

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

SFD 2305-0121

Parcel #: \_\_\_\_\_ Application #: SFD 2305-0121 Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_

Applicant Name: Jennifer Miceli  
Address: 174 Old Hamilton RD DUNN N.C. 28334

Type of Facility Served by Well: SFD

Sewage System: Low Profile Chamber

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. Marhan <sup>JEM</sup> <sup>28113</sup> Date 6-27-23

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: 18 (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:

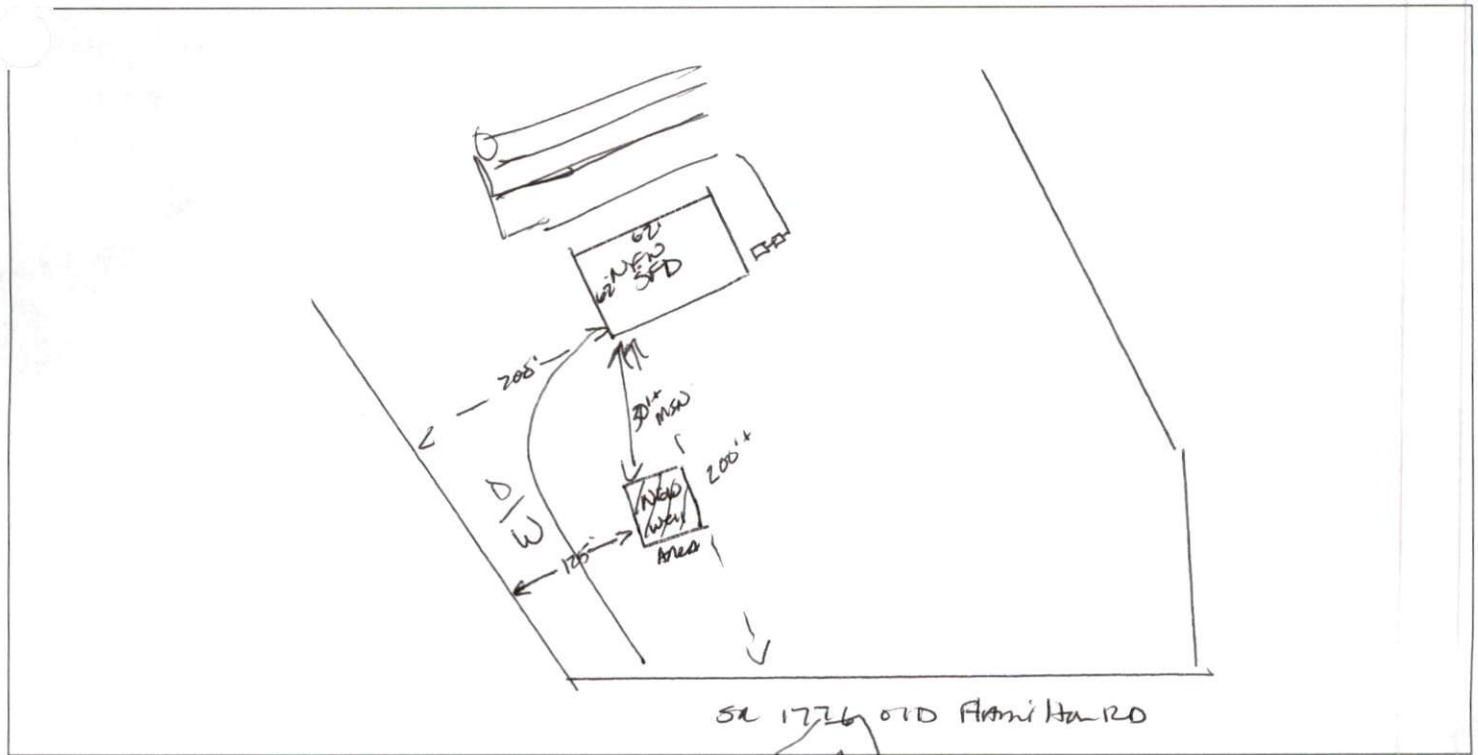
Remarks: \_\_\_\_\_

Authorized State Agent James E. Marhan <sup>JEM</sup> <sup>28113</sup> Date 10-27-23

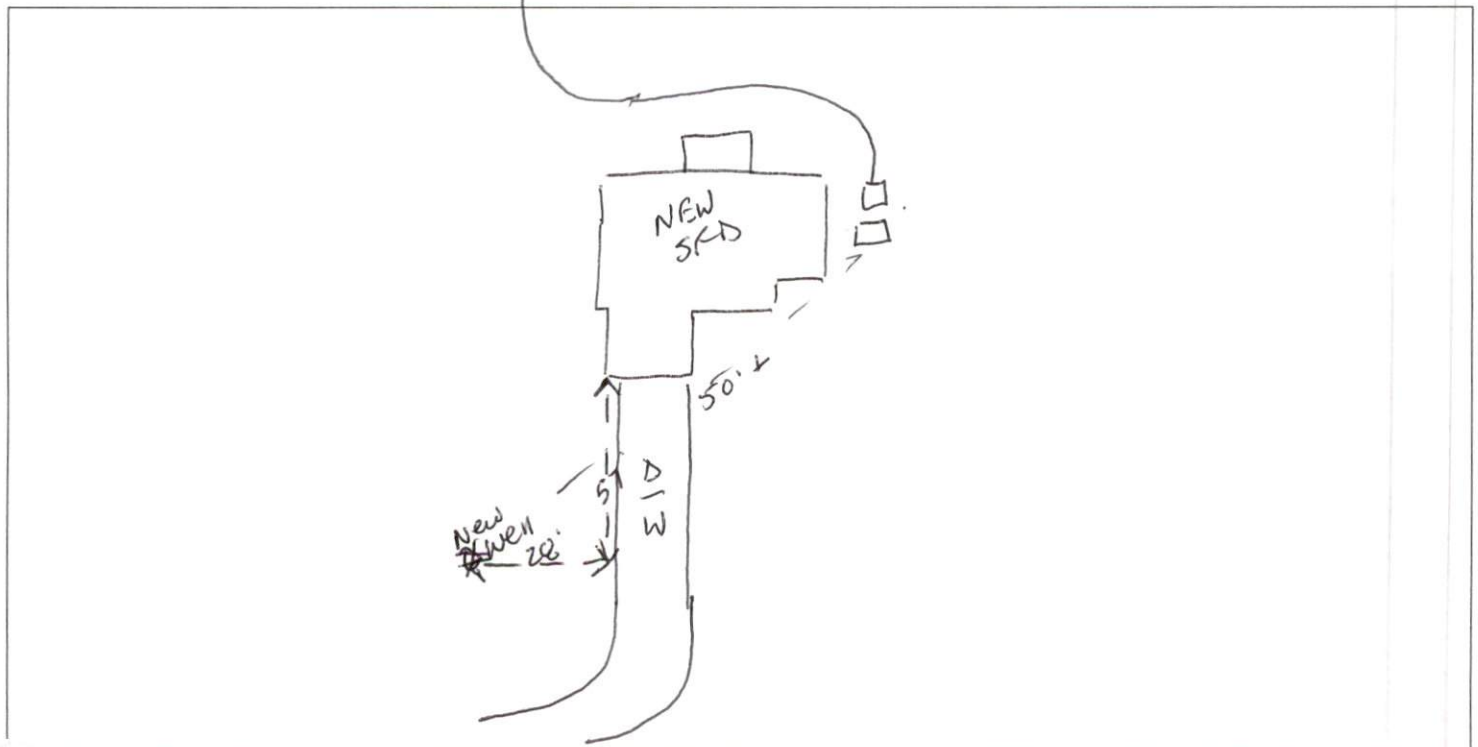
See Attachment for completion sketch

Application #: SFD 2305-024 Applicant Name: Jennifer Nicali Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_

**Well Construction Sketch**



**Completion Sketch**



174 Old Hamilton



# WELL CONSTRUCTION RECORD (GW-1)

Form GW-1 Well Construction Electronic Form  
North Carolina Department of Environmental Quality  
Division of Water Resources  
November 18, 2021

Submission ID#

GW1-2023-06198

Are you submitting a scanned form? \*  
 Yes  
 No

## CONTACT INFORMATION

Contact Name \* Jonathan Kamionka  
Email Address \* 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:

Certificate #	Cert Level	First Name	Last Name	Company Name
3465	A	JONATHAN	KAMIONKA	BILLS WELL DRILLING CO, INC.

### 2. Well Construction Permit #:

2305-0121

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  
 Water Supply Well (includes irrigation wells)  
 Non-Water Supply Well

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

10/12/2023

20

(gallons per minute)\*

**5. Well Location**

**Facility/Owner Name \***

Larry Williford Well Drilling  
(Required)

**Facility ID#**

(If applicable)

**County \***

Harnett

**Parcel Identification No. (PIN)**

**Physical Address \***

**Street Address**

174 Old Hamilton Road

**Address Line 2**

**City**

Dunn

**Postal / Zip Code**

28334

**State / Province / Region**

NC

**Country**

US

**Latitude \*** 35.3076284000  
Decimal degrees

**Longitude \*** -78.6505007000  
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:** 1

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

220

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.)**

81

If water level is above casing, use "+"

**11. Borehole diameter:**

5.75

in inches

**12. Well construction method:**

Auger

Direct Push

Other

Air Rotary

Mud Rotary

Cable Tool

Rotosonic

**13. FOR WATER SUPPLY WELLS ONLY:**

**13a. Yield (gpm)**

20

If applicable

**13a. Method of test:**

blow

**13b. Disinfection type: \***

HTH

**13b. Amount: \***

1 cup

**14. WATER BEARING/FRACTURE ZONES**

<b>From</b>	<b>To</b>	<b>Description</b>
140 in feet	160 in feet	
200 in feet	220 in feet	

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

<b>From</b>	<b>To</b>	<b>Diameter</b>	<b>Thickness</b>	<b>Material</b>
1.00 in feet	138.00 in feet	6.25 in inches	SDR21	PVC

**17. SCREEN**

<b>From</b>	<b>To</b>	<b>Diameter</b>	<b>Thickness</b>	<b>Material</b>
in feet	in feet	in inches		

**18. GROUT**

<b>From</b>	<b>To</b>	<b>Material</b>	<b>Emplacement Method &amp; Amount</b>
0.00 in feet	30.00 in feet	bentonite	pumped

**19. SAND/GRAVEL PACK (if applicable)**

<b>From</b>	<b>To</b>	<b>Material</b>	<b>Emplacement Method</b>
in feet	in feet		

**20. DRILLING LOG**

<b>From</b>	<b>To</b>	<b>Description (color, hardness, soil/rock type, grain size, etc.)</b>
0.00 in feet	8.00 in feet	Orange Sandy Clay
8.00 in feet	22.00 in feet	Orange Clay & Gravel
22.00 in feet	130.00 in feet	Mixed clay
130.00 in feet	150.00 in feet	Green Rock
150.00 in feet	220.00 in feet	Light Gray Rock

**21. Remarks**

**22. Site diagram or additional well details:**

You may upload additional well construction information here.

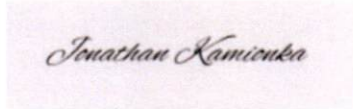
pdf only

**CERTIFICATION INFORMATION**

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- \*  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**

A rectangular box containing a handwritten signature in cursive script that reads "Jonathan Kamienka".

Signature of Certified Well Contractor