

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

6596-97-1128.000 061526-0066 17-5-40588  
PIN #: \_\_\_\_\_ Parcel #: \_\_\_\_\_ Application #: \_\_\_\_\_ Subdivision: \_\_\_\_\_ Lot #: 7

Applicant Name: Signature Home Builders  
Address: 1209 N MAIN ST LILINGTON N.C. 27546

Type of Facility Served by Well: SFD  
Sewage System: 25" red duct

Permit Conditions: \_\_\_\_\_

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 James E. Mandant Date 3-31-17

Grouting Inspection Witnessed \_\_\_\_\_ Date \_\_\_\_\_  
 Grouting self-certified by driller GW-1 provided?  Yes  No

See attachment for construction sketch

WELL CERTIFICATE OF COMPLETION

Date: 6-9-17 Application #: 17-5-40588 Well Contractor: \_\_\_\_\_

Applicant Name: \_\_\_\_\_  
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 \_\_\_\_\_

<u>Water Zone (depth)</u>	<u>Casing</u>	<u>Grout</u>
From _____ To _____	From _____ To _____	From <u>0</u> 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: \_\_\_\_\_ (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: \_\_\_\_\_

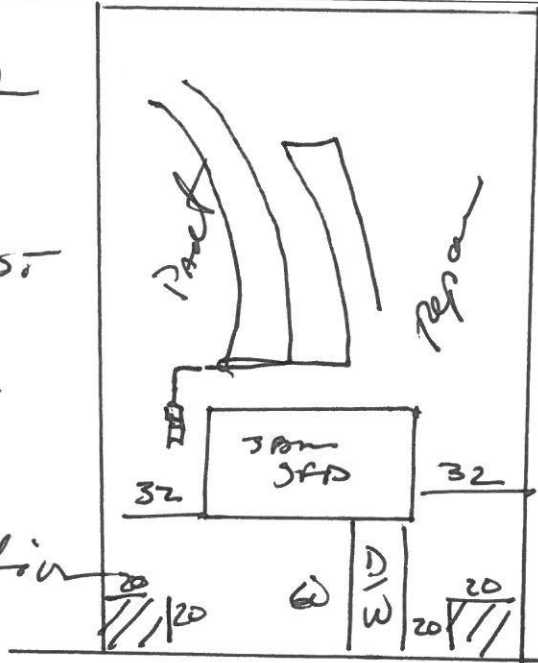
Remarks: \_\_\_\_\_

Authorized State Agent James E. Mandant Date 6-9-17

See Attachment for completion sketch

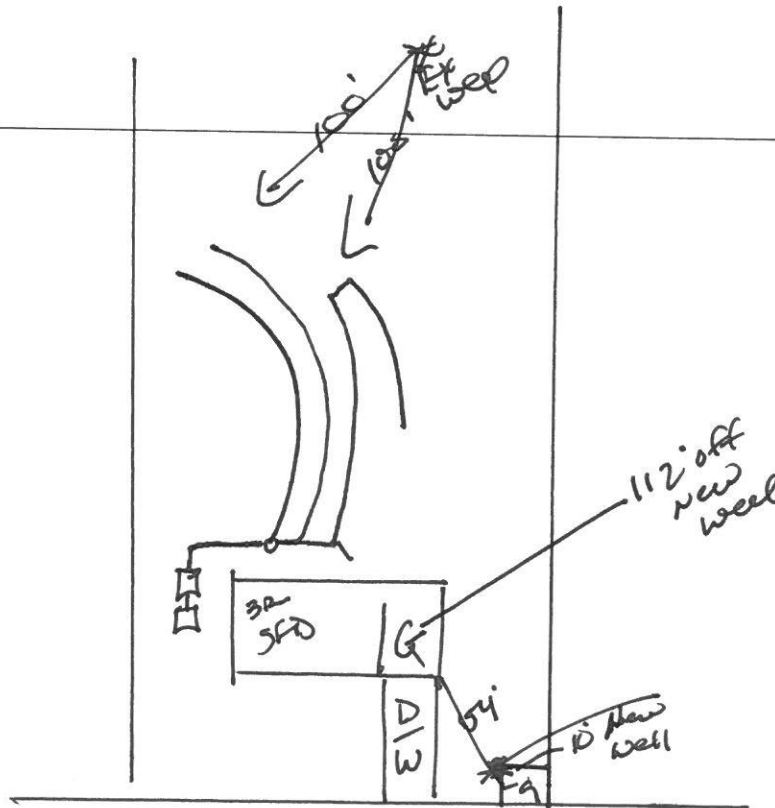
Well Construction Sketch

\* Two Different Well AREAS  
\* New Well must Be 100' from System. THAT WILL DECIDE Which Location to USE.



SR 1735 Antioch CA RD

Well Completion Sketch



SR 1735 Antioch CA RD

**WELL CONSTRUCTION RECORD (GW-1)**

**1. Well Contractor Information:**

Larry Williford  
Well Contractor Name

2863-A  
NC Well Contractor Certification Number

Williford's Well Drilling  
Company Name

2. Well Construction Permit #: 17-540988  
*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: 6-6-17 Well ID# \_\_\_\_\_

5a. Well Location:  
Signature Home Builders  
Facility/Owner Name Facility ID# (if applicable)

Antioch Church Rd Lot 7  
Physical Address, City, and Zip

Harnett 06-1506-0066  
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° 18.464 N 78° 40.052 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: 1

9. Total well depth below land surface: 26 (ft.)  
*For multiple wells list all depths if different (example- 3@200' and 2@100')*

10. Static water level below top of casing: 12 (ft.)  
*If water level is above casing, use "+"*

11. Borehole diameter: 6 (in.)

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

**FOR WATER SUPPLY WELLS ONLY:**

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

13b. Disinfection type: HTH Amount: 1/4 cup

For Internal Use Only: 0

**14. WATER ZONE**

FROM	TO	DESCRIPTION
22 ft.	26 ft.	sand & gravel

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

FROM	TO	DIAMETER	THICKNESS	MATERIAL
-1 ft.	22 ft.	2 in.		SCH40 PVC

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

FROM	TO	DIAMETER	THICKNESS	MATERIAL

**17. SCREEN**

FROM	TO	DIAMETER	SLOT SIZE	THICKNESS	MATERIAL
22 ft.	26 ft.	2 in.	.016		SCH40 PVC

**18. GROUT**

FROM	TO	MATERIAL	EMPLACEMENT METHOD & AMOUNT
0 ft.	20 ft.	Bentonite	pour/gravity 350lb bags

**19. SAND/GRAVEL PACK (if applicable)**

FROM	TO	MATERIAL	EMPLACEMENT METHOD
20 ft.	26 ft.	#2 Sand	pour/gravity

**20. DRILLING LOG (attach additional sheets if necessary)**

FROM	TO	DESCRIPTION (color, hardness, soil/rock type, grain size, etc.)
0 ft.	1 ft.	topsoil
1 ft.	9 ft.	reddish clay
9 ft.	22 ft.	tan clay
22 ft.	26 ft.	tan sand & gravel

21. REMARKS

22. Certification:  
Larry Williford Jr 6-15-17  
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 Mall 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 Mall 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.