

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

PIN #: \_\_\_\_\_ Parcel #: \_\_\_\_\_ Application #: SFD 2211-0051 Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_

Applicant Name: Keith Bullock BIDS  
Address: 782 Ethel W Angier N.C.

Type of Facility Served by Well: SFD  
Sewage System: 25% Reduction  
Permit Conditions: \_\_\_\_\_

- 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. Marshant JR. RBMS Date 12-16-22

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 \_\_\_\_\_

<u>Water Zone (depth)</u>	<u>Casing</u>	<u>Grout</u>
From _____ To _____	From _____ To _____	From <u>0</u> 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: 10' (above finished grade) Access Port: \_\_\_\_\_ Vent Stack: \_\_\_\_\_  
Well ID Tag: \_\_\_\_\_ Pump ID Tag: \_\_\_\_\_ Sampling Tap: \_\_\_\_\_ Backflow Preventer: \_\_\_\_\_  
Sample Taken?  Yes  No Well Head properly sealed:

Remarks: \_\_\_\_\_

Authorized State Agent James E. Marshant JR. RBMS Date 8-24-23

See Attachment for completion sketch

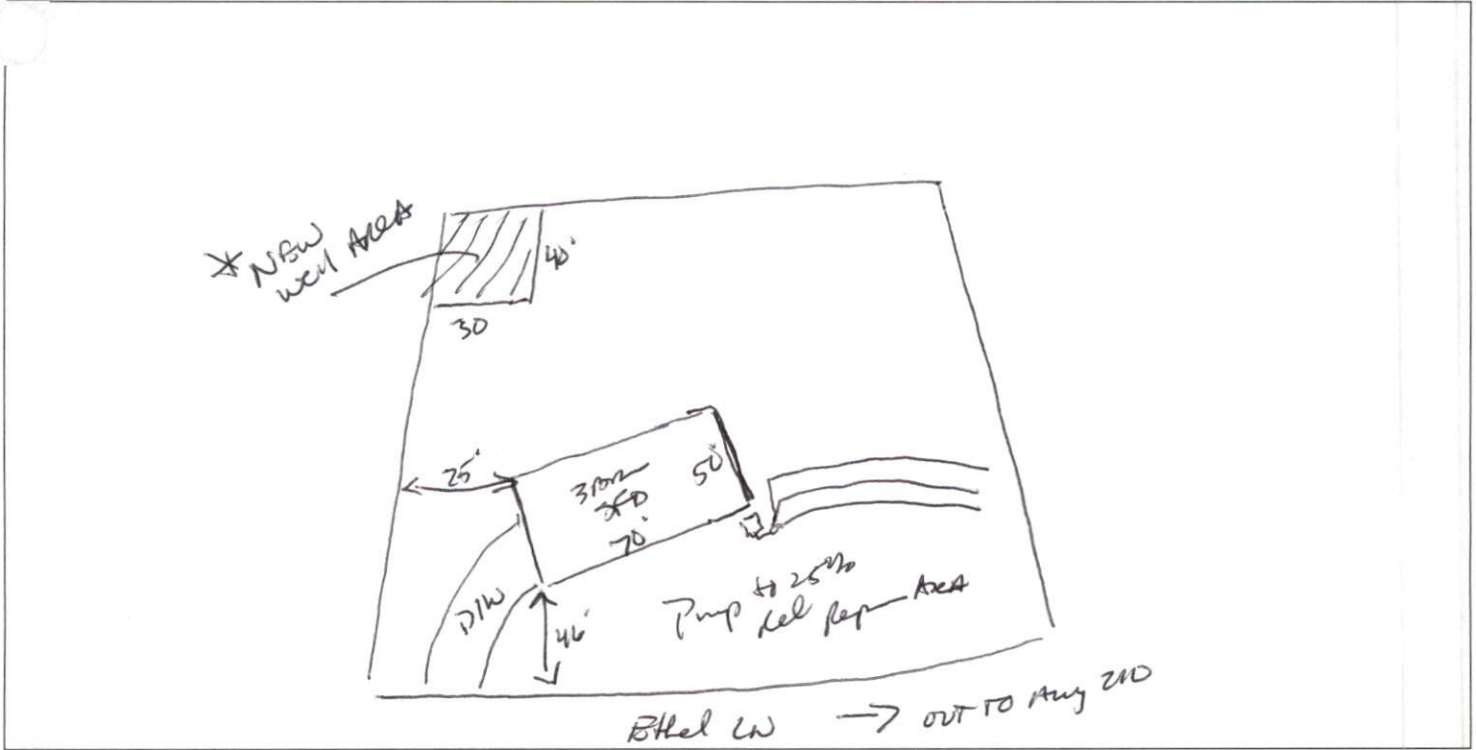
Application #: SFD  
2211-0051

Applicant Name: Keith B. Koch Business

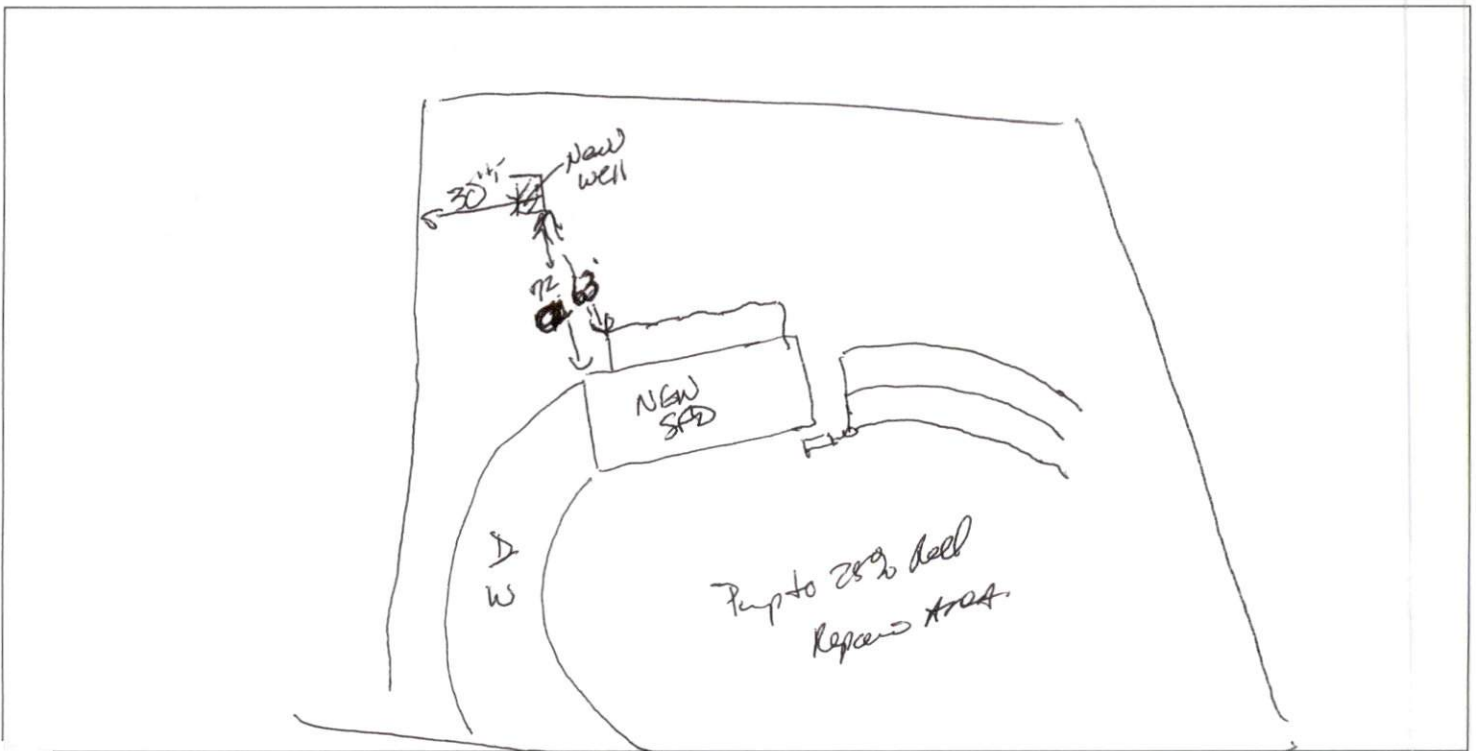
Subdivision: \_\_\_\_\_

Lot #: \_\_\_\_\_

### Well Construction Sketch



### I Completion Sketch



Ethel LN → OUT TO Hwy 210

**WELL CONSTRUCTION RECORD (GW-1)**

**1. Well Contractor Information:**

Mark S. Paradise

Well Contractor Name

4533-A

NC Well Contractor Certification Number

Barefoot's Well Drilling & Pump Service, LLC

Company Name

2. Well Construction Permit #: SFD 2211-0051

List all applicable well construction permits (i.e. UIC, County, State, Variance, etc.)

**3. Well Use (check well use):**

<b>Water Supply Well:</b>	
<input type="checkbox"/> Agricultural	<input type="checkbox"/> Municipal/Public
<input type="checkbox"/> Geothermal (Heating/Cooling Supply)	<input checked="" type="checkbox"/> Residential Water Supply (single)
<input type="checkbox"/> Industrial/Commercial	<input type="checkbox"/> Residential Water Supply (shared)
<input type="checkbox"/> Irrigation	
<b>Non-Water Supply Well:</b>	
<input type="checkbox"/> Monitoring	<input type="checkbox"/> Recovery
<b>Injection Well:</b>	
<input type="checkbox"/> Aquifer Recharge	<input type="checkbox"/> Groundwater Remediation
<input type="checkbox"/> Aquifer Storage and Recovery	<input type="checkbox"/> Salinity Barrier
<input type="checkbox"/> Aquifer Test	<input type="checkbox"/> Stormwater Drainage
<input type="checkbox"/> Experimental Technology	<input type="checkbox"/> Subsidence Control
<input type="checkbox"/> Geothermal (Closed Loop)	<input type="checkbox"/> Tracer
<input type="checkbox"/> Geothermal (Heating/Cooling Return)	<input type="checkbox"/> Other (explain under #21 Remarks)

4. Date Well(s) Completed: 8/10/23 Well ID# \_\_\_\_\_

**5a. Well Location:**

Facility/Owner Name: 782 Ethel Lane Angier, NC Facility ID# (if applicable): \_\_\_\_\_  
 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)

\_\_\_\_\_ N \_\_\_\_\_ 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: 495 (ft.)  
 For multiple wells list all depths if different (example: 3 @ 200' and 2 @ 100')

10. Static water level below top of casing: 60 (ft.)  
 If water level is above casing, use "-"

11. Borehole diameter: 8 (in.)

12. Well construction method: Drilled  
 (i.e. auger, rotary, cable, direct push, etc.)

**FOR WATER SUPPLY WELLS ONLY:**

13a. Yield (gpm): 3 Method of test: AirLift  
 13b. Disinfection type: Chlorinate Amount: 602

For Internal Use Only:

14. WATER ZONES		DESCRIPTION			
FROM	TO				
425 ft.	450 ft.	Quartz/Rock/Granite			
15. OUTER CASING (for multi-cased wells) OR LINER (if applicable)					
FROM	TO	DIAMETER	THICKNESS	MATERIAL	
+2 ft.	105 ft.	6 in.	Sch 40	Galvanized	
16. INNER CASING OR TUBING (geothermal closed-loop)					
FROM	TO	DIAMETER	THICKNESS	MATERIAL	
17. SCREEN					
FROM	TO	DIAMETER	SLOT SIZE	THICKNESS	MATERIAL
18. GROUT					
FROM	TO	MATERIAL	EMPLACEMENT METHOD & AMOUNT		
0 ft.	20 ft.	Bentonite	Pour & Bore		
19. SAND/GRAVEL PACK (if applicable)					
FROM	TO	MATERIAL	EMPLACEMENT METHOD		
20. DRILLING LOG (attach additional sheets if necessary)					
FROM	TO	DESCRIPTION (color, hardness, soil-rock type, grain size, etc.)			
0 ft.	100 ft.	Sand/Clay			
100 ft.	105 ft.	Rock			
105 ft.	425 ft.	Cryst Rock			
425 ft.	450 ft.	Rock/Granite			
450 ft.	495 ft.	Cryst Rock			
21. REMARKS					

22. Certification: Mark Paradise 8/10/23  
 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 Mall 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 Mall 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.