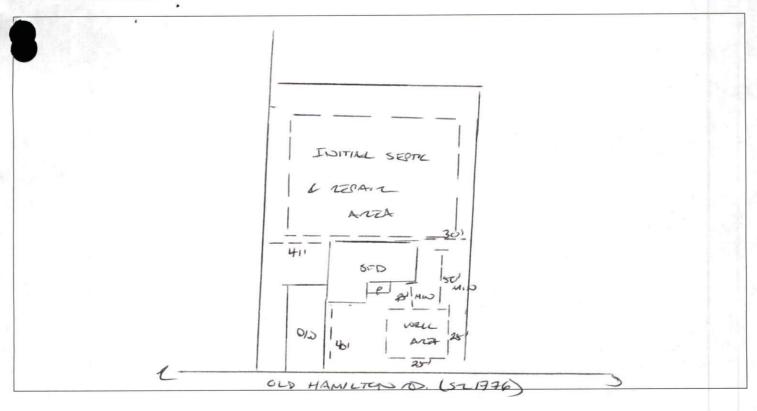
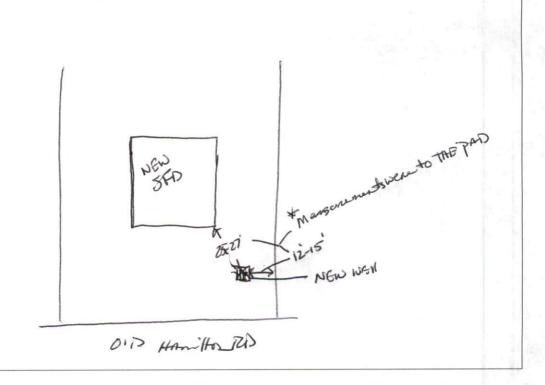
HARNETT DEPARTMENT OF PUBLIC HEALTH PERMIT TO CONSTRUCT A DRINKING WATER SUPPLY WELL

PIN #: 1506-47-0999.000 Parcel #: 061506 0067 04	Application #: SFD2203-0066	Subdivision:	Lot #:
licant Name: CUMBERLAND HOMES INC ress: 40 OLD HAMILTON RD DUNN, NC 2833	<u>4</u>		
Type of Facility Served by Well: <u>SFD</u>			
Sewage System: At- System			
Permit Conditions: 40 Old Hamilton Road (SR 1776)	!		
General Permit Conditions: • Drinking water supply well construction must not the permitted drinking water supply well shall to any ALTERATION of the site of the site (in subject this Permit to revocation)	be located in accordance with the S cluding location of structures and a	ppurtenance) or modificat	ion in use of the well, ma
Authorized State Agent	Date 04/07		
Grouting Inspection Witnessed Grouting self-certified by driller GW-1 pr	rovided? Yes No		
	ovided: 12 Tes 110		
See attachment for construction sketch			
WEL	L CERTIFICATE OF COMPLE	TION	
Date: Application #:SFD2203-0066	Well Contractor:		
licant Name: CUMBERLAND HOMES INC ress: 40 OLD HAMILTON RD DUNN, NC 283. Directions to Site: 40 OLD HAMILTON RD (SR 17)			
Use of Well: Date Drilled: Top of Casing is Amount	Total Depth: Replace in. above surface. Yield: _	ment Well? Yes gpm at ft.	No
	Material: Thickness:		Method:
From To To To	Material: Thickness:	From To	o _ Method:
From To		From To	
	Material: Thickness:	***************************************	
Inspector: On Hold Date:	Release Date:		
Remarks:			
	Access Port: Vent Startant Vent Start	Backflow Preventer:	
arks:	7845		
Authorized State Agent Jane & Man	Date 12-19	-22_	
See Attachment for completion sketch			

- Well Construction Sketch



l Completion Sketch



SFD 2203-0014

WELL CONSTRUCTION RECORD (GW-1)



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

Date Well Completed*

Well ID#

						Submission ID#	
		G	W1-2022-10272				
Are you submitti	ng a scanned fo	rm?* ∵ Y ● N	es o				
CONTACT IN	FORMATION		н				
Contact Name *			Email Addre	ss*			
Jonathan Kamionl	ка		office@billswelldrilling.com				
Is this a revision Yes No							
WELL CONS	TRUCTION II	NFORMATION					
Owner	I Contractor	*					
Certiticate #	Cert Level F	rst Name	Last Name	Company	Name		
3465	A Jo	NAHTANC	KAMIONKA	BILLS WELL DRILLING CO, INC.			
2. Well Construct	tion Permit #:						
SFD2203-0066							
	ell construction perr	nits (i.e. Monitoring W	ells, UIC- Underground Inje	ction Control, CCPCUA	-Central Coastal Plain Capac	city Use Area, Count	
What type of well		Injection Well Water Supply We	l (includes irrigation wel		er Supply Well		
3. Water Supply \	Irrig	othermal (Heating/Cation idential Water Sup ls > 100,000 GPD	201. 010000 20. 000	Industrial/Com Municipal/Pub Residential Wi			
4 Date well was	completed and l	D#					

Well Yield

(gallons per minute)"

5. Well Location

Facility/Owner Name **Cumberland Homes**

(Required)

County* Harnett

Facility ID# (If applicable)

Parcel Identification No. (PIN)

0561506006704

Physical Address*

Street Address

40 Old Hamilton Rd

Address Line 2

City

Dunn

Postal / Zip Code

28334

State / Province / Region

NC

Country

US

Latitude* 0.0000000000

Decimal degrees

Longitude *0.00000000000

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.)

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

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

85

11. Borehole diameter:

5.75

in inches

If water level is above casing, use "+" 12. Well construction method:

Auger **Direct Push** Other

Air Rotary Mud Rotary

Cable Tool

Rotosonic

13. FOR WATER SUPPLY WELLS ONLY:

13a. Yield (gpm)

If applicable

13a. Method of test:

blow

13b. Disinfection type: *

13b. Amount: *

HTH

1 cup

14. WATER BEARING/FRACTURE ZONES

From

To

Description

200 in feet 320 in feet

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

From

To

Diameter

Thickness

Material

1.00

138.00

6.25

SDR21

PVC

in feet

in feet

in inches

17. SCREEN

From

To

Diameter

Thickness

Material

in feet

in feet

in inches

18. GROUT

From

To

Material

Emplacment Method & Amount

0.00 in feet 25.00 in feet bentonite

poured

19. SAND/GRAVEL PACK (if applicable)

From

To

Material

Clay

Emplacment Method

in feet

in feet

20. DRILLING LOG

From	
0.00	

To

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

7.00

in feet

in feet

7.00 in feet 8.00 in feet Gravel & Sandstone

8.00

125.00

in feet

in feet

125.00 in feet 160.00

in feet 320.00

in feet

160.00 in feet Green Rock

Dark Gray & Black Rock

Mixed Clay

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