

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

PIN #: Parcel #: 0598-65-3052.00 Application #: SFD 2406-0110 Subdivision: _____ Lot #: _____

Applicant Name: South Eastern Construction
Address: 164 Blue Berry LN, Dunn

Type of Facility Served by Well: SFD

Sewage System: Septic

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 (including location of structures and appurtenance) or modification in use of the well, must subject this Permit to revocation

Authorized State Agent [Signature] A.E.H.S. Date 8-13-24 Expiration Date 8-13-29

* 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 #: _____ Well Contractor: _____

Applicant Name: _____
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 _____

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: 7 (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] A.E.H.S. Date 6-2-25

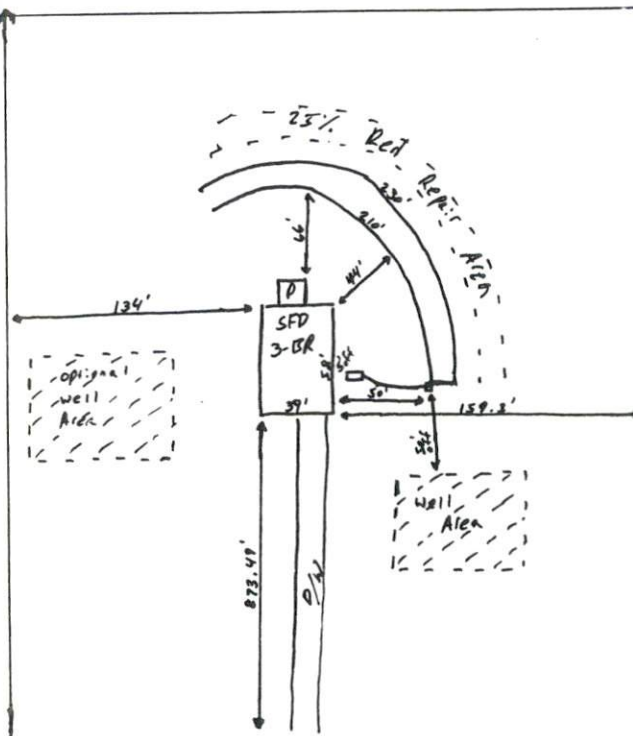
See Attachment for completion sketch

Application #: SFD2406-9110 Applicant Name: Southeastern construction Subdivision: _____ Lot #: _____

Well Construction Sketch

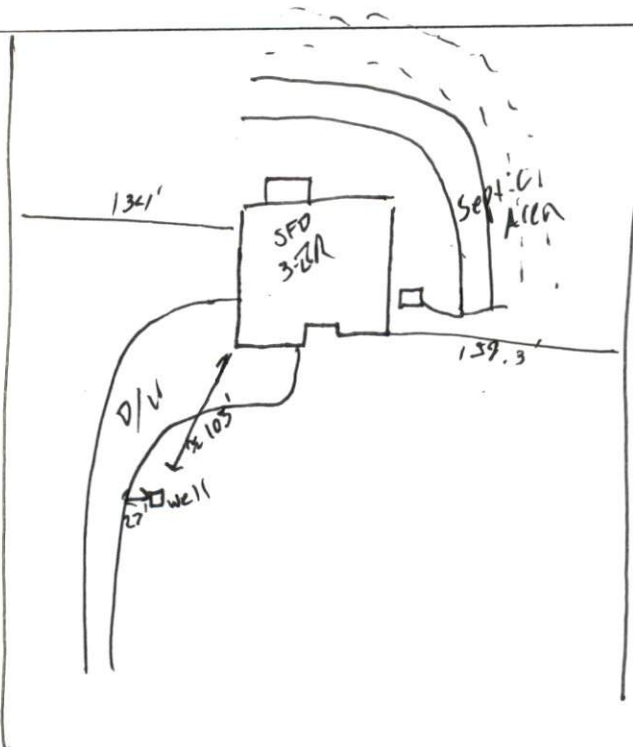
* Must be 25' off House Foundation,

* Must be 50' off Any part of Septic System,



BlueBerry LN

Well Completion Sketch



Blue Berry LN

WELL CONSTRUCTION RECORD (GW-1)

1. Well Contractor Information:

Well Contractor Name: Larry Williford JR
 NC Well Contractor Certification Number: 2863-A
 Company Name: Williford's Well Drilling

2. Well Construction Permit #: SFD 2406 0110
 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: 5-6-2025 Well ID# _____

5a. Well Location:

Facility/Owner Name: David Mitchell Aslakson
 Facility ID# (if applicable): _____
 Physical Address, City, and Zip: 164 Blueberry LN Dunn NC 28334
 County: Harnett Parcel Identification No. (PIN): 0598-65-3052100

5b. Latitude and longitude in degrees/minutes/seconds or decimal degrees:
 (if well field, one lat/long is sufficient)

35.356 N 78.675 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: 26 (ft.)
 For multiple wells list all depths if different (example: 3 @ 200' and 2 @ 100')

10. Static water level below top of casing: 12 (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): 5 Method of test: pumping

13b. Disinfection type: HTH Amount: 1/2 cup

For Internal Use Only:

14. WATER ZONES

FROM	TO	DESCRIPTION
16 ft.	26 ft.	tan sand & gravel
ft.	ft.	

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

FROM	TO	DIAMETER	THICKNESS	MATERIAL
+1 ft.	16 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
16 ft.	26 ft.	2 in.	1016	SCH40	PVC
ft.	ft.	in.			

18. GROUT

FROM	TO	MATERIAL	EMPLACEMENT METHOD & AMOUNT
0 ft.	15 ft.	Bentonite	4-50lb bags
ft.	ft.		pour/gravity
ft.	ft.		

19. SAND/GRAVEL PACK (if applicable)

FROM	TO	MATERIAL	EMPLACEMENT METHOD
20 ft.	26 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.	2 ft.	topsoil
2 ft.	7 ft.	reddish sandy clay
7 ft.	16 ft.	sandy clay
16 ft.	26 ft.	tan sand & gravel
ft.	ft.	
ft.	ft.	
ft.	ft.	

21. REMARKS

Variance is included on next page

22. Certification:

Signature of Certified Well Contractor: Larry Williford JR Date: 5-6-2025

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



DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH

ROY COOPER
GOVERNOR

MANDY COHEN, MD, MPH
SECRETARY

MARK BENTON
DIRECTOR

Onsite Water Protection Branch
May 6, 2025

Mitchell David Aslakson
164 Blueberry Ln.
Dunn, NC 28334

RE: Approval No. 1953

Well Cased to Less Than 20 Feet –Rule 15A NCAC 2C .0116
164 Blueberry Ln., Dunn, NC 28334

Dear Mr. Aslakson,

On May 5, 2025, the On-site Water Protection Section received your request to approve construction of a water supply well obtaining water from a depth less than 20 feet in an area not covered by 15A NCAC 02C .0116(b). The approval request is for the construction of two (2) water supply wells located across from 164 Blueberry Ln, Dunn, NC. In your request, you indicated that due the inability to obtain potable water at deeper depths, a shallow screened well was the most reasonable option at this property.

Based upon available information provided, you are approved to construct an water supply well obtaining water from a depth less than 20 feet below land surface, in conformity with the requirements of 15A NCAC 02C .0116(c)(3), that will serve the above referenced site. A copy of this approval should be attached to the required Well Construction Record (GW-1) as well as the county well permit at such time that it is issued.

The approval of this variance does not affect any of the other requirements or limitations of the Well Construction Standards, including but not limited to the requirements in 15A NCAC 2C .0113(b) to repair or to abandon any well which acts as a source or channel for the migration of contamination or to your responsibility to comply with any other applicable Federal, State, or local laws or regulations.

The granting of this approval is for the well location only, and in no way relieves the owner or agent from other requirements of the North Carolina Well Construction Standards, or any other applicable law, rule, or regulation that may be regulated by other agencies, nor does it imply sufficient water quality.

If you have any questions regarding this variance, please contact Wilson Mize at (919) -270-9665
Sincerely,

A handwritten signature in cursive script that reads "Wilson Mize".

Wilson Mize R.E.H.S