

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

PIN #: Parcel #: Application #: Subdivision: \_\_\_\_\_ Lot #:  
SFD 2309-00 89

Applicant Name: Robert Pope  
Address: 1317 Old Hamilton Rd

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 S. Marshall REITS Date 10-20-23 Expiration Date 10-20-28  
\* 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

to: Application #: SFD 2309-00 89 Well Contractor: \_\_\_\_\_

Applicant Name: Robert Pope  
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: \_\_\_\_\_ (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] REITS Date 5-31-24

See Attachment for completion sketch

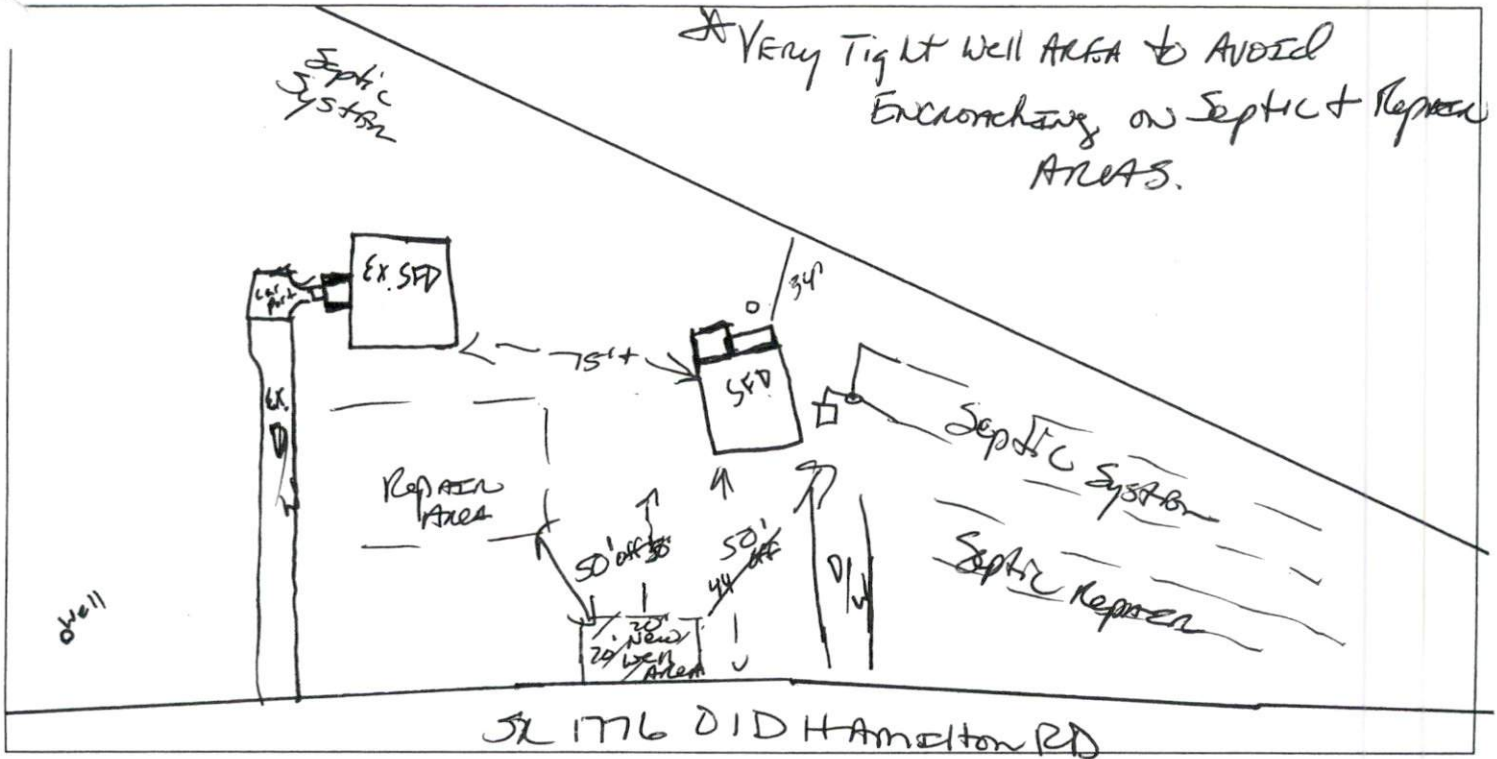
Application #: SFD 23d-0089

Applicant Name: Robert Pope

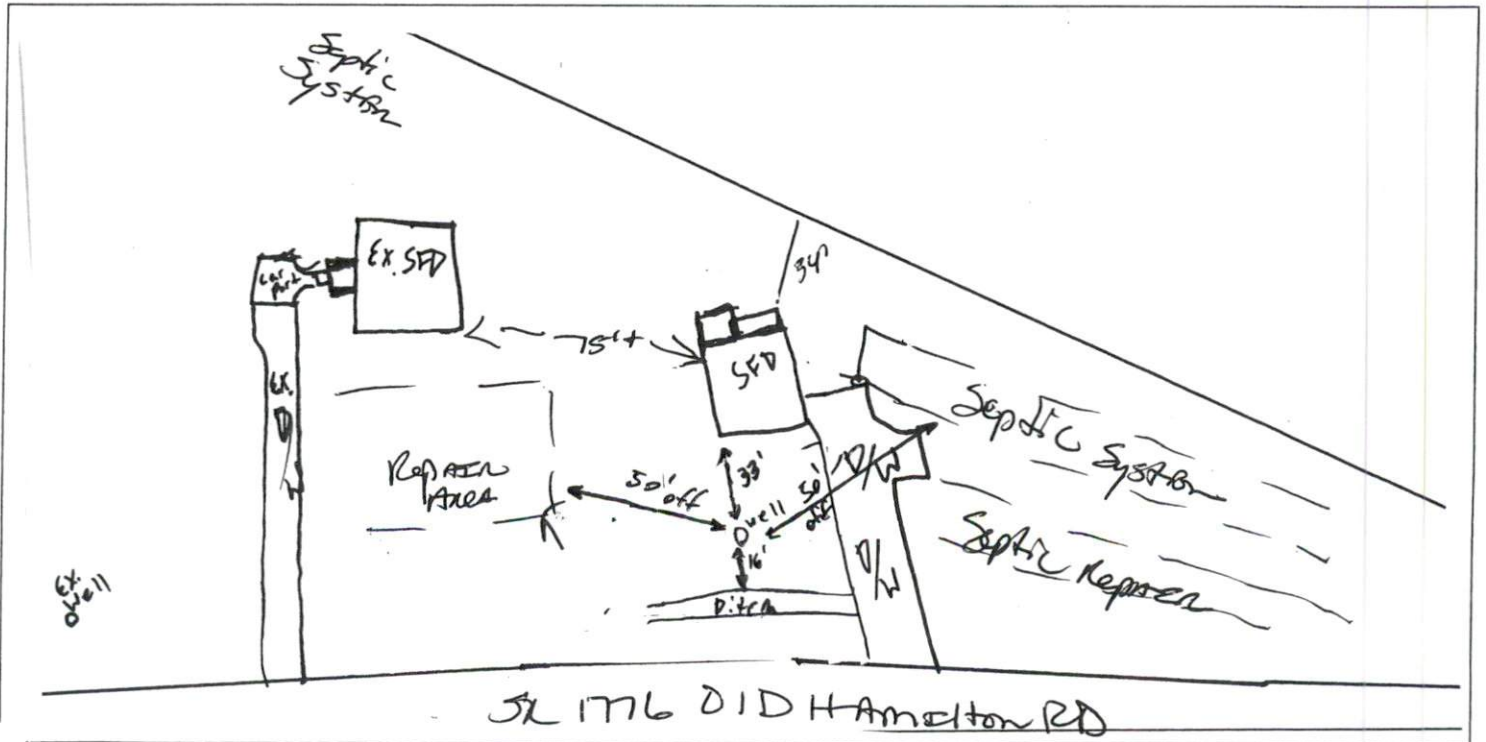
Subdivision: \_\_\_\_\_

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

### Well Construction Sketch



### Well Completion Sketch



# WELL CONSTRUCTION RECORD (GW-1)

## 1. Well Contractor Information:

Well Contractor Name: Larry Williford JR

Well Contractor Certification Number: 2863-A

Company Name: Williford's Well Drilling

2. Well Construction Permit #: SFD 2309-0089  
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: 5-8-2024 Well ID# \_\_\_\_\_

5a. Well Location:

Facility/Owner Name: Robert Pope Builders Facility ID# (if applicable) \_\_\_\_\_

Physical Address, City, and Zip: 1317 Old Hamilton Rd  
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)

35.296439 N 78.656929 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: 38 (ft.)  
For multiple wells list all depths if different (example- 3@200' and 2@100')

10. Static water level below top of casing: 15 (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) 7 Method of test: pumping

13b. Disinfection type: HTH Amount: 44 cup

For Internal Use Only:

14. WATER ZONES		
FROM	TO	DESCRIPTION
27 ft.	38 ft.	tan sand & gravel
ft.	ft.	

15. OUTER CASING (for multi-cased wells) OR LINER (if applicable)				
FROM	TO	DIAMETER	THICKNESS	MATERIAL
ft.	27 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
27 ft.	38 ft.	2 in.	10/32	SCH40	PVC
ft.	ft.	in.			

18. GROUT			
FROM	TO	MATERIAL	EMPLACEMENT METHOD & AMOUNT
0 ft.	20 ft.	Bentonite	pour 4-50lb bags of Bentonite
ft.	ft.		
ft.	ft.		

19. SAND/GRAVEL PACK (if applicable)			
FROM	TO	MATERIAL	EMPLACEMENT METHOD
20 ft.	38 ft.	#2 sand	pour/gravity
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.	5 ft.	reddish clay
5 ft.	18 ft.	orange-white clay
18 ft.	27 ft.	tan sand
27 ft.	38 ft.	tan sand & gravel
ft.	ft.	
ft.	ft.	

21. REMARKS

22. Certification:

Signature of Certified Well Contractor: Larry Williford JR Date: 5-8-2024

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