

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

PIN #: _____ Parcel #: _____ Application #: SFD Subdivision: _____ Lot #: 1
2303-0071

Applicant Name: DOVE Homes LLC
Address: Delma Barnes Rd

Type of Facility Served by Well: SFD

Sewage System: 25% TRENCH

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 [Signature] Date 6-26-25

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)

Casing

Grout

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: _____ (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 [Signature] Date 11-19-24

See Attachment for completion sketch

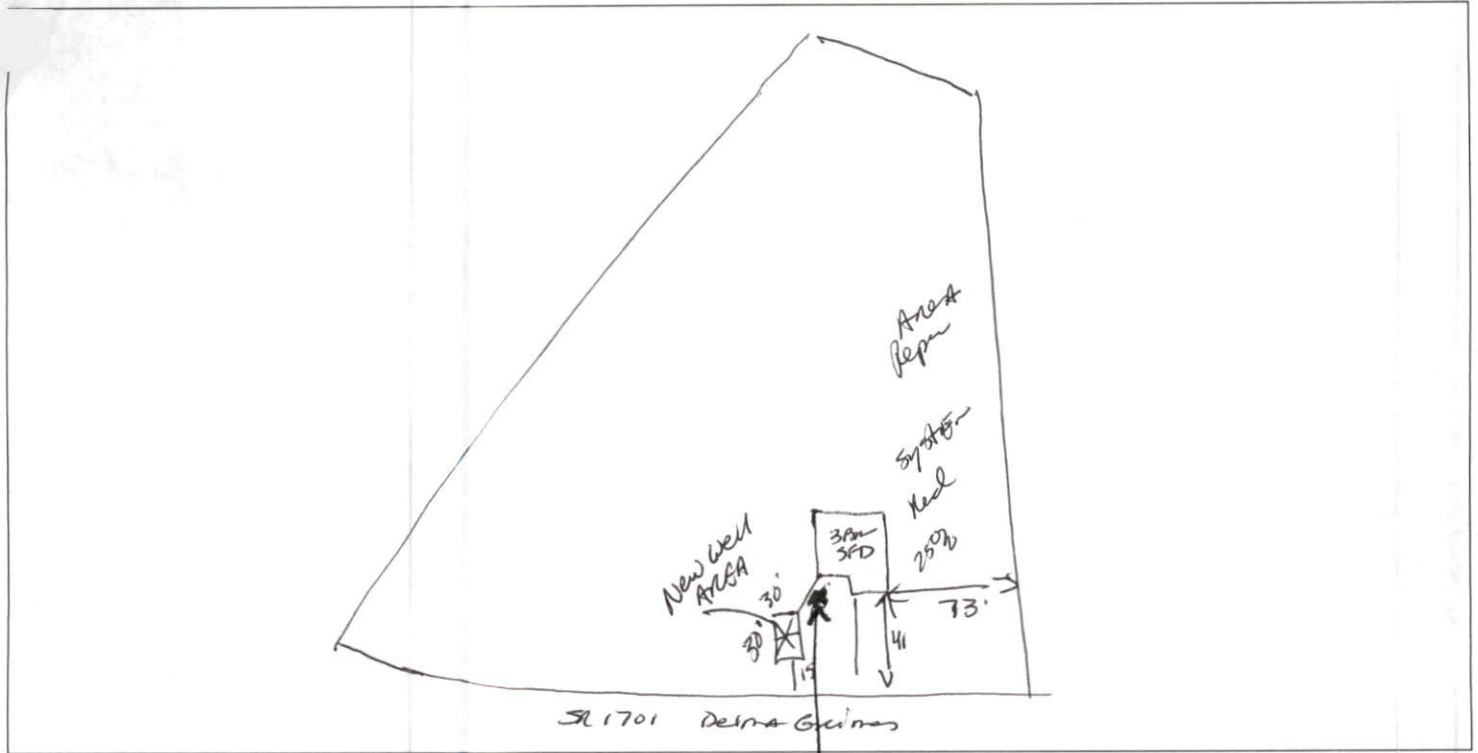
Application #: SFD
2303-0071

Applicant Name:
DOVE Homes LLC

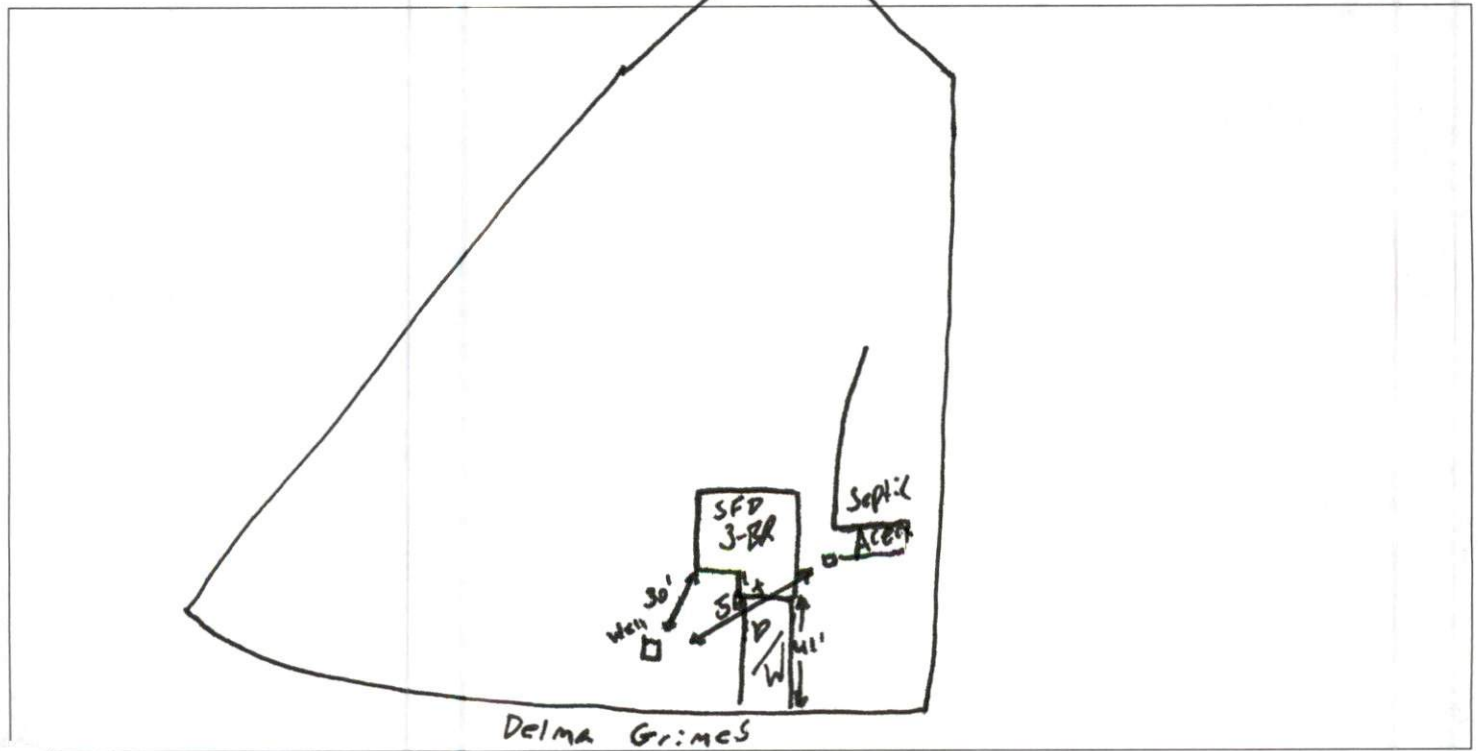
Subdivision: _____

Lot #: 1

Well Construction Sketch



Completion Sketch



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 2303-0071
List all applicable well construction permits (i.e., U.C., County, State, Firearm, 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

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: 8/23/24 Well ID# _____

5a. Well Location:
 Facility/Owner Name: Dave Homes LLC Facility ID# (if applicable): _____
 Physical Address, City, and Zip: Delma Grimes Rd, Coats
Harnett
 County: _____ Parcel Identification No. (PID): _____

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

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 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: 205 (ft.)
For multiple wells list all depths if different (e.g., 100/200' and 200/100')

10. Static water level below top of casing: 40 (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): 15 Method of test: Annulift

13b. Disinfection type: Chlorine Amount: 602

For Internal Use Only:

14. WATER ZONES		
FROM	TO	DESCRIPTION
165 ft.	190 ft.	Small water veins

15. OUTER CASING (for multi-cased wells) OR LINER (if applicable)				
FROM	TO	DIAMETER	THICKNESS	MATERIAL
12 ft.	81 ft.	6 in.	Sch 40	Galvanized

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
ft.	ft.	in.			
ft.	ft.	in.			

18. GROUT			
FROM	TO	MATERIAL	EMPLACEMENT METHOD & AMOUNT
0 ft.	20 ft.	Pentonik	Pour & Bagg
ft.	ft.		
ft.	ft.		

19. SAND/GRAVEL PACK (if applicable)			
FROM	TO	MATERIAL	EMPLACEMENT METHOD
ft.	ft.		
ft.	ft.		

20. DRILLING LOG (attach additional sheets if necessary)			
FROM	TO	DESCRIPTION (color, hardness, soil/rock type, grain size, etc.)	
0 ft.	50 ft.	Sand Mix	
50 ft.	70 ft.	Clay	
70 ft.	81 ft.	Rock - Hard Slate	
81 ft.	165 ft.	Rock	
165 ft.	190 ft.	Rock/Quartz/Water	
190 ft.	205 ft.	Rock	

21. REMARKS

22. Certification:
Mark S Paradise 8/23/24
 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 Mail 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 Mail 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.