

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

SFD 2309-0015

PIN #: \_\_\_\_\_ Parcel #: \_\_\_\_\_ Application #: \_\_\_\_\_ Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_

Applicant Name: Michael Kestack  
Address: 379 Sussan RD

Type of Facility Served by Well: SFD

Sewage System: 2500 RSD

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. Manhart Date 10-3-23

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 #: SFD 2309-0015 Well Contractor: \_\_\_\_\_

Applicant Name: Michael Kestack  
Address: 379 Sussan RD  
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 0 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. Manhart Date 2-5-24

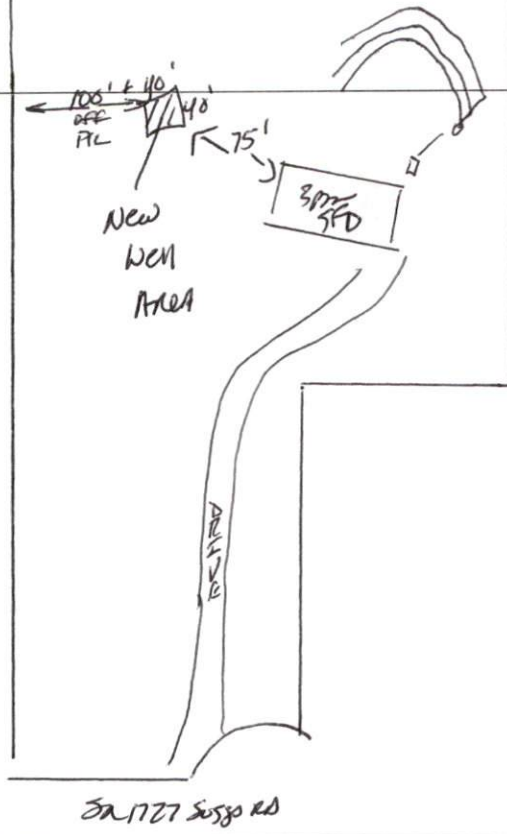
See Attachment for completion sketch

FD 2305-0015  
Application #:

Applicant Name:  
Michael Kesick

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

Well Construction Sketch



Completion Sketch



# WELL CONSTRUCTION RECORD (GW-1)



Form GW-1 Well Construction Electronic Form  
North Carolina Department of Environmental Quality  
Division of Water Resources  
October 24, 2023

Submission ID#

GW1-2023-06791

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 #:

2309-0015

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)  
 Industrial/Commercial  
 Municipal/Public/Community  
 Residential Water Supply (shared)

3.1 Is this well > 100,000 GPD? \*

- Yes  No

4. Date well was completed and ID#

Date Well Completed *	Well ID#	Well Yield
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10/18/2023

16  
(gallons per minute)\*

**5. Well Location**

**Facility/Owner Name \***

Michael Kesick  
(Required)

**Facility ID#**

(If applicable)

**County \***

Harnett

**Parcel Identification No. (PIN)**

**Physical Address \***

**Street Address**

379 Suggs Road

**Address Line 2**

**City**

Dunn

**Postal / Zip Code**

28334

**State / Province / Region**

NC

**Country**

US

**Latitude \*** 35.3392866000  
Decimal degrees

**Longitude \*** -78.6551478000  
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.)**

260

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?**

152

in feet

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

85

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

Rotasonic

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

**13a. Yield (gpm)**

16

If applicable

**13a. Method of test:**

blow

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

HTH

**13b. Amount: \***

1 cup



**14. WATER BEARING/FRACTURE ZONES**

From	To	Description
180 <small>in feet</small>	200 <small>in feet</small>	

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

From	To	Diameter	Thickness	Material
1.00 <small>in feet</small>	152.00 <small>in feet</small>	6.25 <small>in inches</small>	SDR21	PVC

**17. SCREEN**

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

**18. GROUT**

From	To	Material	Emplacement Method & Amount
0.00 <small>in feet</small>	35.00 <small>in feet</small>	bentonite	pumped

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

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

**20. DRILLING LOG**

From	To	Description (color, hardness, soil/rock type, grain size, etc.)
0.00 <small>in feet</small>	30.00 <small>in feet</small>	Red Clay
30.00 <small>in feet</small>	40.00 <small>in feet</small>	Tan Sand
40.00 <small>in feet</small>	140.00 <small>in feet</small>	Mixed clay
140.00 <small>in feet</small>	160.00 <small>in feet</small>	Green Rock
160.00 <small>in feet</small>	260.00 <small>in feet</small>	Hard Gray Rock

**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

*Jonathan Kamienka*

Signature of Certified Well Contractor