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

PIN #: 1518-77-1077.000 Parcel #: 021517 0405 01 Application #: 17-5-42650 Subdivision: _____ Lot #: 1B

Applicant Name: James Jackson; Long N. McLean
Address: 436 Oak Valley Farm Road Coats, NC 27521

Type of Facility Served by Well: SFD

Sewage System: 25% Reduction System

Permit Conditions: Location - Brookleaf Drive (Fairground Rd. - SR 1705)

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 Markham III REHS **Date** 11-14-17

Grouting Inspection Witnessed _____ **Date** _____
☐ Grouting self-certified by driller GW-1 provided? ☐ Yes ☐ No

See attachment for construction sketch

WELL CERTIFICATE OF COMPLETION

Date: 03/20/18 Application #: 17-5-42650 Well Contractor: Larry Williford

Applicant Name: James Jackson
Address: Same As Above
Directions to Site: _____ ↓ See GW-1 Form

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: 24in (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: ✓

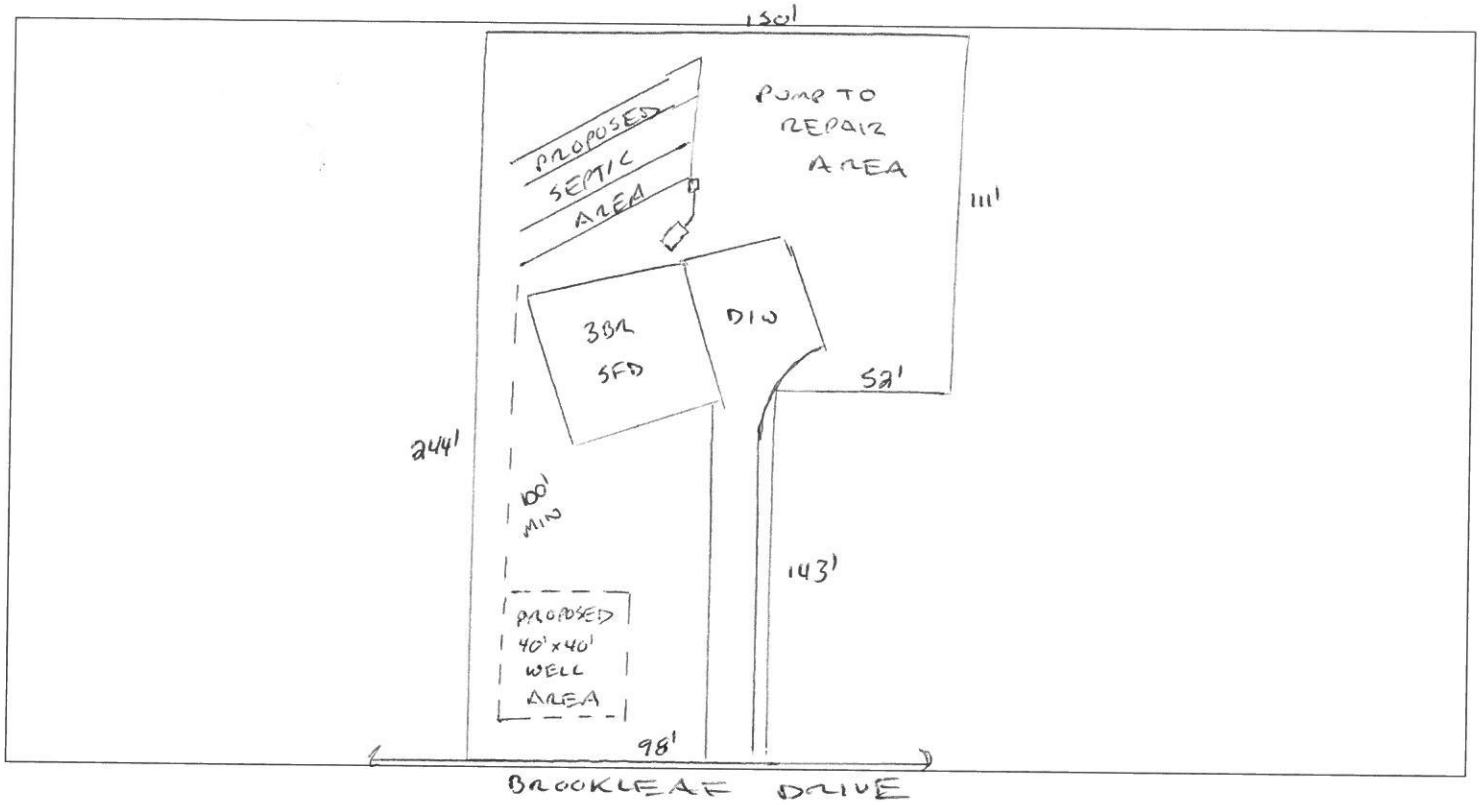
Remarks: Sample to be taken when power provided; taken 03/21/18 (AIC)

Authorized State Agent [signature] REHS **Date** 03/20/2018

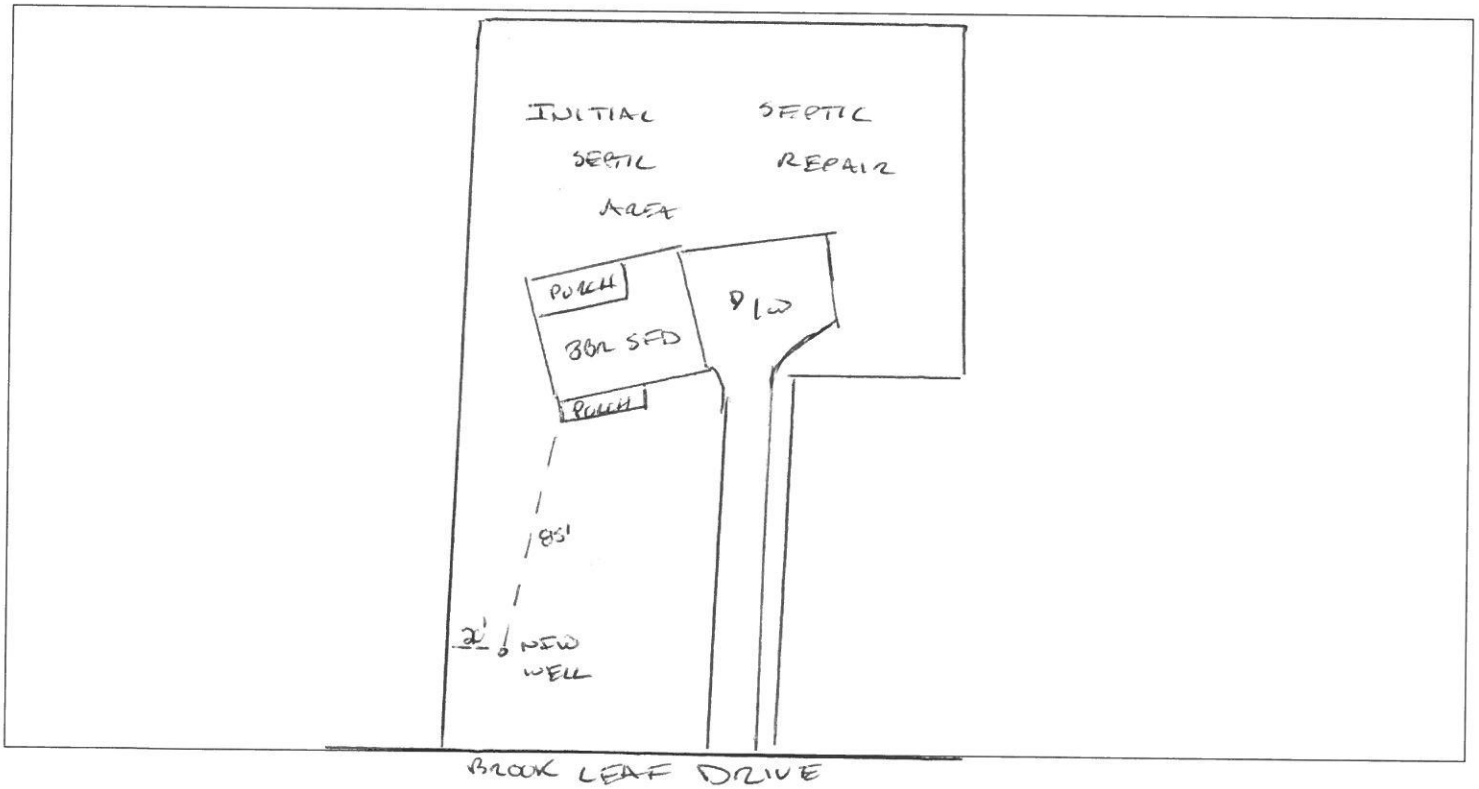
See Attachment for completion sketch

Application #:17-5-42650 Applicant Name: James Jackson Subdivision: _____ Lot #: 1B

Well Construction Sketch



Well Completion Sketch



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 #: 17-5-42650
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: 2-21-18 Well ID# _____

5a. Well Location:
Long Mclean
Facility/Owner Name
Facility ID# (if applicable)
242 Brookleaf Drive off Fairground Rd
Physical Address, City, and Zip
Harnett
County
1518-77-1077-000
Parcel Identification No. (PIN)

5b. Latitude and longitude in degrees/minutes/seconds or decimal degrees:
(if well field, one lat/long is sufficient)
35° 21.738 N 78° 36.426 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: 28 (ft.)
For multiple wells list all depths if different (example- 3@200' and 2@100')

10. Static water level below top of casing: 13 (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) 7 Method of test: pumping
13b. Disinfection type: HTH Amount: 1/4 cup

14. WATER ZONES

FROM	TO	DESCRIPTION
24 ft.	28 ft.	Course Sand
ft.	ft.	

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

FROM	TO	DIAMETER	THICKNESS	MATERIAL
-1 ft.	24 ft.	2 in.	SCH40	

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
24 ft.	28 ft.	2 in.	.012	SCH40	PVC
ft.	ft.	in.			

18. GROUT

FROM	TO	MATERIAL	EMPLACEMENT METHOD & AMOUNT
0 ft.	20 ft.	Bentonite	pour/gravity
ft.	ft.		3 1/2 Bags
ft.	ft.		of 50lb Holeplug

19. SAND/GRAVEL PACK (if applicable)

FROM	TO	MATERIAL	EMPLACEMENT METHOD
20 ft.	28 ft.	#2 sand	pour/gravity
ft.	ft.		

20. DRILLING LOG (attach additional sheets if necessary)

FROM	TO	DESCRIPTION (color, hardness, soil/rock type, grain size, etc.)
0 ft.	2 ft.	topsoil
2 ft.	9 ft.	sandy clay
9 ft.	24 ft.	tan clay
24 ft.	28 ft.	coarse sand
ft.	ft.	
ft.	ft.	
ft.	ft.	

21. REMARKS

22. Certification:
Larry Williford Jr 3-2-18
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.