

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

PIN #: 1537-71-0541.000 Parcel #: 021537 0123 Application #: EH2006-0017 Subdivision: NA Lot #: NA

Applicant Name: Madie Strickland
Address: 735 W Strickland Rd Dunn, NC 28334

Type of Facility Served by Well: SFD

Sewage System: Conventional

Permit Conditions: Location - 735 W Strickland Rd (SR 1789)

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 06/30/2020

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 #: EH2006-0017 Well Contractor: _____

Applicant Name: Madie Strickland
Address: 735 W Strickland Rd Dunn, NC 28334
Directions to Site: 735 W Strickland Rd (SR 1789)

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 0 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

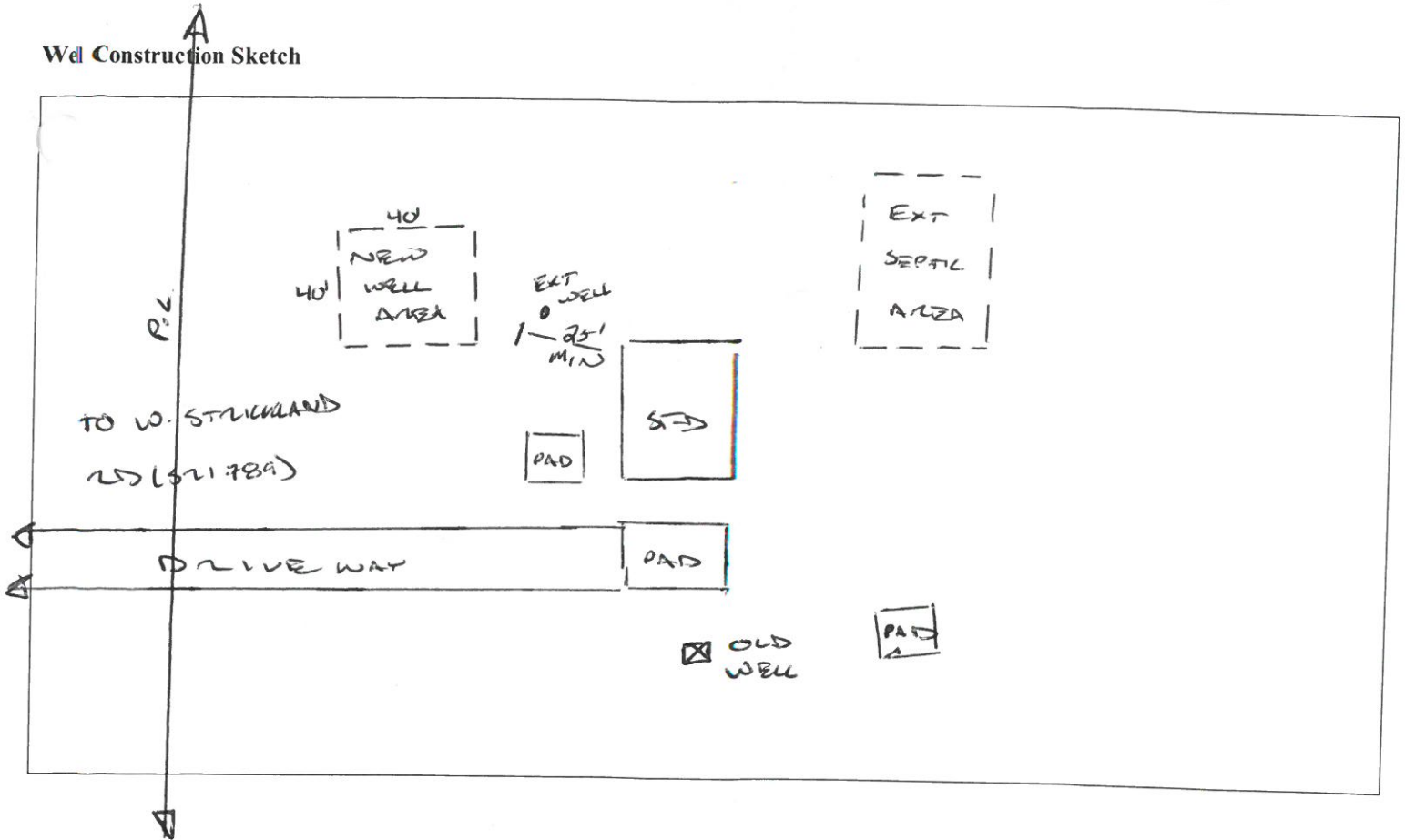
Casing Height: 14.5 (above finished grade) Access Port: _____ Vent Stack: _____
Well ID Tag: ✓ Pump ID Tag: AG002 Sampling Tap: ✓ Backflow Preventer: _____
Sample Taken? Yes No Well Head properly sealed: ✓

Remarks: _____

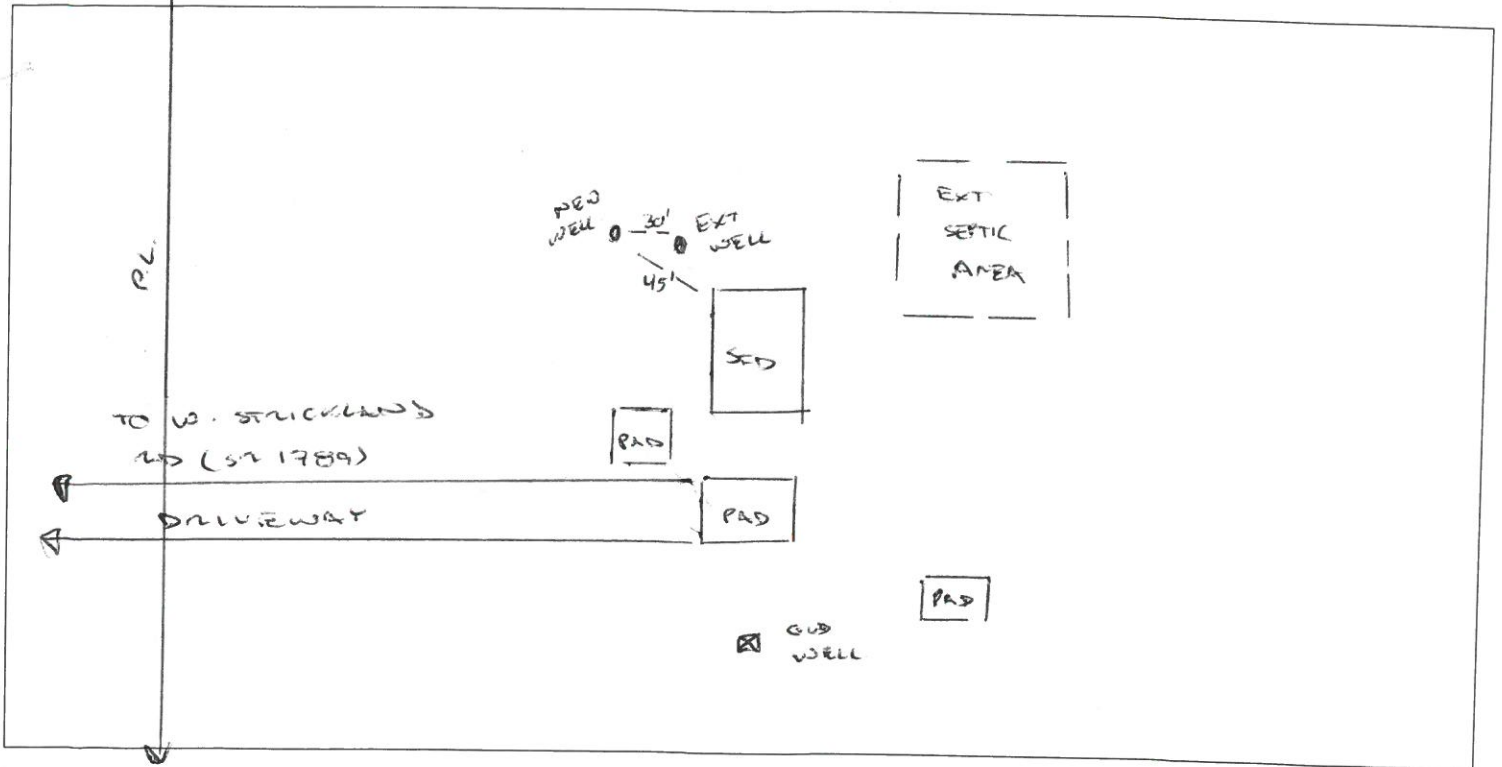
Authorized State Agent  Date 08/19/2020

See Attachment for completion sketch

Well Construction Sketch



Completion Sketch



1. Well Contractor Information:

Larry Williford Jr
 Well Contractor Name
2803-A
 NC Well Contractor Certification Number
Williford's Well Drilling
 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: 7-29-20 Well ID# _____

5a. Well Location:
Madie Strickland
 Facility/Owner Name Facility ID# (if applicable)
735 W. Strickland Rd Dunn NC 28334
 Physical Address, City, and Zip
Harnett 1537-71-0541
 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° 19.384 N 78° 32.701 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: 25 1/2 (ft.)
 For multiple wells list all depths if different (example- 3@200' and 2@100')

10. Static water level below top of casing: 15 (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

14. WATER ZONES					
FROM	TO	DESCRIPTION			
22 1/2 ft.	25 1/2 ft.	Coarse pink sand			
ft.	ft.				
15. OUTER CASING (for multi-cased wells) OR LINER (if applicable)					
FROM	TO	DIAMETER	THICKNESS	MATERIAL	
ft.	ft.	ft.	in.		
16. INNER CASING OR TUBING (geothermal closed-loop)					
FROM	TO	DIAMETER	THICKNESS	MATERIAL	
ft.	ft.	ft.	in.		
11 ft.	22 1/2 ft.	2 in.		Sch 40	PVC
ft.	ft.	ft.	in.		
17. SCREEN					
FROM	TO	DIAMETER	SLOT SIZE	THICKNESS	MATERIAL
ft.	ft.	ft.	in.	in.	
22 1/2 ft.	25 1/2 ft.	2 in.	.062	Sch 40	PVC
ft.	ft.	ft.	in.		
18. GROUT					
FROM	TO	MATERIAL	EMPLACEMENT METHOD & AMOUNT		
ft.	ft.				
0 ft.	20 ft.	Bentonite	pour - 3bags		
ft.	ft.				
ft.	ft.				
19. SAND/GRAVEL PACK (if applicable)					
FROM	TO	MATERIAL	EMPLACEMENT METHOD		
ft.	ft.				
20 ft.	25 1/2 ft.	# 2 sand	pour		
ft.	ft.				
20. DRILLING LOG (attach additional sheets if necessary)					
FROM	TO	DESCRIPTION (color, hardness, soil/rock type, grain size, etc.)			
ft.	ft.				
0 ft.	2 ft.	topsoil			
2 ft.	12 ft.	Red clay			
12 ft.	22 1/2 ft.	orange/white clay			
22 1/2 ft.	25 1/2 ft.	Coarse pink sand			
ft.	ft.				
ft.	ft.				
ft.	ft.				
21. REMARKS					

22. Certification:
Larry Williford Jr 7-29-20
 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.