

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

PIN #: 0509-41-4760

Parcel #:

Application #: SFD2403-0009

Subdivision:

Lot #:

Applicant Name: Thomas Hollowell
Address: 8382 McDougald Rd (SR 1229)

Type of Facility Served by Well: 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

[Signature]

Date 04-22-24

Expiration Date 04-22-29

* 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 #: SFD2403-0009

Well Contractor: _____

Applicant Name: Thomas Hollowell

Address: 8382 McDougald Rd (SR 1229)

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: ✓

Sample Taken? ☐ Yes ☒ No

Access Port: ✓

Sampling Tap: ✓

Well Head properly sealed: ✓

Vent Stack: ✓

Backflow Preventer: ✓

marks: _____

Authorized State Agent

[Signature]

Date

5-8-25

See Attachment for completion sketch

Application #:

SFD2403-0009

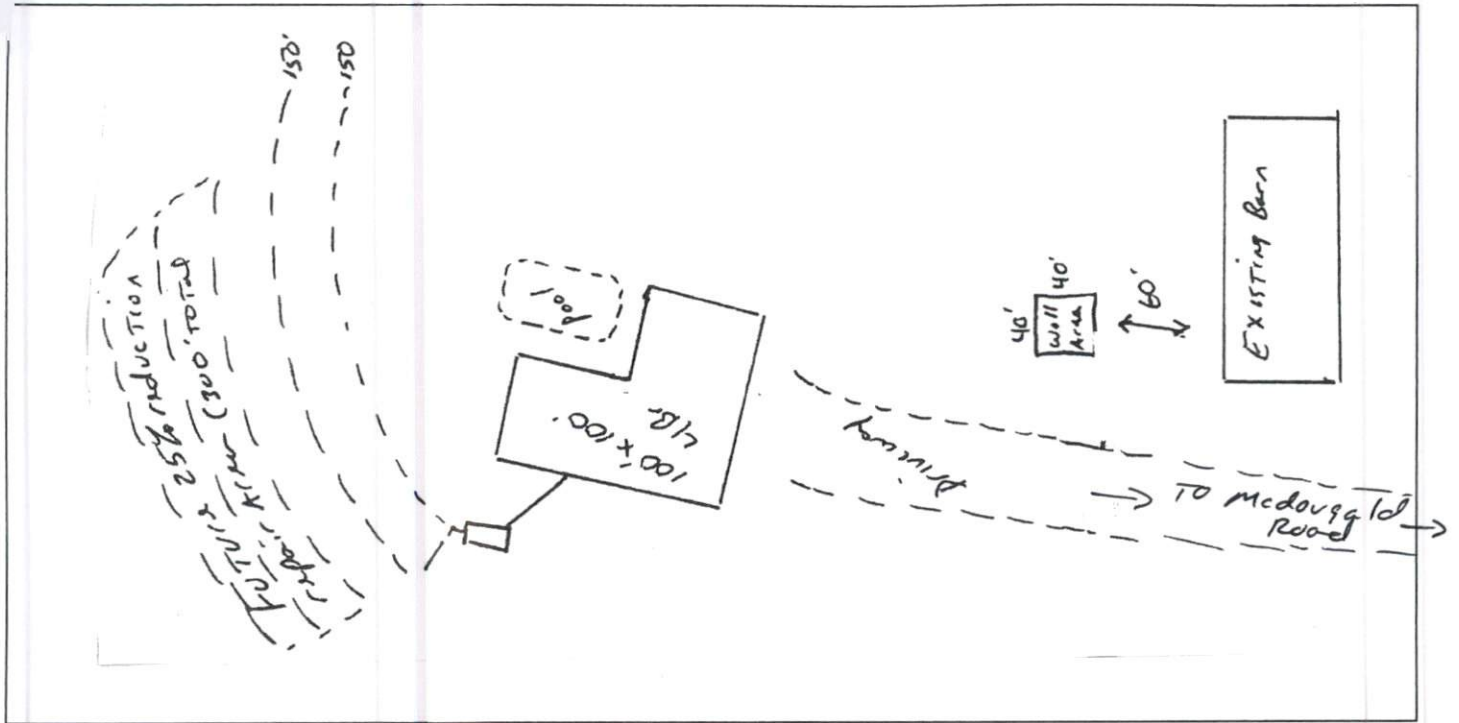
Applicant Name:

Thomas Holloway

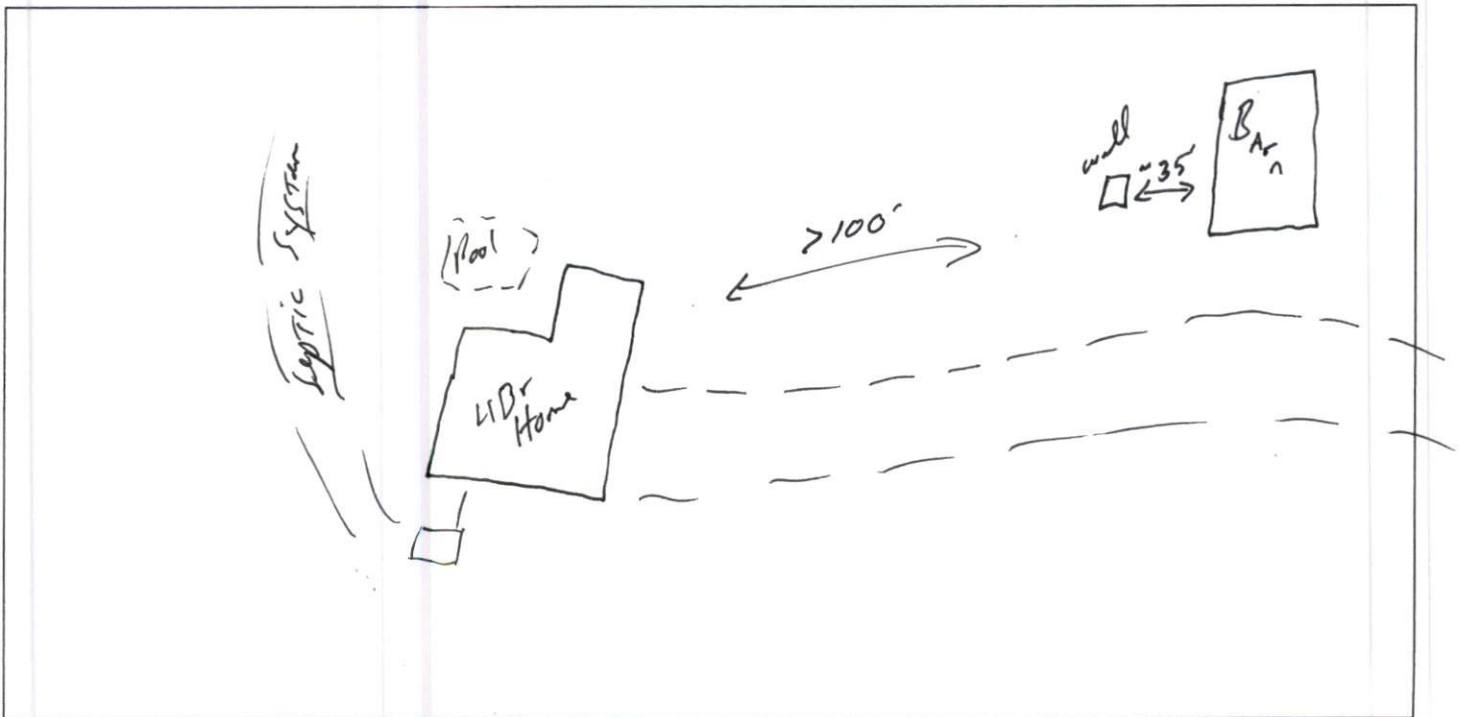
Subdivision:

Lot #:

Well Construction Sketch



Well Completion Sketch



WELL CONSTRUCTION RECORD (GW-1)



NORTH CAROLINA
Environmental Quality

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

Submission ID#

GW1-2025-02451

Are you submitting a scanned form? *

- ☐ Yes
☒ No
(Preferred)

CONTACT INFORMATION

Contact Name *

Felton Jacobs

Email Address *

felton@upfrontwells.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
2765	A	FELTON	JACOBS	Upfront Well Company

2. Well Construction Permit #:

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

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

11/15/2024

3

(gallons per minute)"

5. Well Location

Facility/Owner Name *

Scott Hollowell
(Required)

Facility ID#

(If applicable)

County *

Lee

Parcel Identification No. (PIN)

Physical Address *

Street Address

8374 McDougald Road

Address Line 2

City

State / Province / Region

Broadway

NC

Postal / Zip Code

Country

27505-9224

US

Latitude * 35.3752519000
Decimal degrees

Longitude * -78.9823757000
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.)

605

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?

68

in feet

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

20

If water level is above casing, use "+"

11. Borehole diameter:

6

in inches

12. Well construction method:

☐ Auger

☒ Air Rotary

☐ Cable Tool

☐ Direct Push

☐ Mud Rotary

☐ Rotosonic

☐ Other

13. FOR WATER SUPPLY WELLS ONLY:

13a. Yield (gpm)

3

If applicable

13a. Method of test:

Blow

13b. Disinfection type: *

HTH

13b. Amount: *

1 lb.

14. WATER BEARING/FRACTURE ZONES

From	To	Description
520	525	1 GPM
in feet	in feet	

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

From	To	Diameter	Thickness	Material
1.00	66.00	6.00	.188	Galvanized
in feet	in feet	in inches		

17. SCREEN

From	To	Diameter	Thickness	Material
in feet	in feet	in inches		

18. GROUT

From	To	Material	Emplacement Method & Amount
0.00	20.00	Hole Plug	Poured
in feet	in feet		

19. SAND/GRAVEL PACK (if applicable)

From	To	Material	Emplacement Method
in feet	in feet		

20. DRILLING LOG

From	To	Description (color, hardness, soil/rock type, grain size, etc.)
0.00	3.00	Top Soil
in feet	in feet	
3.00	20.00	Clay
in feet	in feet	
20.00	605.00	Granite
in feet	in feet	

21. Remarks

Used Steel Hardened Drive Shoe

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

FELTON JACOBS

Signature of Certified Well Contractor