

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

PIN #: 0555-61-8521

Parcel #:

Application #: SFD2403-0003

Subdivision:

Lot #:

Applicant Name: Jacob Dalton

Address: 2167 Josey Williams Rd (SR 2027)

Type of Facility Served by Well: 77'x93' SFD

Sewage System: 25% reduction

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

Date 03-27-24

Expiration Date

03-27-29

\* 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**

Date:

Application #: SFD2403-0003

Well Contractor: \_\_\_\_\_

Applicant Name: Jacob Dalton

Address: 2167 Josey Williams Rd (SR 2027)

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)**

From \_\_\_\_\_ To \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

**Casing**

From \_\_\_\_\_ To \_\_\_\_\_

Diameter: \_\_\_\_\_ Material: \_\_\_\_\_ Thickness: \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

Diameter: \_\_\_\_\_ Material: \_\_\_\_\_ Thickness: \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

Diameter: \_\_\_\_\_ Material: \_\_\_\_\_ Thickness: \_\_\_\_\_

**Grout**

From \_\_\_\_\_ To \_\_\_\_\_

Material: \_\_\_\_\_ Method: \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

Material: \_\_\_\_\_ Method: \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

Material: \_\_\_\_\_ Method: \_\_\_\_\_

Inspector: \_\_\_\_\_

On Hold Date: \_\_\_\_\_

Release Date: \_\_\_\_\_

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

**Well Head Information**

Casing Height: 14 (above finished grade)

Well ID Tag: \_\_\_\_\_

Pump ID Tag: \_\_\_\_\_

Access Port: ☒

Vent Stack: ☒

Sampling Tap: ☒

Backflow Preventer: NA

Sample Taken? ☐ Yes ☒ No

Well Head properly sealed: ☒

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

Authorized State Agent

Date

6-24-25

See Attachment for completion sketch

Application #:

SFD2403-0003

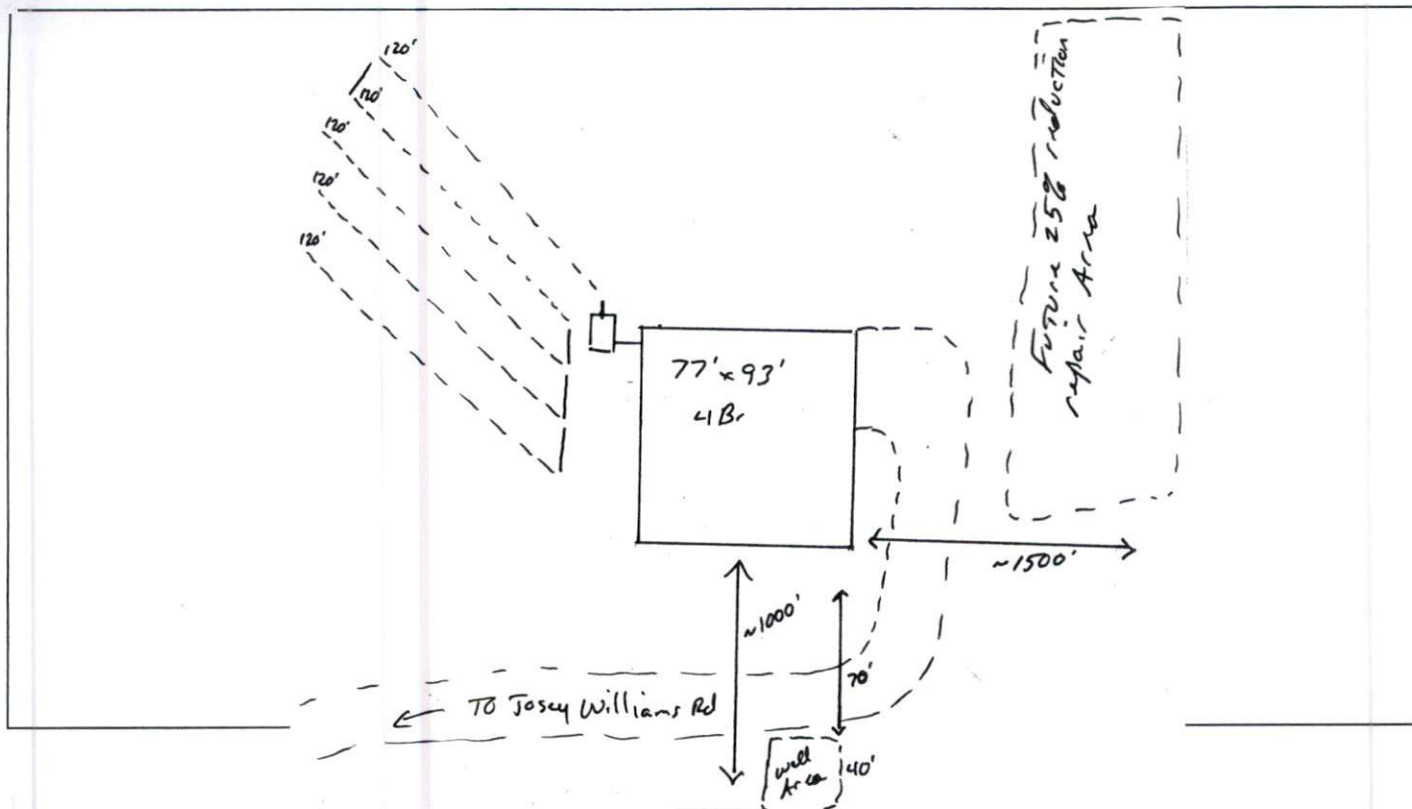
Applicant Name:

Jacob Dalton

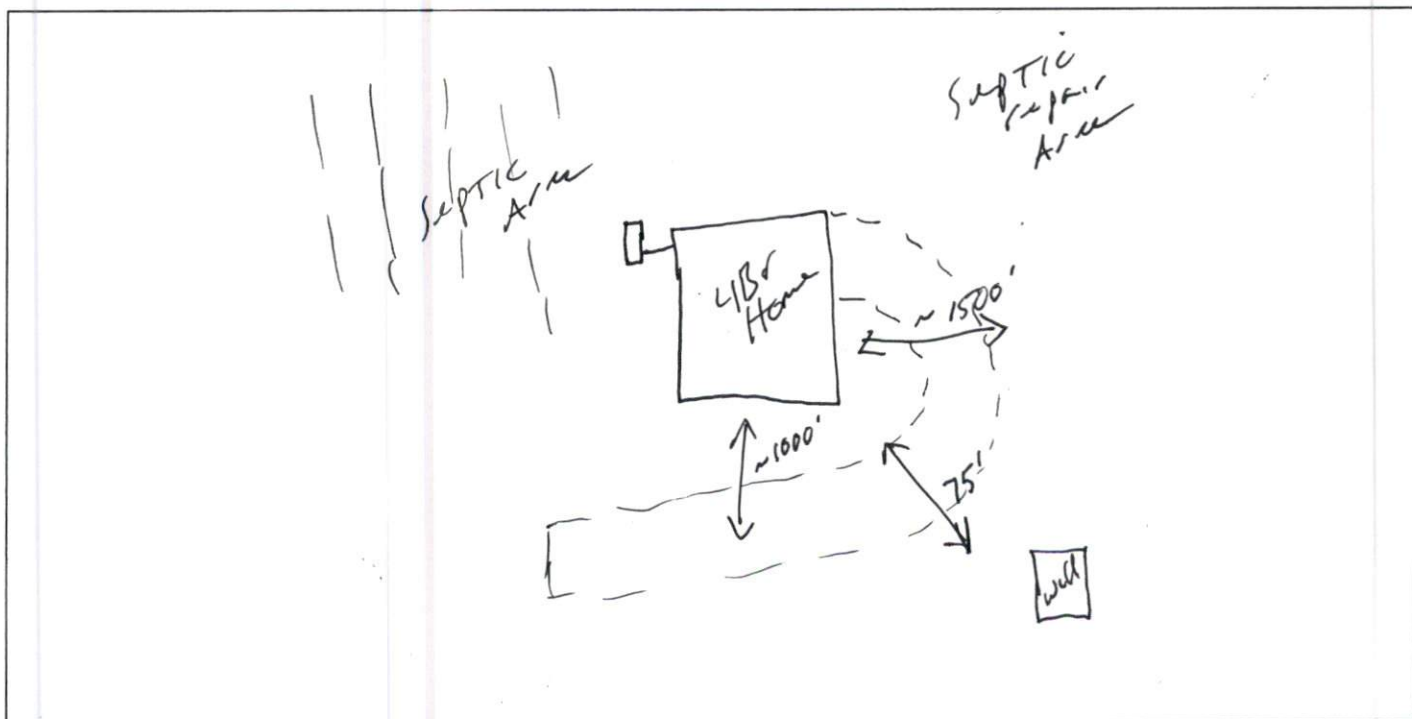
Subdivision:

Lot #:

### Well Construction Sketch



### Well Completion Sketch





# WELL CONSTRUCTION RECORD

This form can be used for single or multiple wells

## 1. Well Contractor Information:

Jonathan Kamionka

Well Contractor Name

3465

NC Well Contractor Certification Number

Bill's Well Drilling Co.

Company Name

2. Well Construction Permit #: 2403-0003

List all applicable well permits (i.e. County, State, Variance, Injection, 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: 6-27-24

Well ID#

## 5a. Well Location:

Jacob Dalton

Facility/Owner Name

Facility ID# (if applicable)

2167 Josey Williams Rd, Erwin, NC 28339

Physical Address, City, and Zip

Harnett

055-61-8521

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. Number of wells constructed: 1

For multiple injection or non-water supply wells ONLY with the same construction, you can submit one form.

9. Total well depth below land surface: 300 (ft.)  
For multiple wells list all depths if different (example - 3@200' and 2@100')

10. Static water level below top of casing: 50 (ft.)  
If water level is above casing, use "+"

11. Borehole diameter: 5.75 (in.)

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

## FOR WATER SUPPLY WELLS ONLY:

13a. Yield (gpm) 20 Method of test: blow

13b. Disinfection type: HTH Amount: 1 cup

For Internal Use ONLY:

## 14. WATER ZONES

FROM	TO	DESCRIPTION
160 ft.	180 ft.	
240 ft.	260 ft.	

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

FROM	TO	DIAMETER	THICKNESS	MATERIAL
ft.	ft.	in.		

## 16. INNER CASING OR TUBING (geothermal closed-loop)

FROM	TO	DIAMETER	THICKNESS	MATERIAL
+1 ft.	134 ft.	6-1/8 in.	SDR21	PVC
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.	25 ft.	bentonite	pumped
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.	5 ft.	clay
5 ft.	20 ft.	coarse sand
20 ft.	24 ft.	Red clay
24 ft.	49 ft.	Gray clay
49 ft.	69 ft.	Red & White soft clay
69 ft.	80 ft.	Soft Red Clay
80 ft.	110 ft.	Red & Gray clay

## 21. REMARKS

110-125 Soft gray rock

125-300 Gray & Black rock

## 22. Certification:

  
Signature of Certified Well Contractor

6-27-24

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 ONLY: In addition to sending the form to the address in 24a above, also submit a 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:

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.