

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

PIN #: 0535-16-6678

Parcel #:

Application #: SFD2404-0058

Subdivision:

Lot #:

Applicant Name: Alexa Torress

Address: 421 Wayside Ln (SR 2046)

Type of Facility Served by Well: 2 Br Home

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]* **REHS**

Date 6-5-24

Expiration Date 6-5-29

**\* 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 #: SFD2404-0058

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

Applicant Name: Alexa Torress

Address: 421 Wayside Ln (SR 2046)

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: 16 (above finished grade)

Access Port: ☒

Vent Stack: ☒

Well ID Tag: ☒

Pump ID Tag: ☒

Sampling Tap: ☒

Backflow Preventer: NA

Sample Taken? ☐ Yes ☒ No

Well Head properly sealed: ☒

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

Authorized State Agent

*[Signature]* **REHS**

Date

6-24-25

See Attachment for completion sketch

Application #:

SFD2404-0058

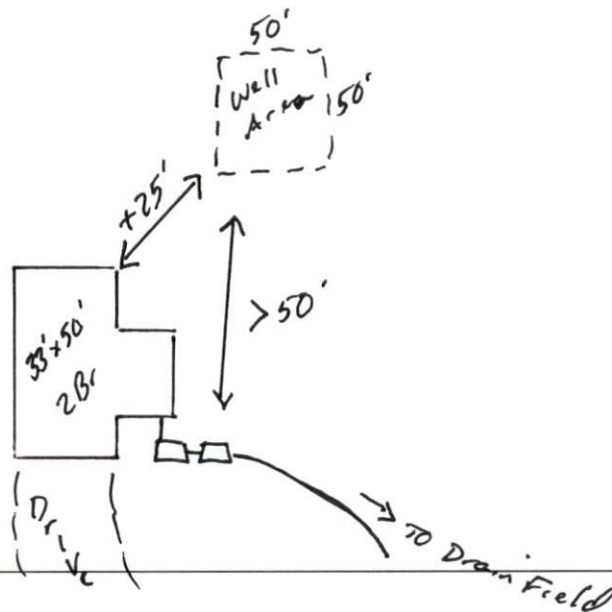
Applicant Name:

Alexa Torress

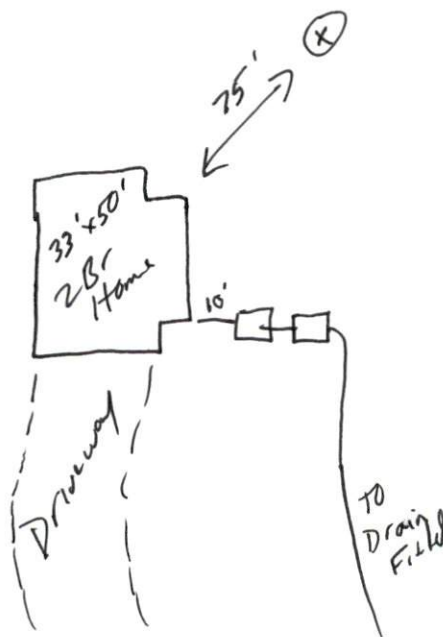
Subdivision:

Lot #:

### Well Construction Sketch



### Well Completion Sketch





# WELL CONSTRUCTION RECORD (GW-1)

## 1. Well Contractor Information:

Mark Paradise

Well Contractor Name

4533-A

NC Well Contractor Certification Number

Barefoot's Well Drilling

Company Name

## 2. Well Construction Permit #:

SFD 2404-0058

## 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: 5/5/25 Well ID#

### 5a. Well Location:

Facility/Owner Name

Facility ID# (if applicable)

421 Wayside Lane, Bunker, NC

Physical Address, City, and Zip

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)

35.279549 N -78.894422 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: 145 (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: 8 (in.)

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

### FOR WATER SUPPLY WELLS ONLY:

13a. Yield (gpm): 5 Method of test: Air/LIFT

13b. Disinfection type: Chlorinate Amount: 6.02

For Internal Use Only:

### 14. WATER ZONES

FROM	TO	DESCRIPTION
130 ft.	145 ft.	Quartz, Rock, Granite

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

FROM	TO	DIAMETER	THICKNESS	MATERIAL
12 ft.	56 ft.	6 in.	Sch 40	Galv.

### 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
ft.	ft.	in.			
ft.	ft.	in.			

### 18. GROUT

FROM	TO	MATERIAL	EMPLACEMENT METHOD & AMOUNT
0 ft.	20 ft.	Bedrock	Pow 8 Bags
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.	50 ft.	Sand/Clay
50 ft.	56 ft.	Rock/Granite
56 ft.	100 ft.	Rock
100 ft.	130 ft.	Gray Rock
130 ft.	145 ft.	Quartz, Rock, Granite
ft.	ft.	
ft.	ft.	

### 21. REMARKS

### 22. Certification:

Mark Paradise

Signature of Certified Well Contractor

5/5/25

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: In addition to sending the form to the address in 24a above, also submit one 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: In addition to sending the form to the address(es) above, 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.