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

PIN #: Parcel #: Application #: BRES2501-0043 Subdivision: Lot #:

Applicant Name: CMH Homes
Address: 530 Pine Oak, Cameron

Type of Facility Served by Well: 28'x56' 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 REHS **Date** 2-25-25 **Expiration Date** 2-25-30

*** 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

Date: Application #: BRES2501-0043 Well Contractor: _____

Applicant Name: CMH Homes
Address: 530 Pine Oak, Cameron
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)	**Casing**	**Grout**
From _____ To _____	From _____ To _____	From _____ To _____
From _____ To _____	Diameter: _____ Material: _____ Thickness: _____	Material: _____ Method: _____
From _____ To _____	From _____ To _____	From _____ To _____
	Diameter: _____ Material: _____ Thickness: _____	Material: _____ Method: _____
	From _____ To _____	From _____ To _____
	Diameter: _____ Material: _____ Thickness: _____	Material: _____ Method: _____

Inspector: _____ On Hold Date: _____ Release Date: _____

Remarks: _____

Well Head Information

Casing Height: 13 (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: ✓

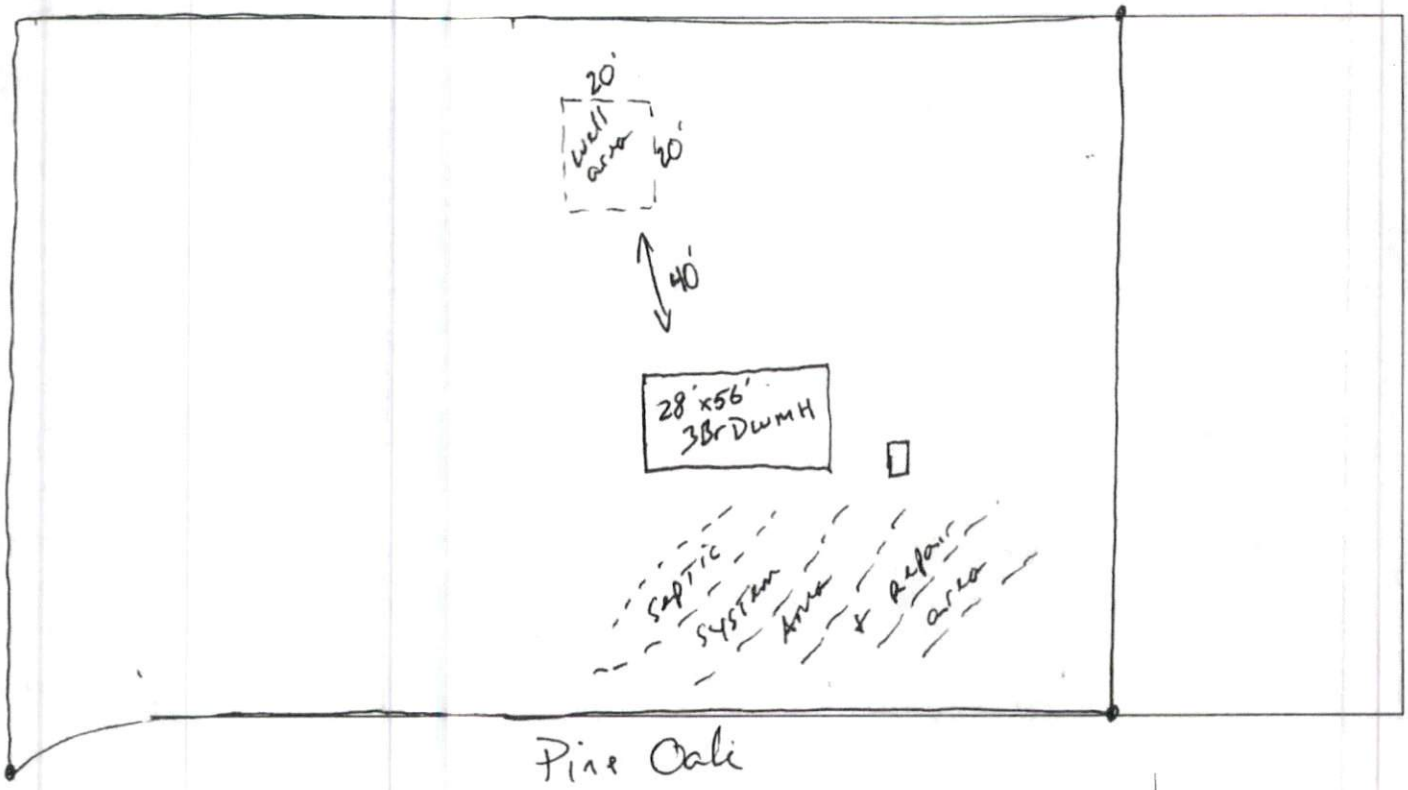
Remarks: _____

Authorized State Agent REHS **Date** 5-14-25

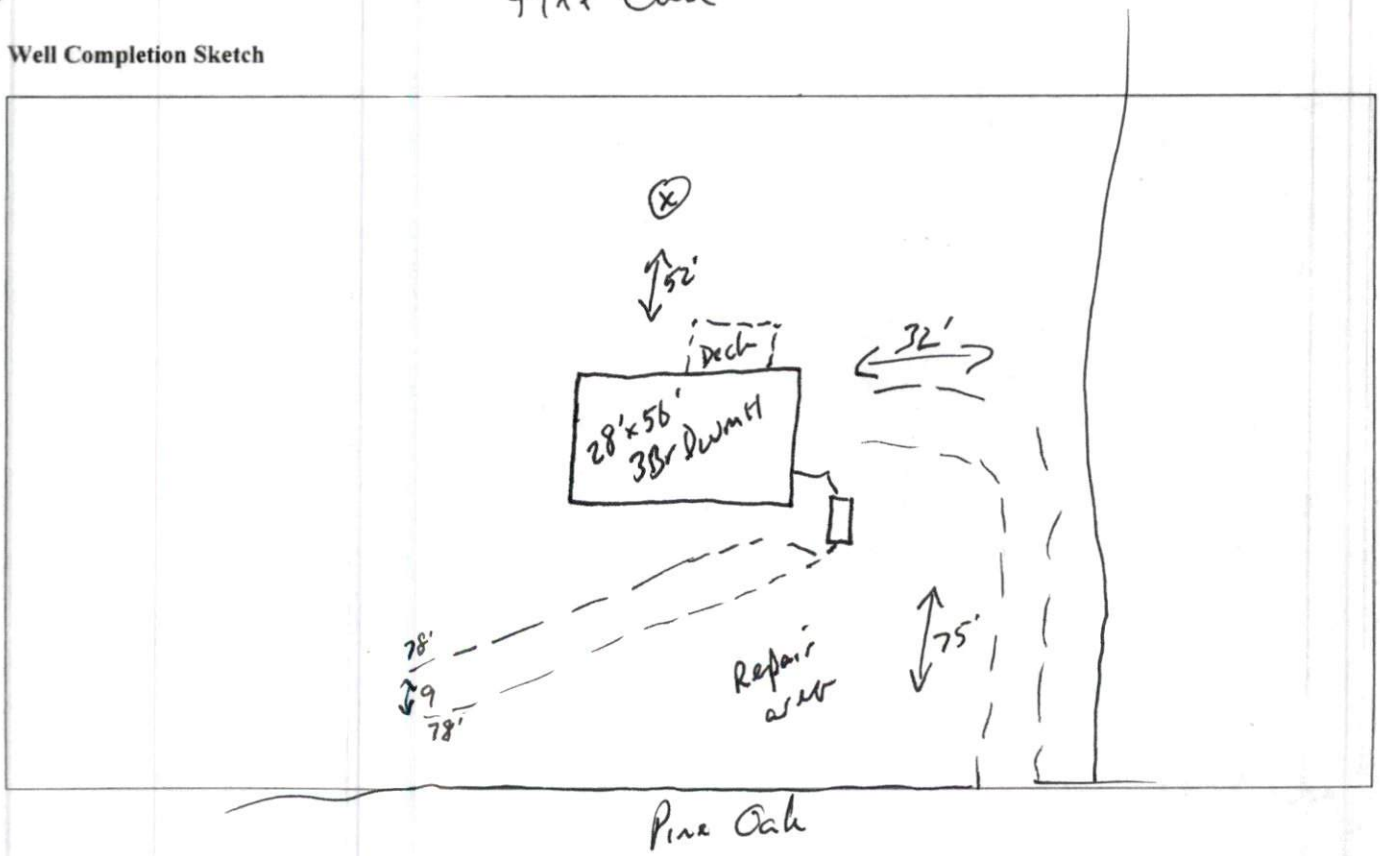
See Attachment for completion sketch

Application #: BRES2501-[redacted]0043 | Applicant Name: CMH Homes | Subdivision: | Lot #:

Well Construction Sketch



Well Completion Sketch



WELL CONSTRUCTION RECORD (GW-1)

1. Well Contractor Information:

Van Elliott
Well Contractor Name

3104
NC Well Contractor Certification Number

Southern Well Drilling LLC
Company Name

2. Well Construction Permit #: BRES 2501-0043
If all applicable, well construction permits are issued (e.g. County, State, Variance, etc.)

3. Well Use (check well use):

Water Supply Well:
- ☐ Agricultural
- ☐ Geothermal (Heating/Cooling Supply)
- ☐ Industrial/Commercial
- ☐ Irrigation
- ☐ Municipal/Public
- ☒ Residential Water Supply (single)
- ☐ Residential Water Supply (shared)

Non-Water Supply Well:
- ☐ Monitoring
- ☐ Recovery

Injection Well:
- ☐ Aquifer Recharge
- ☐ Aquifer Storage and Recovery
- ☐ Aquifer Test
- ☐ Experimental Technology
- ☐ Geothermal (Closed Loop)
- ☐ Geothermal (Heating/Cooling Return)
- ☐ Groundwater Remediation
- ☐ Salinity Barrier
- ☐ Stormwater Drainage
- ☐ Subsidence Control
- ☐ Tracer
- ☐ Other (explain under #21 Remarks)

4. Date Well(s) Completed: 3-26-25 **Well ID#** _____

5a. Well Location:

Clayton Homes
Facility/Owner Name

Facility ID# (if applicable)

530 Pine Oak Cameron
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. 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: 500 (ft.)
For multiple wells list all depths if different (example: 5@200' and 2@100')

10. Static water level below top of casing: 40 (ft.)
If water level is above casing, use "+"

11. Borehole diameter: 6 (in.)

12. Well construction method: Air
(i.e. auger, rotary, cable, direct push, etc.)

FOR WATER SUPPLY WELLS ONLY:

13a. Yield (gpm): 1 **Method of test:** Air

13b. Disinfection type: HTH **Amount:** _____

For Internal Use Only

14. WATER ZONES

FROM	TO	DESCRIPTION
440 ft.	ft.	
ft.	ft.	

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

FROM	TO	DIAMETER	THICKNESS	MATERIAL
+1 ft.	-165 ft.	6 in.		Galvanized

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
0 ft.	ft.	in.			
ft.	ft.	in.			

18. GROUT

FROM	TO	MATERIAL	EMPLACEMENT METHOD & AMOUNT
0 ft.	-20 ft.	Bonnite	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.)
ft.	ft.	
ft.	ft.	
ft.	ft.	
ft.	ft.	
ft.	ft.	
ft.	ft.	
ft.	ft.	

21. REMARKS

22. Certification:

_____ 4-7-25
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: 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.