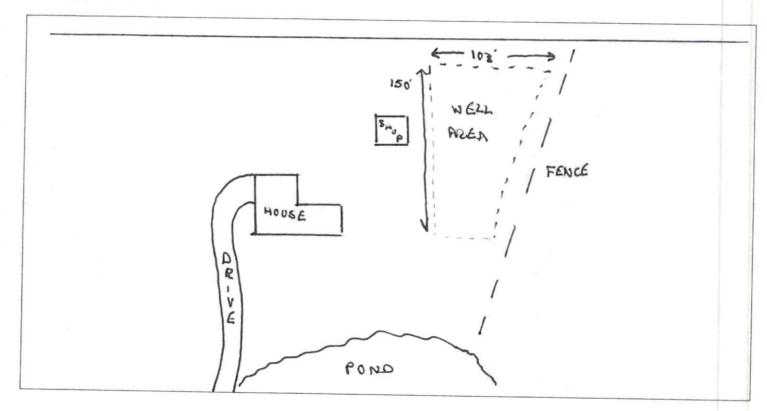
TO CONSTRUCT A DRINKING WATER SUPPLY WELL

PIN #: 0545-58-3059.000 Parcel #: 12 0545 0035	Application #: 18-5-43460	Subdivision:	Lot #:
Applicant Name:Nathaniel Torberson Address: 4601 Blanton Rd Fayetteville, NC 28303	e e e e e e e e e e e e e e e e e e e		
Type of Facility Served by Well: SFD			
Sewage System: Pump to 25% Reduction			
Permit Conditions:			
General Permit Conditions: Drinking water supply well construction must The permitted drinking water supply well shall ANY ALTERATION of the site of the site (in subject this Permit to revocation)	be located in accordance with the	SITE PLAN appurtenance) or modif	ication in use of the well, m
Authorized State Agent	23 22	×	
Grouting Inspection Witnessed Grouting self-certified by driller GW-1 pr			
Date: 3/8/23 Application #: SFD 2111- Well Condons Applicant Name: Cau Cos Tills Address: 1393 Walker Rd. (14den. NC 2835 Directions to Site: Use of Well: Date Drilled: Static Water Level: Top of Casing is Disinfection: Type Amount	6	j	□ No
From To To To Diameter: 1 From To	Material: Thickness: Material: Thickness:	From Material: From	Method: To Method:
Inspector: On Hold Date: R			
Well Head Information Casing Height: 13 (above finished grade) Well ID Tag: Pump ID Tag: Sample Taken? Yes No Well Head Remarks:	properly sealed:	k:Backflow Preventer:	<u>/o</u>
Authorized State Agent Mah L. R.F.H	Data 2.8.2	e	Carrie Daniel Marches (1997)

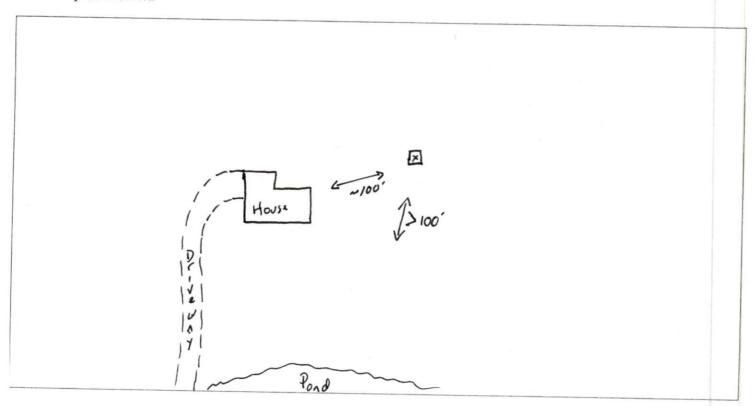
See Attachment for completion sketch

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요. 2006 [2016 2016 2016 2016 2016 2016 2016 2016			

Well Construction Sketch



Well Completion Sketch



WELL CONSTRUCTION RECORD (GW-1)



Form GW-1 Well Construction Electronic Form
North Carolina Department of Environmental Quality
Division of Water Resources

Submission ID#

SFD 2111-0015

GW1-2022-10273

Are you submitting a scanned form?*

Yes

No

CONTACT INFORMATION

Contact Name *

Email Address*

Jonathan Kamionka

office@billswelldrilling.com

Is this a revision to the form you have previously submitted?*

Yes . No

WELL CONSTRUCTION INFORMATION

1. Who is installing these wells?*

Owner Well Contractor

1. Well Contractor Information:

Certiticate #

Cert Level First Name

Last Name

Company Name

3465

Α

JONATHAN

KAMIONKA

BILLS WELL DRILLING CO, INC.

2. Well Construction Permit #:

18-5-43460

List all applicable well construction permits (i.e. Monitoring Wells, UIC- Underground Injection Control, CCPCUA-Central Coastal Plain Capacity Use Area, County, etc.)

What type of well is this?*

Injection Well

Non-Water Supply Well

Water Supply Well (includes irrigation wells)

3. Water Supply Well *

Geothermal (Heating/Cooling Supply)

Irrigation

Residential Water Supply (single)

Wells > 100,000 GPD

Industrial/Commercial

Municipal/Public/Community

Residential Water Supply (shared)

4. Date well was completed and ID#

Date Well Completed *

Well ID#

Well Yield

10

(gallons per minute)"

5. Well Location

Facility/Owner Name*

Southeastern Construction

(Required)

Facility ID#

(If applicable)

County*
Harnett

Parcel Identification No. (PIN)

1205450035

Physical Address*

Street Address

1393 Walker Road

Address Line 2

City

State / Province / Region NC

Linden

Postal / Zip Code

28356

Country

US

Latitude* 35.2833766000

Decimal degrees

Longitude *-78.8480805000

Decimal degrees

6. Is(are) the well(s): *

Permanent

Temporary

7. Is this a repair to an existing well: *

Yes 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.

For multiple Geoprobe/DPT or Closed-Loop Geothermal Wells having the same construction, only 1 GW-1 is needed.

8a. Indicate TOTAL NUMBER of wells drilled:

.

9. Total well depth below land surface: (ft.)

360

For multiple wells list all depths if different

(example- 3@200' and 2@100')

9a. What is the depth of the casing from ground

surface?

138

in feet

11. Borehole diameter:

10. Static water level below top of casing: (ft.)

.

in inches

12. Well construction method:

If water level is above casing, use "+"

Auger

Air Rotary

Cable Tool

Direct Push

Mud Rotary

Rotosonic

Other

13. FOR WATER SUPPLY WELLS ONLY:

13a. Yield (gpm)

13b. Disinfection type: *

10

13a. Method of test:

blow

If applicable

13b. Amount: *

нтн

1 cup

14. WATER BEARING/FRACTURE ZONES

From

To

Description

200

360

in feet

in feet

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

Fr	om		

То

Diameter

Thickness

Material

1.00 in feet 138.00 in feet 6.25 in inches

SDR21

PVC

17. SCREEN

From

То

Diameter

Thickness

Material

in feet

in feet

in inches

18. GROUT

From

To

Material

Emplacment Method & Amount

0.00 in feet 20.00 in feet

bentonite

poured

19. SAND/GRAVEL PACK (if applicable)

From

To

Material

Emplacment Method

in feet

in feet

20. DRILLING LOG

From	То		
0.00	40.00		

Description (color, hardness, soil/rock type, grain size, etc.)

0.00 in feet

in feet

Mixed clay

Gray Rock

40.00 125.00 in feet in feet

125.00 Gray & Red mixed clays

125.00

180.00

in feet in feet

Green Rock

180.00 in feet 360.00 in feet

21. Remarks

22. Site diagram or additional well details:

You may upload additional well construction information here pdf only

CERTIFICATION INFORMATION

* 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. Certification

Tonathan Kamionka

Signature of Certified Well Contractor