

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

PIN #: 1518-87-4397.000 Parcel #: 021518 0140 14 Application #: SFD2009-0022 Subdivision: \_\_\_\_\_ Lot #: 4B

Applicant Name: Signature Home Blds  
Address: 1209 N Main St Lillington, NC 27546

Type of Facility Served by Well: SFD

Sewage System: 25% Reduction System

Permit Conditions: 212 Hobson Road (SR 1712)

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 09/28/2020

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 #: SFD2009-0022 Well Contractor: \_\_\_\_\_

Applicant Name: Signature Home Bld  
Address: 1209 N Main St Lillington, NC 27546  
Directions to Site: 212 Hobson Road (SR 1712)

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 \_\_\_\_\_

| <u>Water Zone (depth)</u> | <u>Casing</u>                                    | <u>Grout</u>                  |
|---------------------------|--|-------------------------------|
| 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: \_\_\_\_\_

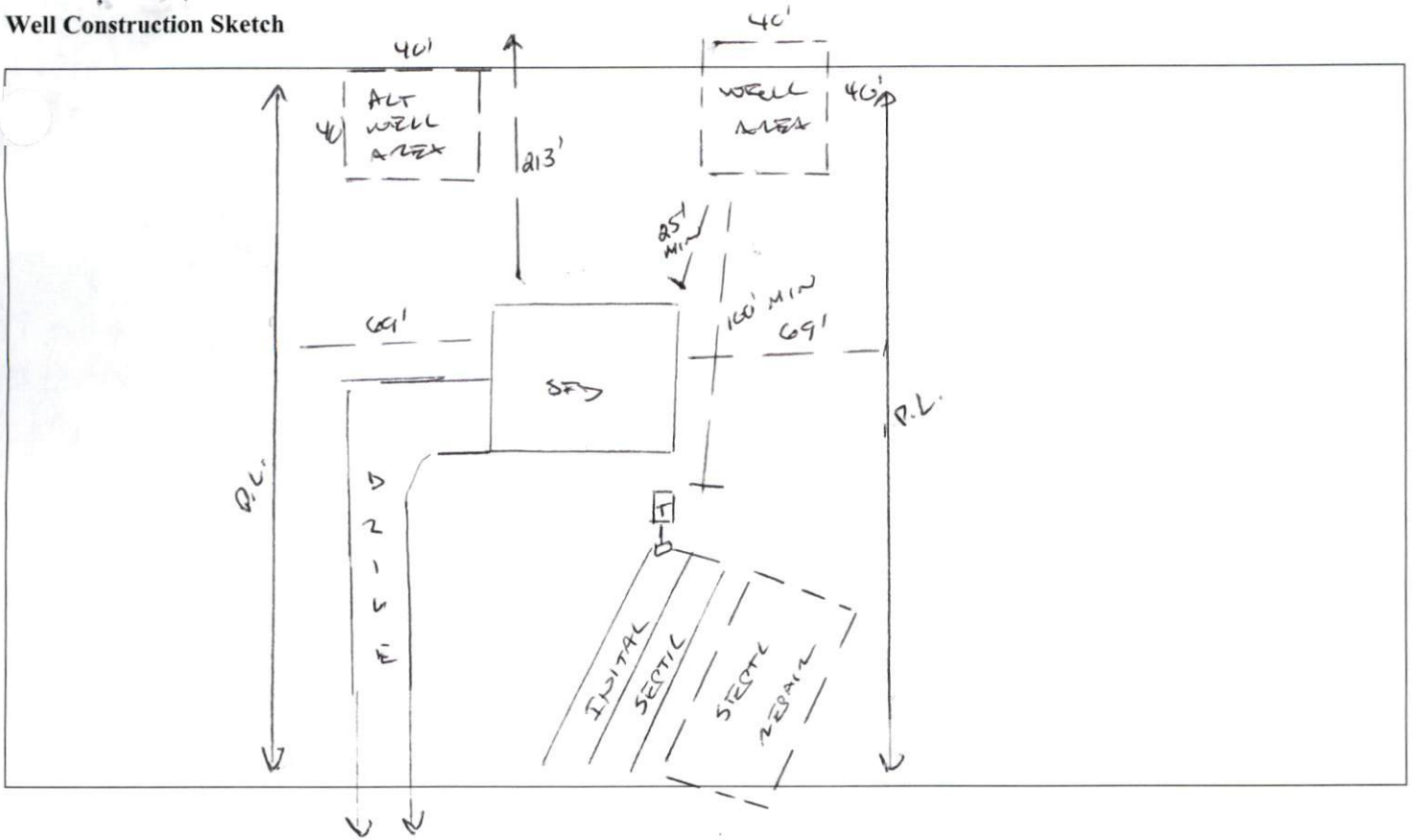
Well Head Information

Casing Height: 211 (above finished grade) Access Port: \_\_\_\_\_ Vent Stack: \_\_\_\_\_  
Well ID Tag: ABSENTE Pump ID Tag: ✓ Sampling Tap: ✓ Backflow Preventer: \_\_\_\_\_  
Sample Taken?  Yes  No Well Head properly sealed: ✓

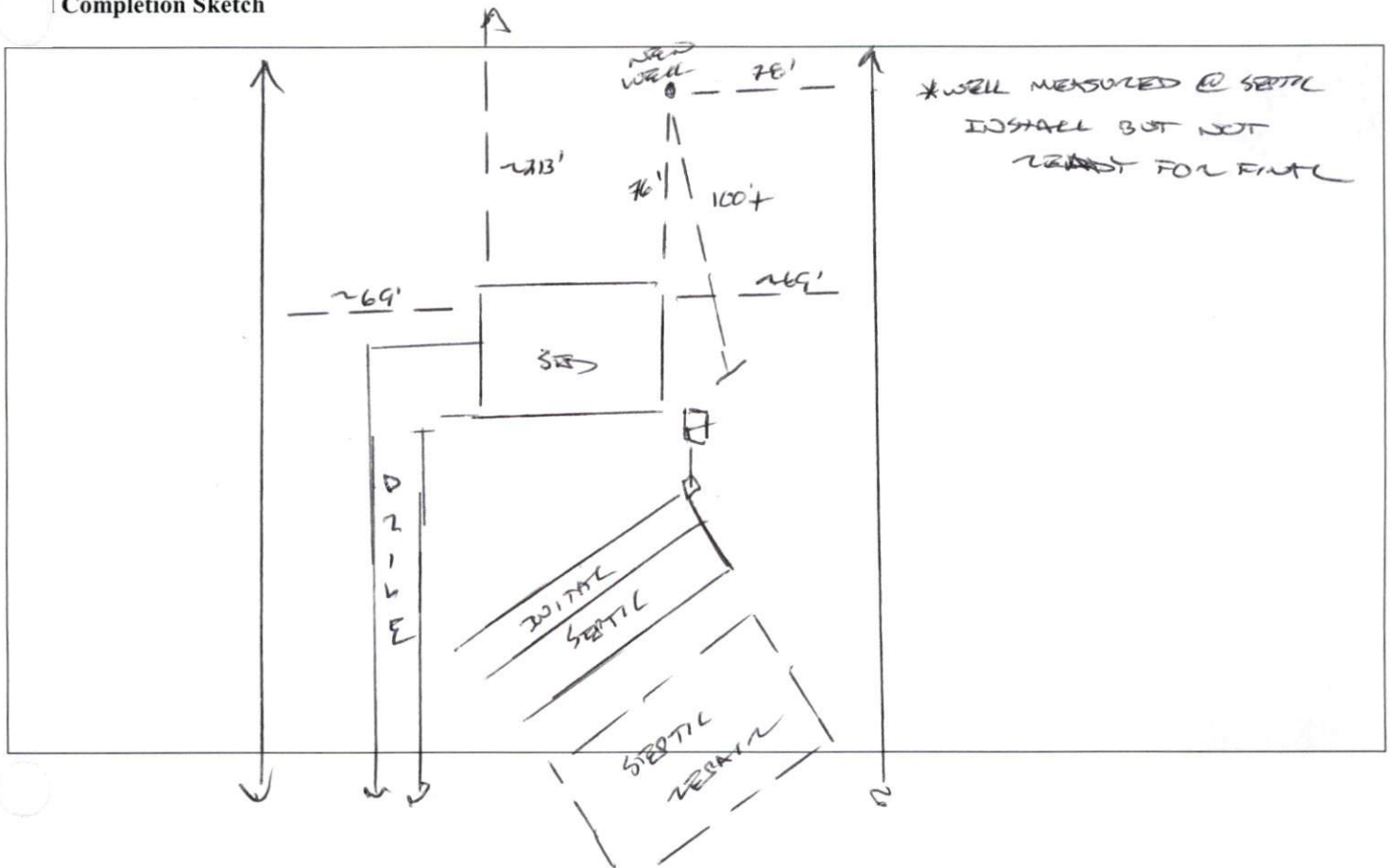
Remarks: \_\_\_\_\_  
Authorized State Agent [Signature] Date 03/29/2021

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. UJC, 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: 12-3-20 Well ID# \_\_\_\_\_

5a. Well Location:  
Signature Home Builders  
 Facility Owner Name Facility ID# (if applicable)  
212 Hobson Rd Dunn NC 28334  
 Physical Address, City, and Zip  
Harnett  
 County Parcel Identification No. (PIN)

5b. Latitude and longitude in degrees/minutes/seconds or decimal degrees:  
 (if well field, one lat/long is sufficient)  
35.363125 N 78.603454 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: 34 (ft.)  
 For multiple wells list all depths if different (example- 3@200' and 2@100')

10. Static water level below top of casing: 9 (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) 12 Method of test: pumping  
 13b. Disinfection type: MTH Amount: 1/4 cup

| 14. WATER ZONES   |        |   |                             |           |          |
|---|--------|---|-----------------------------|-----------|----------|
| FROM  | TO     | DESCRIPTION   |                             |           |          |
| 29 ft.  | 34 ft. | orange sand/gravel  |                             |           |          |
| ft.   | ft.    |   |                             |           |          |
| 15. OUTER CASING (for multi-cased wells) OR LINER (if applicable) |        |   |                             |           |          |
| FROM  | TO     | DIAMETER  | THICKNESS                   | MATERIAL  |          |
| 1 ft.   | 29 ft. | 2 in.   | sch40                       | PVC       |          |
| ft.   | ft.    | in.   |                             |           |          |
| ft.   | ft.    | in.   |                             |           |          |
| 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 |
| 29 ft.  | 34 ft. | 2 in.   | .014                        | sch40     | PVC      |
| ft.   | ft.    | in.   |                             |           |          |
| 18. GROUT   |        |   |                             |           |          |
| FROM  | TO     | MATERIAL  | EMPLACEMENT METHOD & AMOUNT |           |          |
| 0 ft.   | 20 ft. | Bentonite   | 3.5 bags                    |           |          |
| ft.   | ft.    |   | pour                        |           |          |
| ft.   | ft.    |   |                             |           |          |
| 19. SAND/GRAVEL PACK (if applicable)                              |        |   |                             |           |          |
| FROM  | TO     | MATERIAL  | EMPLACEMENT METHOD          |           |          |
| 20 ft.  | 34 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.  | topsoil   |                             |           |          |
| 2 ft.   | 9 ft.  | sandy clay  |                             |           |          |
| 9 ft.   | 18 ft. | tan clay  |                             |           |          |
| 18 ft.  | 29 ft. | orange white clay   |                             |           |          |
| 29 ft.  | 34 ft. | orange sand/gravel  |                             |           |          |
| ft.   | ft.    |   |                             |           |          |
| ft.   | ft.    |   |                             |           |          |
| 21. REMARKS   |        |   |                             |           |          |

22. Certification:

Larry williford jr 12-3-20  
 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.