

SFD 2210-0060

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

PIN #: Parcel #:

Application #: Subdivision: TRAVIS Lot #: 2
RAY ADAMS Lot 5

Applicant Name:

NATE MULLINS

Address:

1050 W STRICKLAND RD DUNN N.C. 28334

Type of Facility Served by Well: SFD

Sewage System:

Permit Conditions: Well to be drilled in Well Area

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 James E. Markham Date 11-14-22 Expiration Date 11-14-27
 * Construction Authorization Expires within five years of issue

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 #: _____ Well Contractor: _____

Applicant Name: _____

Address: _____

Directions to Site: _____

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: 18 (above finished grade)

Well ID Tag: Pump ID Tag:

Sample Taken? Yes No

Access Port:

Sampling Tap:

Well Head properly sealed:

Vent Stack:

Backflow Preventer: _____

Remarks: _____

Authorized State Agent James E. Markham Date 4-12-23
 See Attachment for completion sketch

SFD 2210-0060

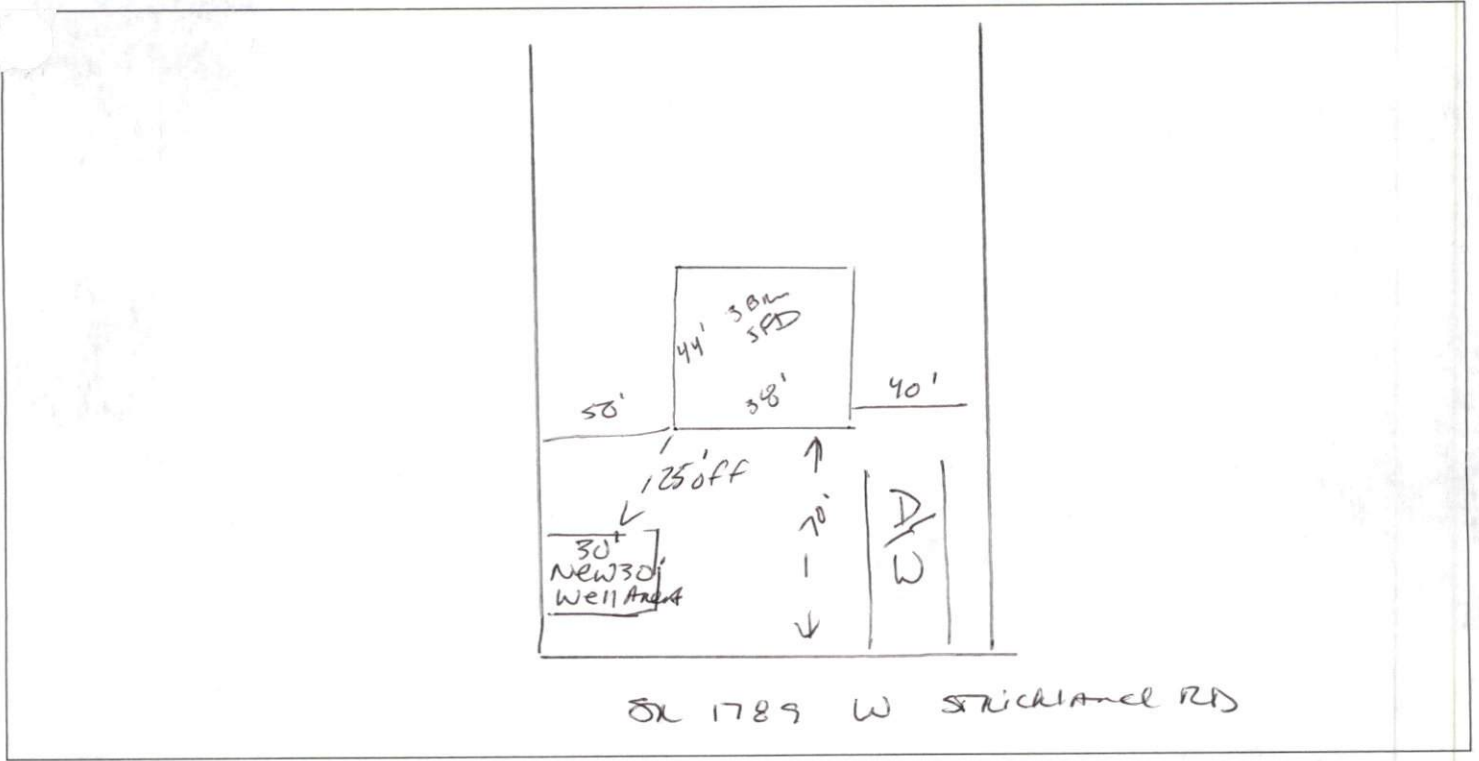
Application #: Applicant Name:

Subdivision: TRA

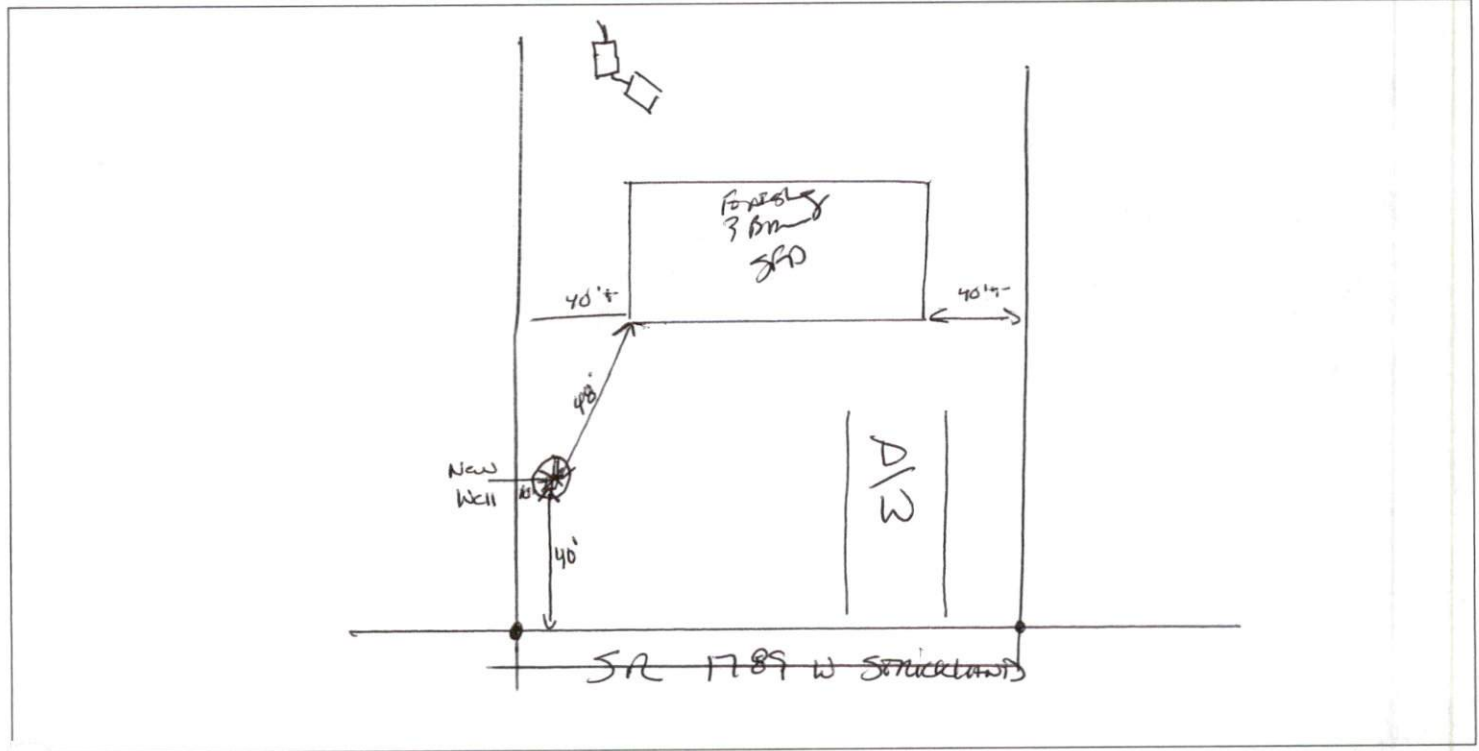
Lot #: 2

NATE MULLERS

Well Construction Sketch



Completion Sketch



1. Well Contractor Information:

Well Contractor Name: Larry Williford Jr
2863 A
 NC Well Contractor Certification Number
 Company Name: Williford's Well Drilling

2. Well Construction Permit #: 2210-00660
 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: 2-28-23 Well ID# _____

5a. Well Location:

Facility/Owner Name: Nate Mullins Facility ID# (if applicable) _____
 Physical Address, City, and Zip: 1050 W Strickland Rd Dunn NC
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)
35.317961 N -78.548018 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: 30 (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) 10 Method of test: pumping
13b. Disinfection type: HTH Amount: 1/4 cup

14. WATER ZONES					
FROM	TO	DESCRIPTION			
20 ft.	25 ft.	tan sand			
15. OUTER CASING (for multi-cased wells) OR LINER (if applicable)					
FROM	TO	DIAMETER	THICKNESS	MATERIAL	
71 ft.	20 ft.	2 in.	sch40	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.	25 ft.	2 in.	.014	sch40	PVC
ft.	ft.	in.			
18. GROUT					
FROM	TO	MATERIAL	EMPLACEMENT METHOD & AMOUNT		
0 ft.	20 ft.	Bentonite	2 bag pour		
ft.	ft.				
ft.	ft.				
19. SAND/GRAVEL PACK (if applicable)					
FROM	TO	MATERIAL	EMPLACEMENT METHOD		
20 ft.	30 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.	8 ft.	Red sandy clay			
8 ft.	20 ft.	orange white clay			
20 ft.	25 ft.	tan sand			
25 ft.	30 ft.	black clay			
ft.	ft.				
ft.	ft.				
21. REMARKS					

22. Certification:

Signature of Certified Well Contractor: Larry Williford Jr Date: 2/28/23

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