

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

PIN #: 9545-58-3028

Parcel #:

Application #: BRES2406-0028

Subdivision:

Lot #:

Applicant Name: Marta Gomes

Address: 766 Ed Thomas Rd (SR 1100)

Type of Facility Served by Well: DWMH

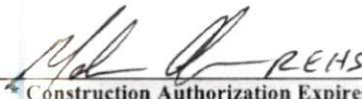
Sewage System: 25% reduction

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



Date 7-22-24

Expiration Date 7-22-29

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 #: BRES2406-0028

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

Applicant Name: Marta Gomes

Address: 766 Ed Thomas Rd (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 \_\_\_\_\_ 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: ☒

Sample Taken? ☐ Yes ☒ No

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

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

Authorized State Agent



Date 5-19-25

See Attachment for completion sketch

Application #:

BRES2406-002

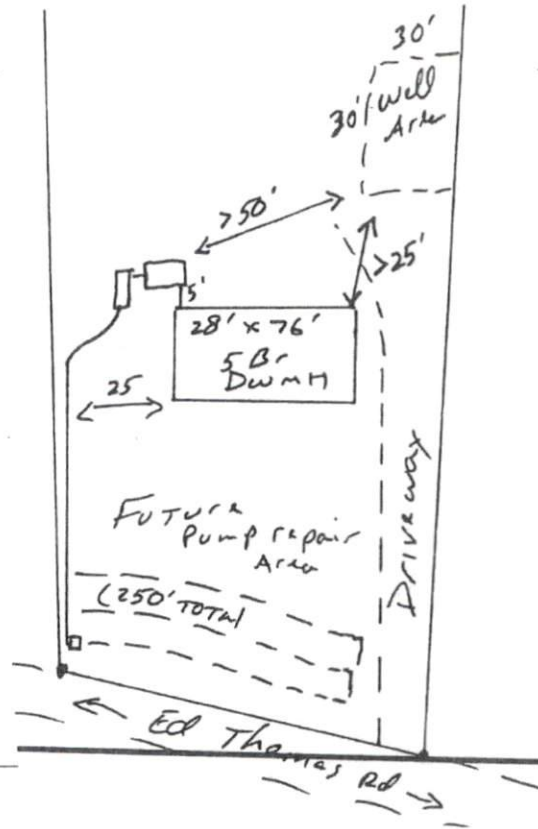
Applicant Name:

Marta Gomes

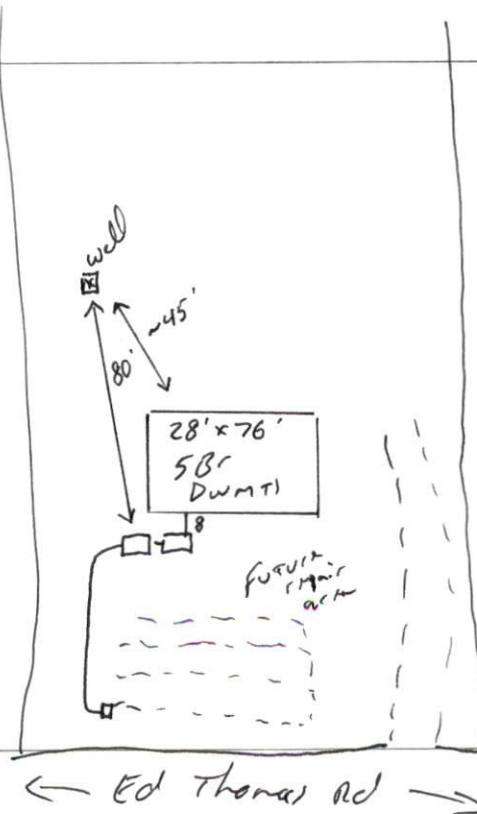
Subdivision:

Lot #:

Well Construction Sketch



Well Completion Sketch



**WELL CONSTRUCTION RECORD (GW-1)****1. Well Contractor Information:**Christopher Maness

Well Contractor Name

NC WC 2958-A

NC Well Contractor Certification Number

W W Maness & Sons

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: 4-16-25

Well ID#

**5a. Well Location:**Marta Gomes

Facility/Owner Name

Facility ID# (if applicable)

766 Ed Thomas Rd Cameron NC 28526

Physical Address, City, and Zip

Harnett

County

9545-58-3028

Parcel Identification No. (PIN)

**5b. Latitude and longitude in degrees/minutes/seconds or decimal degrees:**  
(if well field, one lat/long is sufficient)35° 16' 60" N 79° 10' 59" W6. Is(are) the well(s) ☒ Permanent or ☐ Temporary7. 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: 420 (ft.)  
For multiple wells list all depths if different (example- 3@200' and 2@100')10. Static water level below top of casing: 80 (ft.)  
If water level is above casing, use "+"11. Borehole diameter: 6 (in.)12. Well construction method: Air Rotary  
(i.e. auger, rotary, cable, direct push, etc.)**FOR WATER SUPPLY WELLS ONLY:**13a. Yield (gpm) 3 Method of test: Air13b. Disinfection type: H+H Amount: 2 Pounds

For Internal Use Only:

**14. WATER ZONES**

FROM	TO	DESCRIPTION
ft.	<u>235</u> ft.	<u>3 Gpm</u>
ft.	ft.	

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

FROM	TO	DIAMETER	THICKNESS	MATERIAL
<u>+1</u> ft.	<u>145</u> ft.	<u>6.25</u> in.	<u>SDR21</u>	<u>PVC</u>

**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
<u>0</u> ft.	ft.	in.			
ft.	ft.	in.			

**18. GROUT**

FROM	TO	MATERIAL	EMPLACEMENT METHOD & AMOUNT
<u>0</u> ft.	<u>20+</u> ft.	<u>Bentonite</u>	<u>Pumped</u>
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.)
<u>0</u> ft.	<u>5</u> ft.	<u>Sand</u>
<u>5</u> ft.	<u>135</u> ft.	<u>Sand Clay</u>
<u>135</u> ft.	<u>420</u> ft.	<u>Grey Rock</u>
ft.	ft.	
ft.	ft.	
ft.	ft.	
ft.	ft.	

**21. REMARKS****22. Certification:**

Signature of Certified Well Contractor

4-16-25  
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.