

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

PIN #: 1528-64-2716.000 Parcel #: 021526 0470 Application #: 17-5-42671 Subdivision: \_\_\_\_\_ Lot #: Par #1

Applicant Name: Ken Dawson Homes, Inc  
Address: 120 Edmondson Drive Willow Springs, NC 27592

Type of Facility Served by Well: SFD

Sewage System: 25% Reduction System

Permit Conditions: Location - Bryan McLamb Lane (US 301 N.)

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 11-17-17

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

See attachment for construction sketch

WELL CERTIFICATE OF COMPLETION

Date: 04/20/18 Application #: 17-5-42671 Well Contractor: Larry Williford Jr.

Applicant Name: Ken Dawson Homes, Inc.  
Address: \_\_\_\_\_  
Directions to Site: \_\_\_\_\_

Reference 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**

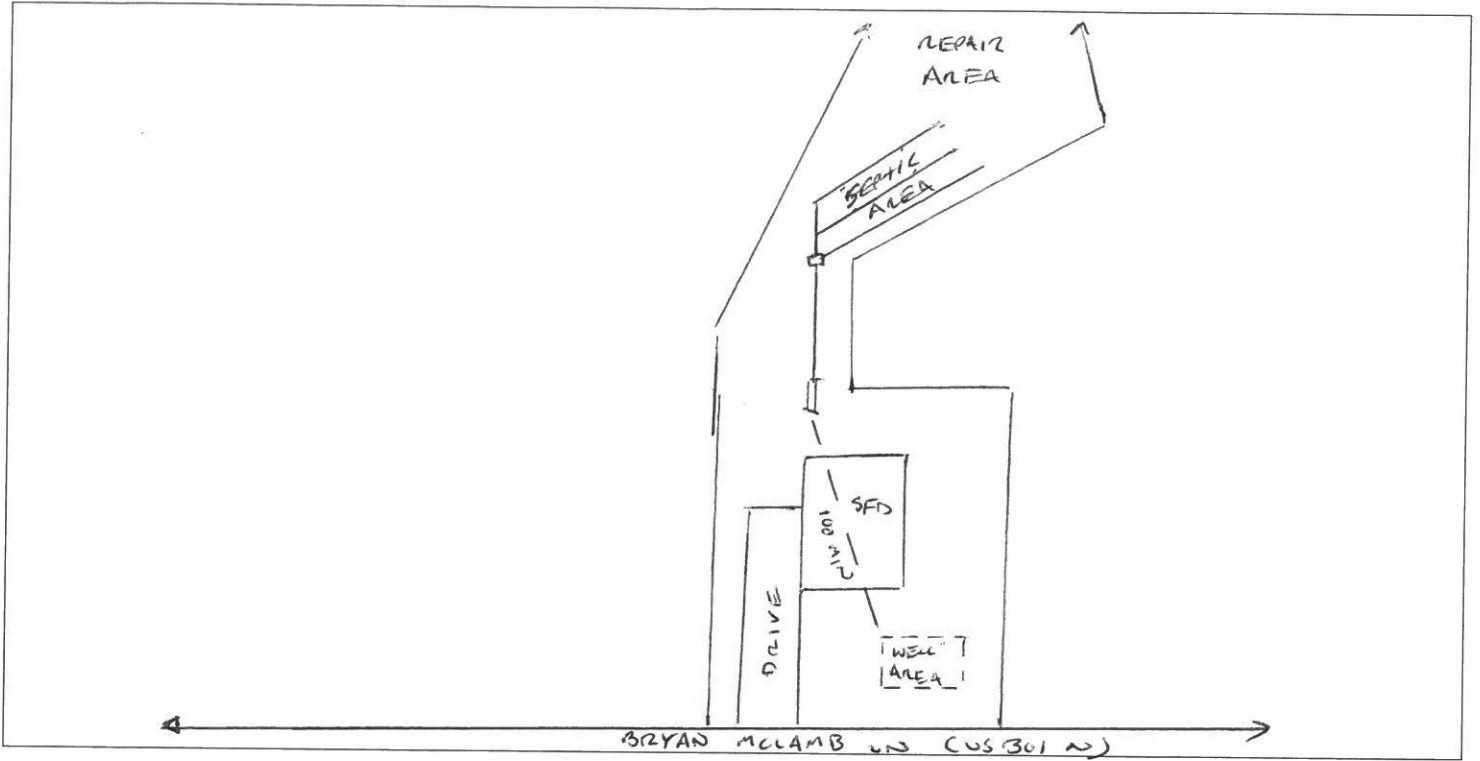
Casing Height: 12 (above finished grade) Access Port: \_\_\_\_\_ Vent Stack: \_\_\_\_\_  
Well ID Tag: \_\_\_\_\_ Pump ID Tag: \_\_\_\_\_ Sampling Tap: \_\_\_\_\_ Backflow Preventer: \_\_\_\_\_  
Sample Taken?  Yes  No Well Head properly sealed: \_\_\_\_\_

Remarks: Applicant request water sample after power is obtained

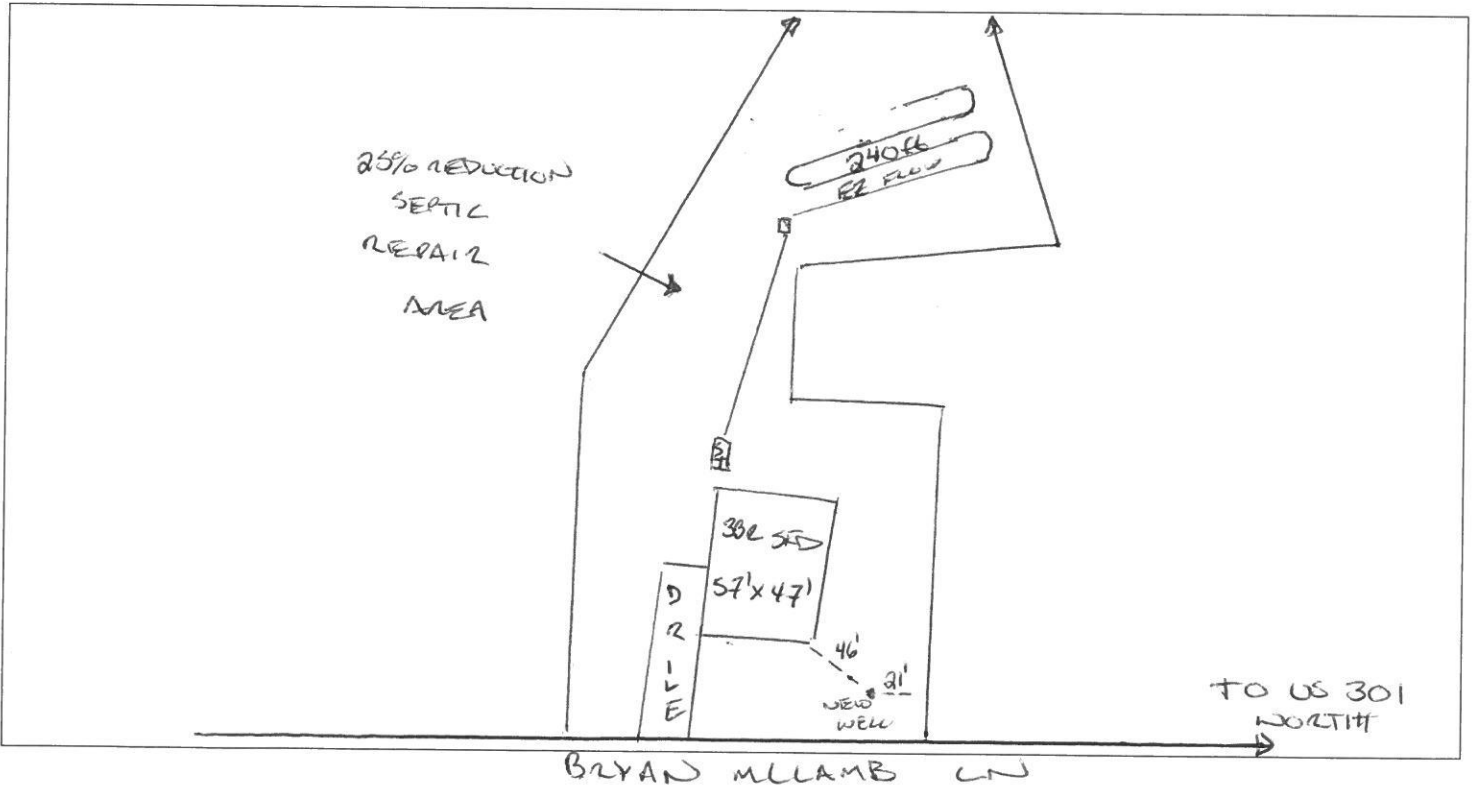
Authorized State Agent [Signature] Date 04/19/2018

See Attachment for completion sketch

**Well Construction Sketch**



**Well Completion Sketch**



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

**1. Well Contractor Information:**

Well Contractor Name: Larry Williford Jr.  
2863-A  
 NC Well Contractor Certification Number  
Williford's Well Drilling  
 Company Name

2. Well Construction Permit #: 17-5-42671  
 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: 4-5-18 Well ID# \_\_\_\_\_

**5a. Well Location:**

Facility/Owner Name: Ken Dawson Homes  
Bryan McLamb LN 45 301 North  
 Physical Address, City, and Zip  
Harnett 1528-64-2716  
 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° 21.361 N 78° 34.609 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: 31 (ft.)  
 For multiple wells list all depths if different (example- 3@200' and 2@100')

10. Static water level below top of casing: 17 (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:

14. WATER ZONES					
FROM	TO	DESCRIPTION			
27 ft.	31 ft.	tan sand & gravel			
15. OUTER CASING (for multi-cased wells) OR LINER (if applicable)					
FROM	TO	DIAMETER	THICKNESS	MATERIAL	
-1 ft.	27 ft.	2 in.		SCH40 PVC	
16. INNER CASING OR TUBING (geothermal closed-loop)					
FROM	TO	DIAMETER	THICKNESS	MATERIAL	
ft.	ft.	in.			
17. SCREEN					
FROM	TO	DIAMETER	SLOT SIZE	THICKNESS	MATERIAL
27 ft.	31 ft.	2 in.	1/16		SCH40 PVC
18. GROUT					
FROM	TO	MATERIAL	EMPLACEMENT METHOD & AMOUNT		
0 ft.	20 ft.	Bentonite	pour/gravity		
ft.	ft.		4'-50/b bags		
ft.	ft.		of 3/8 Hole plug		
19. SAND/GRAVEL PACK (if applicable)					
FROM	TO	MATERIAL	EMPLACEMENT METHOD		
20 ft.	31 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.	7 ft.	reddish tan sandy clay			
7 ft.	27 ft.	tan-white clay			
27 ft.	31 ft.	tan sand & gravel			
ft.	ft.				
ft.	ft.				
ft.	ft.				
21. REMARKS					

**22. Certification:**

Signature of Certified Well Contractor: Larry Williford Jr. Date: 4-5-18

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.