

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

PIN #: Parcel #: 1537-51-9738.000 Application #: SFD 2408-0048 Subdivision: _____ Lot #: 13

Applicant Name: Begley Belinda
Address: 907 W Strickland Rd, Dunn

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, m subject this Permit to revocation

Authorized State Agent [Signature] REHS Date 9-4-24 Expiration Date 9-4-29
* 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 0 To _____
Material: _____ Method: _____
From _____ To _____
Material: _____ Method: _____
From _____ To _____
Material: _____ Method: _____

Inspector: _____ On Hold Date: _____ Release Date: _____

Remarks: _____

Well Head Information

Casing Height: 12" (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] REHS Date 11/25/2025

See Attachment for completion sketch

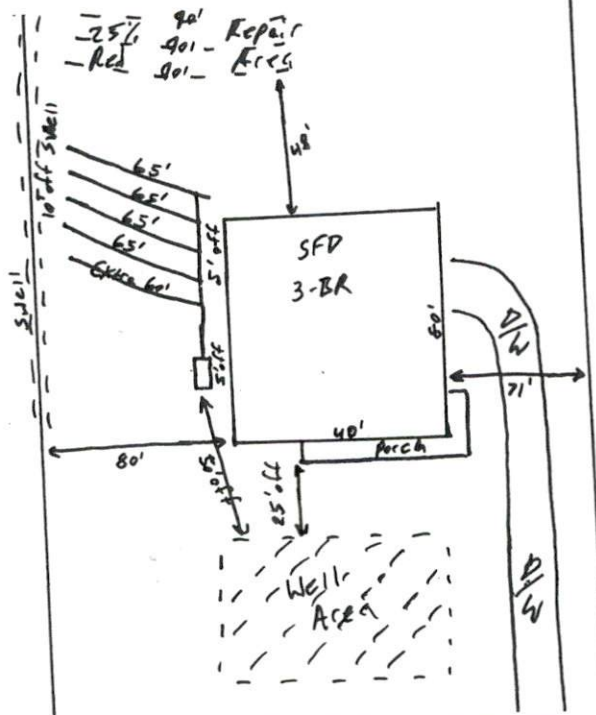
Application #: SFD2408-0048
Applicant Name: Deley Belinda

Subdivision: _____

Lot #: _____

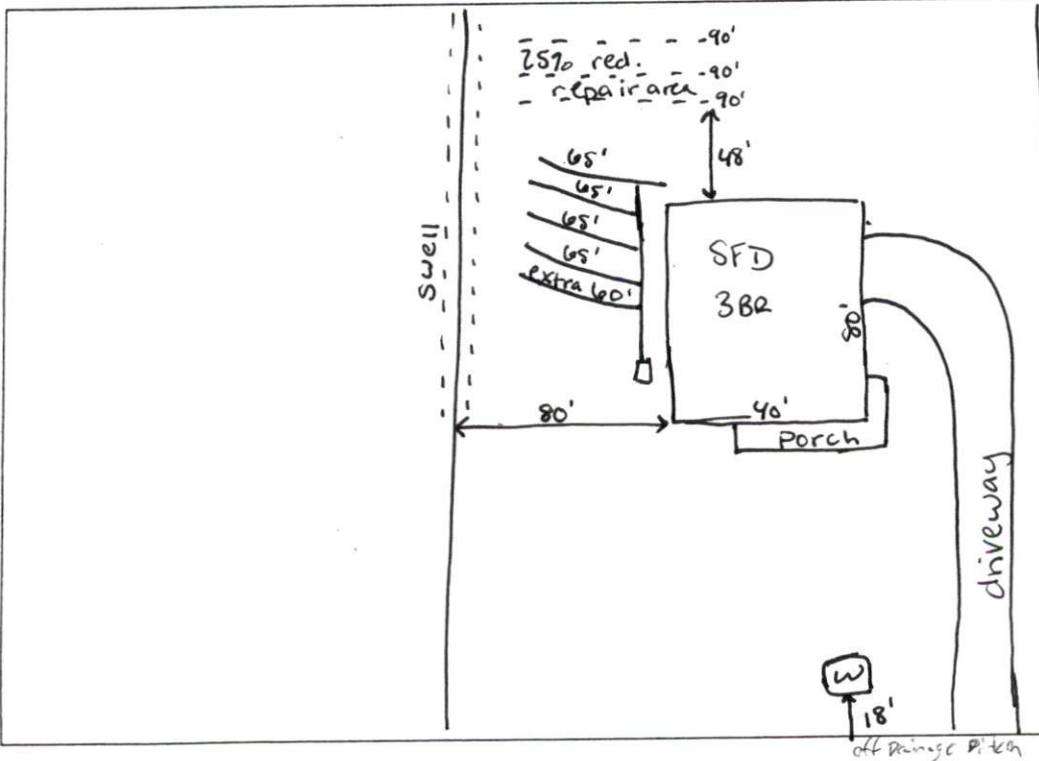
Well Construction Sketch

- * Must be
- 25' off SFD
- 50' off any part of Septic System



W Strickland Rd

Well Completion Sketch



WELL CONSTRUCTION RECORD (GW-1)**1. Well Contractor Information:**Larry Williford JR
Well Contractor Name
2863-A

NC Well Contractor Certification Number

Williford's well drilling
Company Name**2. Well Construction Permit #:** SFD 2408-0048

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: _____ **Well ID#** _____**5a. Well Location:**

Belinda Begley

Facility/Owner Name

Facility ID# (if applicable)

907 W Strickland Rd Dunn NC 28334

Physical Address, City, and Zip

Harnett

County

1537-51-8738-000

Parcel Identification No. (PIN)

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

35.320 N 78.547 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:** 32' 10" (ft.)
For multiple wells list all depths if different (example: 3@200' and 2@100')**10. Static water level below top of casing:** 10 (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:** 1/2 cup

For Internal Use Only:

14. WATER ZONES

FROM	TO	DESCRIPTION
17' 10" ft.	22' 10" ft.	tan sand

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

FROM	TO	DIAMETER	THICKNESS	MATERIAL
17' 10" ft.	22' 10" ft.	2 in.	SC40	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
17' 10" ft.	22' 10" ft.	2 in.	106	SC40	PVC

18. GROUT

FROM	TO	MATERIAL	EMPLACEMENT METHOD & AMOUNT
0 ft.	16 ft.	Bentonite	pour/gravity 3 1/2 50lb bags
ft.	ft.		
ft.	ft.		

19. SAND/GRAVEL PACK (if applicable)

FROM	TO	MATERIAL	EMPLACEMENT METHOD
20 ft.	32' 10" 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.	top soil
2 ft.	9 ft.	clay-sandy mix
9 ft.	17 ft.	tan-white clay
17' ft.	22' 10" ft.	tan sand
22' 10" ft.	-32' 10" ft.	tan clay
ft.	ft.	
ft.	ft.	

21. REMARKS**22. Certification:**Larry Williford JR 8-21-25
Signature of Certified Well Contractor 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 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



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

JOSH STEIN • Governor

DEV DUTTA SANGVAI • Secretary

KELLY KIMPLE • Acting Director, Public Health

Onsite Water Protection Branch
August 21, 2025

Donald Begley
750 Tilghman Rd.
Coats, NC 27521

RE: Approval WWM1970

Well Cased to Less Than 20 Feet – Rule 15A NCAC 2C .0116
Rule 15A NCAC 2C .0107(a)(2)(M)
907 West Strickland Rd., Dunn, NC 28334

On August 21, 225, the On-site Water Protection Section received your request to approve construction of a private drinking water 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 one (1) water supply well at 907 West Strickland Rd., Dunn NC. In your request, you indicated that due to the inability to obtain potable water at deeper depths, a shallow well was the most reasonable option at this property.

Based upon available information provided by Albemarle Regional Health Services staff, you are approved to construct a 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. Furthermore, **it is strongly recommended that you sample your well annually for bacteriological contamination**, as shallow wells can be more susceptible to bacteria.

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,

Wilson Mize R.E.H.S.

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF PUBLIC HEALTH

LOCATION: 5605 Six Forks Road, Building 3, Raleigh, NC 27609
MAILING ADDRESS: 1931 Mail Service Center, Raleigh, NC 27699-1931
www.ncdhhs.gov • TEL: 919-707-5000 • FAX: 919-870-4829

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