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

PIN #: 1508-61-0453.000 Parcel #: 021508 0055 03 Application #: SFD2104-0062 Subdivision: _____ Lot #: _____

licant Name: Luke Jackson
ress: 27 Wolf Creek Lane Lillington, NC 27546

Type of Facility Served by Well: SFD

Sewage System: At-Grade 25% Reduction System

Permit Conditions: 160 Smith Lucas Rd. (Ashe Ave. - SR 1725)

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** 06/01/2021

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 #:SFD2104-0062 Well Contractor: _____

licant Name: Luke Jackson
Address: 27 Wolf Creek Lane Lillington, NC 27546
Directions to Site: 160 Smith Lucas Rd. (Ashe Ave. - SR 1725)

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"AF (above finished grade) Access Port: _____ Vent Stack: _____
Well ID Tag: ✓ Pump ID Tag: ABOVE Sampling Tap: ✓ Backflow Preventer: _____
Sample Taken? ☒ Yes ☐ No Well Head properly sealed: ✓

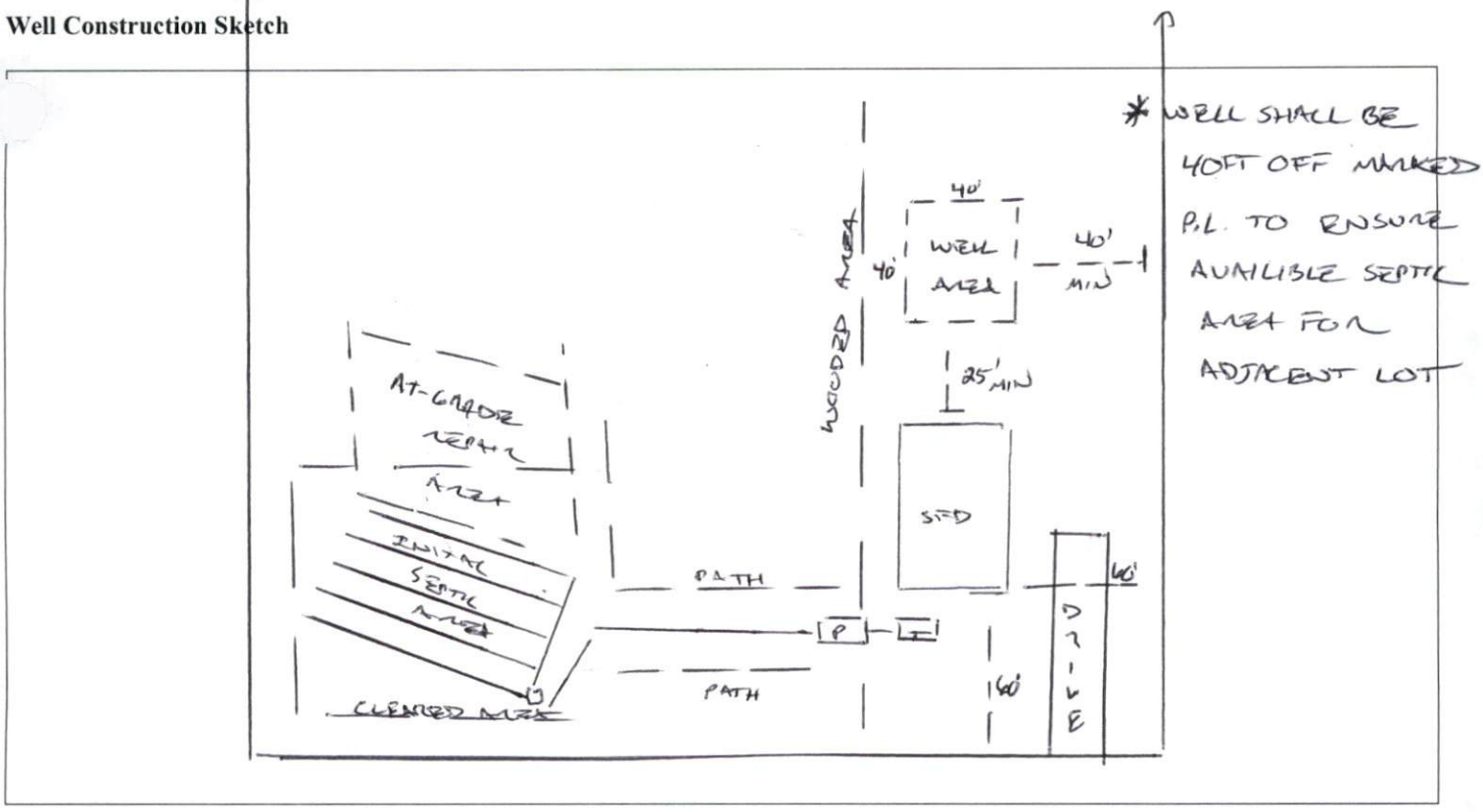
arks: _____

Authorized State Agent _____ **Date** 03/09/2022

See Attachment for completion sketch

Application #:SFD2104-0062 Applicant Name: Luke Jackson Subdivision: _____ Lot #: _____

Well Construction Sketch



ll Completion Sketch

WELL CONSTRUCTION RECORD (GW-1)

For Internal Use Only:

1. Well Contractor Information:

Larry Williford Jr
Well Contractor Name

2863A
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	☐Wells > 100,000 GPD
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: 3/2/22 **Well ID#** _____

5a. Well Location:

Luke Jackson
Facility/Owner Name

Facility ID# (if applicable)

160 Smith Lucas Lane
Physical Address, City, and Zip

Harnett
County

1508610453
Parcel Identification No. (PIN)

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

35.347194 N -78.645220 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: 26 (ft.)
For multiple wells list all depths if different (example- 3@200' and 2@100')

10. Static water level below top of casing: 13 (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) 7 **Method of test:** pumping

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

14. WATER ZONES

FROM	TO	DESCRIPTION
20 ft.	23 ft.	tan sand
ft.	ft.	

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

FROM	TO	DIAMETER	THICKNESS	MATERIAL
+1 ft.	20 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
20 ft.	23 ft.	2 in.	010	Sch 40	PVC
ft.	ft.	in.			

18. GROUT

FROM	TO	MATERIAL	EMPLACEMENT METHOD & AMOUNT
0 ft.	20 ft.	Bentonite	2 3/4 bags
ft.	ft.		
ft.	ft.		

19. SAND/GRAVEL PACK (if applicable)

FROM	TO	MATERIAL	EMPLACEMENT METHOD
20 ft.	26 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.	1 ft.	topsoil
1 ft.	9 ft.	Sandy clay
9 ft.	20 ft.	orange-white clay
20 ft.	23 ft.	tan sand
23 ft.	26 ft.	sandy clay
ft.	ft.	
ft.	ft.	

21. REMARKS

Casing 23-26 2" sch 40

22. Certification:

Larry Williford Jr
Signature of Certified Well Contractor

3/2/22
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 (IUC) 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, CCPCUA Permit Program, 1611 MSC, Raleigh, NC 27699-1611