

BRES 2310-0046

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

PIN #: Parcel #:

Application #: Subdivision: Rollins Acres Lot #: 5

Applicant Name: DAB Holdings of N.C. LLC
Address: 185 Rollins Acres LN Wellington N.C. 27546

Type of Facility Served by Well: SFD

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 [Signature]

Date 11-14-24

Expiration Date 11-24-29

* 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

Applicant Name: DAB Holdings of NC LLC

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: [check] Vent Stack: [check]
Well ID Tag: _____ Pump ID Tag: _____ Sampling Tap: _____ Backflow Preventer: _____
Sample Taken? ☒ Yes ☐ No Well Head properly sealed: [check]

Remarks: _____

Authorized State Agent [Signature]

Date 5-7-25

See Attachment for completion sketch

BOES 2310 - 0046

Application #:

Applicant Name:

Subdivision:

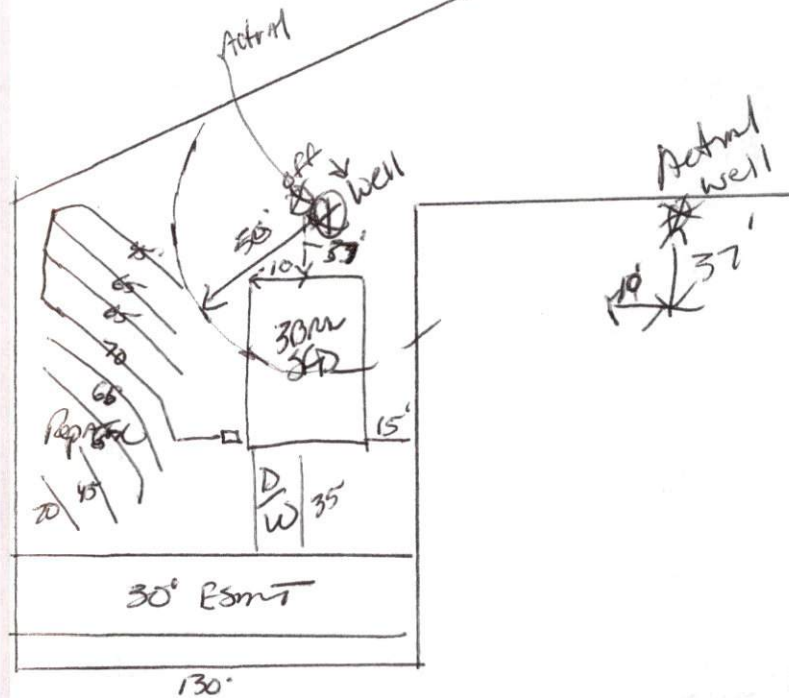
Rollins
Acres

Lot #:

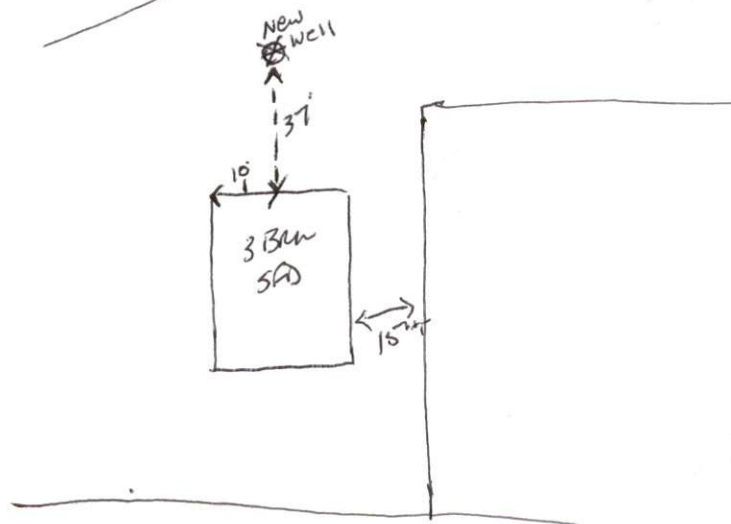
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DAB Holdings of N.C. LLC

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

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)

185 Rollins Acres Ln, Lillington

Physical Address, City, and Zip

Hannett

County

Parcel Identification No. (PIN)

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

35.430737 N - 78.718625 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: 390 (ft.)
For multiple wells list all depths if different (example: 3@200' and 2@100')

10. Static water level below top of casing: 35 (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.)

FOR WATER SUPPLY WELLS ONLY:

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

13b. Disinfection type: Chlorinate Amount: 60oz

For Internal Use Only:

14. WATER ZONES

FROM	TO	DESCRIPTION
275 ft.	390 ft.	Quartz, Rock, Granite

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

FROM	TO	DIAMETER	THICKNESS	MATERIAL
+2 ft.	56 ft.	6 in.	5/16 in.	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.	Bentonite	Pow 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.	200 ft.	Rock
200 ft.	300 ft.	Gray Rock
300 ft.	375 ft.	Rock
375 ft.	390 ft.	Quartz, Rock, Granite

21. REMARKS

22. Certification:

Mark Paradise

Signature of Certified Well Contractor

3/7/25

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: 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.