock  |                             |           |          |
| 100 ft.   | 150 ft. | Gray Rock   |                             |           |          |
| 150 ft.   | 165 ft. | Quartz, Rock, Granite   |                             |           |          |
| ft.   | ft.     |   |                             |           |          |
| ft.   | ft.     |   |                             |           |          |
| 21. REMARKS   |         |   |                             |           |          |
|   |         |   |                             |           |          |
|   |         |   |                             |           |          |

## 22. Certification:

Signature of Certified Well Contractor: Mark Paradise

Date: 3/7/25

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: In addition to sending the form to the address in 24a above, also submit one 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: In addition to sending the form to the address(es) above, 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.