

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

PIN #: 0693-51-5024.000 Parcel #: 040693 0097 02 Application #: EH2202-0006 Subdivision: Joseph E. Langley Lot #: Par. B

Applicant Name: Joseph & Suzanne Langley  
Address: 282 Kirk Adams Rd. Angier, NC 27501

Type of Facility Served by Well: Multi- SFD

Sewage System: Ext. Conventional Sys.

Permit Conditions: 282 Kirk Adams Road (SR 1574)

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 02/15/2022

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 #: EH2202-0006 Well Contractor: \_\_\_\_\_

Applicant Name: & Suzanne Langley  
Address: 282 Kirk Adams Rd. Angier, NC 27501  
Directions to Site: 282 Kirk Adams Road (SR 1574)

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: 16" (above finished grade) Access Port: [check] Vent Stack: [check]  
Well ID Tag: \_\_\_\_\_ Pump ID Tag: \_\_\_\_\_ Sampling Tap: \_\_\_\_\_ Backflow Preventer: \_\_\_\_\_  
Sample Taken?  Yes  No Well Head properly sealed: [check]

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

Authorized State Agent [Signature] Date 11-18-24

See Attachment for completion sketch



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

**1. Well Contractor Information:**

Landon Phillips

Well Contractor Name

3441A

NC Well Contractor Certification Number

NW Poole Well and Pump Company

Company Name

2. Well Construction Permit #: EH2202-0006  
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  Wells > 100,000 GPD

**New 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)  Other

Geothermal (Heating/Cooling Return)  Other (explain under #21 Remarks)

4. Date Well(s) Completed: 5-12-23 Well ID#

**5a. Well Location:**

John Langley Facility ID# (if applicable)

282 Kirk Adams Rd Angier NC

Herneff Parcel Identification No. (PIN)

County

5b. Latitude and longitude in degrees/minutes/seconds or decimal degrees: (if well field, one lat/long is sufficient)

35.483603 N 78.67784 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: 145 (ft.)  
For multiple wells, list all depths if different (example: 1@200' and 2@100')

10. Static water level below top of casing: 20 (ft.)  
If water level is above casing, use "-"

11. Borehole diameter: 6 (in.)

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

**FOR WATER SUPPLY WELLS ONLY:**

13a. Yield (gpm) 50 Method of test: BLOW

13b. Disinfection type: HTH Amount: 1 lb.

**14. WATER ZONES**

FROM	TO	DESCRIPTION
<u>125</u> ft.	<u>110</u> ft.	<u>50</u>

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

FROM	TO	DIAMETER	THICKNESS	MATERIAL
<u>1</u> ft.	<u>99</u> ft.	<u>6</u> in.	<u>1/7</u>	<u>Galv</u>

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

FROM	TO	DIAMETER	THICKNESS	MATERIAL
ft.	ft.	in.	in.	

**17. GROUT**

FROM	TO	DIAMETER	SLOT SIZE	THICKNESS	PERCENTAGE
ft.	ft.	in.			

**18. GROUT**

FROM	TO	MATERIAL	EMPLACEMENT METHOD & AMOUNT
<u>0</u> ft.	<u>20</u> ft.	<u>Grout</u>	<u>grout</u>

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

FROM	TO	DIAMETER	THICKNESS	PERCENTAGE
ft.	ft.	in.		

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

FROM	TO	DESCRIPTION (color, consistency, etc.)
<u>0</u> ft.	<u>2</u> ft.	<u>Top Soil</u>
<u>2</u> ft.	<u>60</u> ft.	<u>Clay</u>
<u>60</u> ft.	<u>145</u> ft.	<u>Shale</u>

**21. REMARKS**

Used hardened steel drive shoe.

**22. Certification:**

[Signature] 5-12-23  
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 construction info (add "See Over" in Remarks Box). You may also attach additional pages if necessary.

**24. SUBMITTAL INSTRUCTIONS**

Submit this GW-1 within 30 days of well completion per the following:

24a. **For All Wells:** Original form to Division of Water Resources (DWR), Information Processing Unit, 1617 MSC, Raleigh, NC 27699-1617

24b. **For Injection Wells:** Copy to DWR, Underground Injection Control (UIC) Program, 1636 MSC, Raleigh, NC 27699-1636

24c. **For Water Supply and Open-Loop Geothermal Return Wells:** Copy to the county environmental health department of the county where installed

24d. **For Water Wells producing over 100,000 GPD:** Copy to DWR, CCPCU, Permit Program, 1611 MSC, Raleigh, NC 27699-1611