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

PIN #: 1537-40-6847.000 Parcel #: 021537 0124 01 Application #: SFD2005-0081 Subdivision: Travis Ray Adams Lot #: 1

Applicant Name: Nate Mullins
Address: 2033 Walden Way Clayton, NC 27527

Type of Facility Served by Well: SFD

Sewage System: 25% Reduction System (Pump)

Permit Conditions: 1070 W. Strickland Road (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 REHS-I **Date** 06/22/2020

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 #:SFD2005-0081 Well Contractor: _____

Applicant Name: Nate Mullins
Address: 2033 Walden Way Clayton, NC 27527
Directions to Site: 1070 W. Strickland Road (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: 12in (above finished grade) Access Port: _____ Vent Stack: _____
Well ID Tag: ✓ Pump ID Tag: None Sampling Tap: ✓ Backflow Preventer: _____
Sample Taken? ☑ Yes ☐ No Well Head properly sealed: ✓

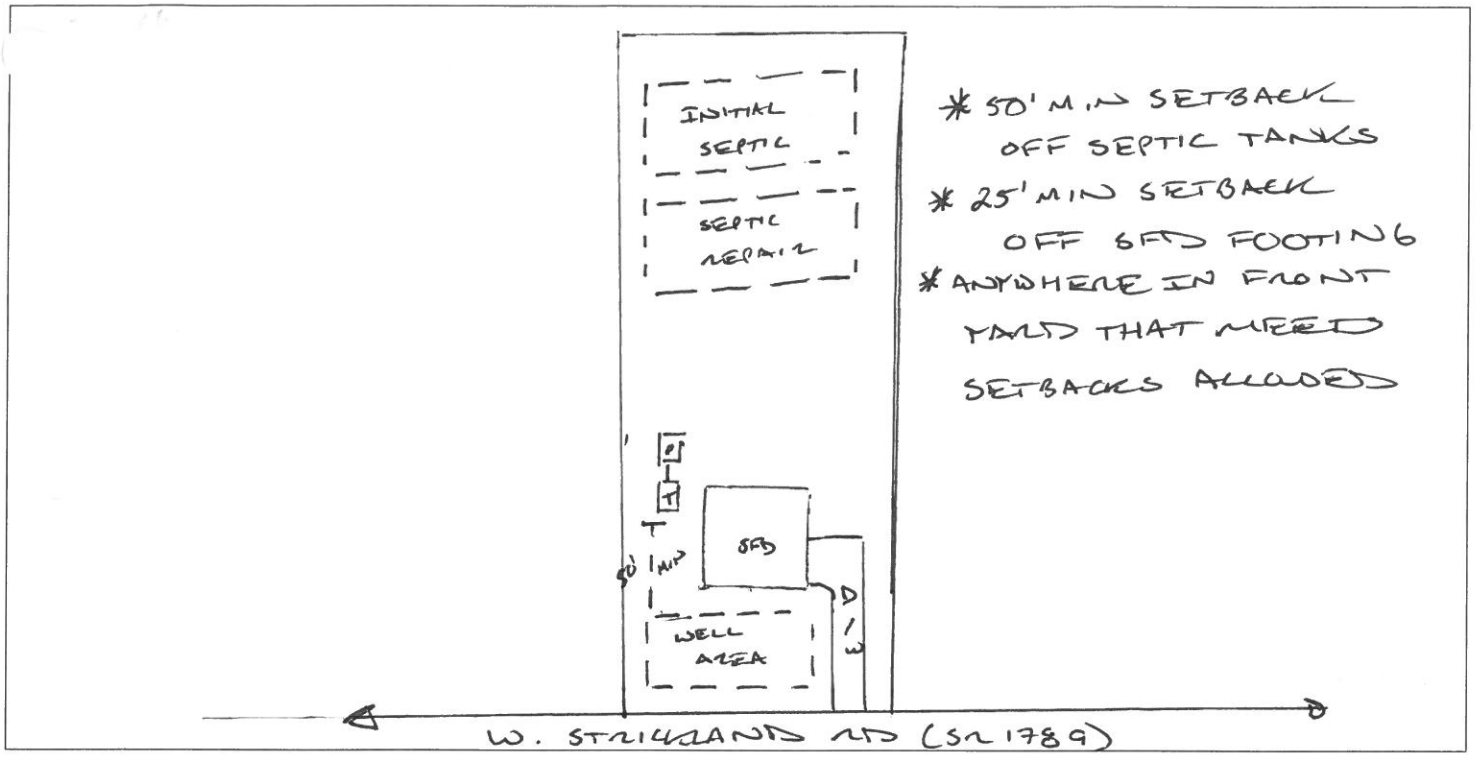
Remarks: _____

Authorized State Agent _____ **Date** 10/19/2020

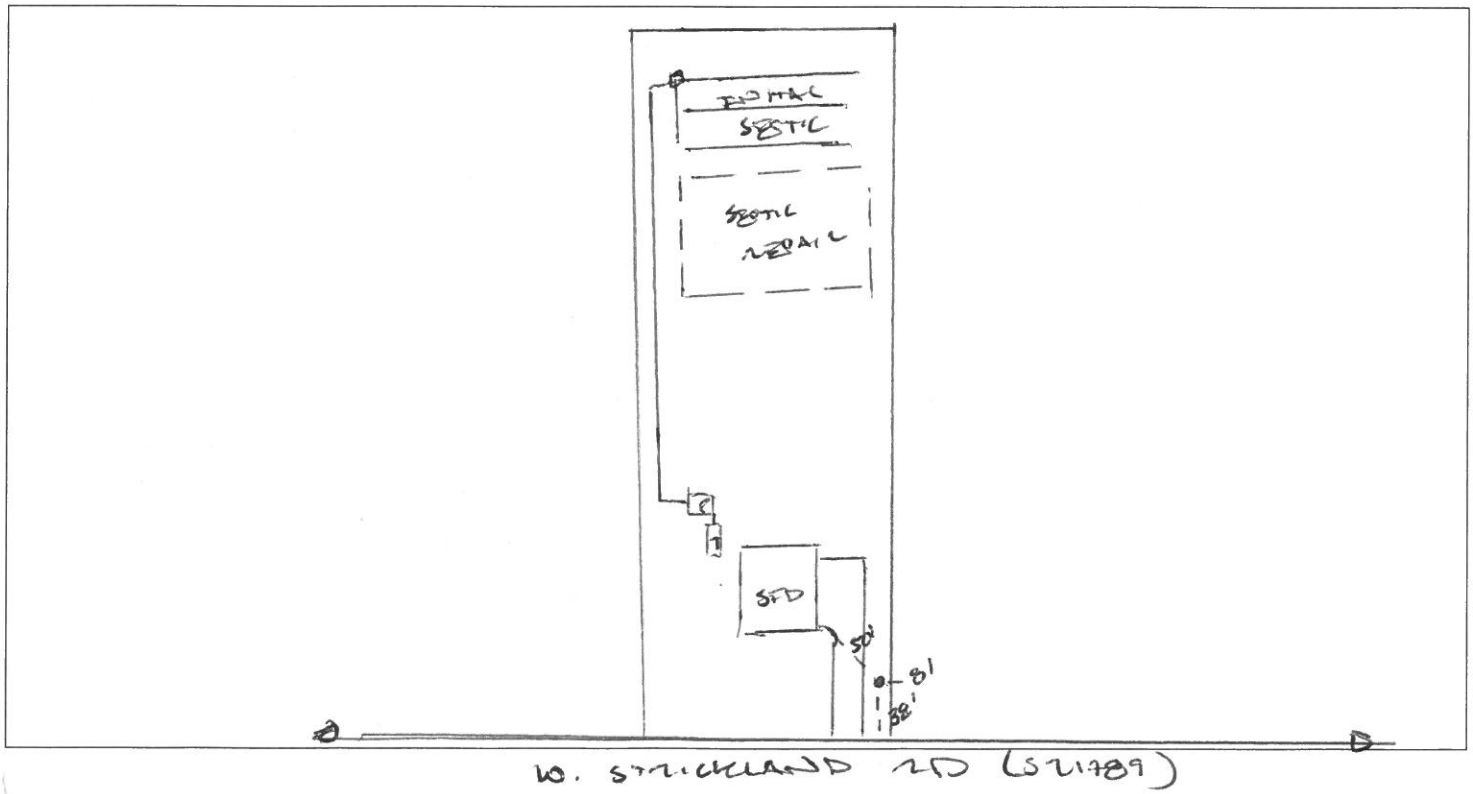
See Attachment for completion sketch

Application #:SFD2005-0081 Applicant Name: Nate Mullins Subdivision: Travis Ray Adams Lot #: 1

Well Construction Sketch



Well Completion Sketch



WELL CONSTRUCTION RECORD (GW-1)

For Internal Use Only:

1. Well Contractor Information:

Larry Williford Jr
Well Contractor Name

2843 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: 9/24/20 **Well ID#** _____

5a. Well Location:

Nate Mullins
Facility/Owner Name

Facility ID# (if applicable)

1070 W. Strickland Rd Dunn NC
Physical Address, City, and Zip

Harnett
County

1537-40-6847
Parcel Identification No. (PIN)

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

35° 19.075 N 78° 32.889 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: 7 (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) 8 **Method of test:** pumping

13b. Disinfection type: HTH **Amount:** 1/4 Cup

14. WATER ZONES

FROM	TO	DESCRIPTION
21 ft.	25 ft.	tan sand
ft.	ft.	

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

FROM	TO	DIAMETER	THICKNESS	MATERIAL
+1 ft.	21 ft.	2 in.	Sch 40	PVC

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
21 ft.	25 ft.	2 in.	.012	Sch 40	PVC
ft.	ft.	in.			

18. GROUT

FROM	TO	MATERIAL	EMPLACEMENT METHOD & AMOUNT
0 ft.	20 ft.	Bentonite	2 1/2 - pour bags
ft.	ft.		
ft.	ft.		

19. SAND/GRAVEL PACK (if applicable)

FROM	TO	MATERIAL	EMPLACEMENT METHOD
20 ft.	31 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.)
0 ft.	2 ft.	tan clay
2 ft.	9 ft.	orange sandy clay
9 ft.	21 ft.	orange clay
21 ft.	25 ft.	tan sand
25 ft.	31 ft.	gray clay
ft.	ft.	
ft.	ft.	

21. REMARKS

Outer casing 25'-31'

22. Certification:

Larry Williford Jr
Signature of Certified Well Contractor

9/24/20
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.