

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

PIN #: Parcel #: Application #: Subdivision: Lot #:   
0680-07-7879 SFD 24 100 25 98 Retreat at North Main Lot 1

Applicant Name: BC Builders Creek LLC - Davidson Homes

Address: 1412 main St, Wilmington

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 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] Date 12-4-24 Expiration Date 12-4-29  
\* Construction Authorization Expires within five years of issue

**Grouting Inspection Witnessed**

☐ Grouting self-certified by driller ☒ GW-1 provided? ☒ Yes ☐ No Date \_\_\_\_\_

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: 2 (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: \_\_\_\_\_

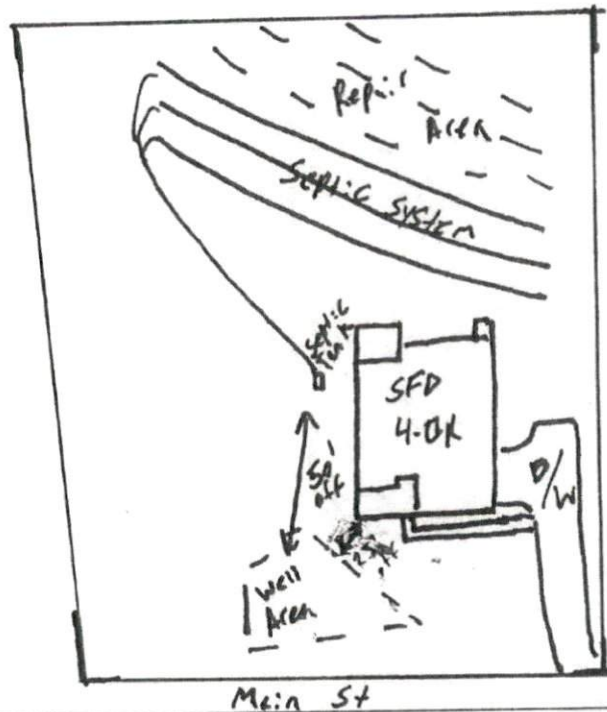
Authorized State Agent [Signature] Date 4-7-25

See Attachment for completion sketch

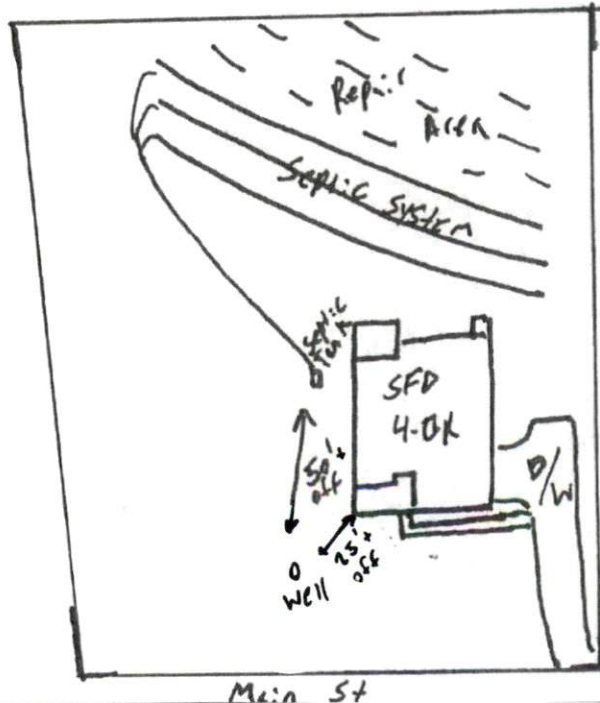
Application #: SFD 2411-0098    Applicant Name: Davidson Homes    Subdivision: Retreat at North Main    Lot #: Lot 1

Well Construction Sketch

Well must be  
\* 25' off SFD Foundation  
\* 50' off any part of septic system



Well Completion Sketch



# WELL CONSTRUCTION RECORD

This form can be used for single or multiple wells

## 1. Well Contractor Information:

Joshua N. Robertson

Well Contractor Name

2461-A

NC Well Contractor Certification Number

Triad Drillers, Inc.

Company Name

## 2. Well Construction Permit #:

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: 02/24/2025 Well ID#

### 5a. Well Location:

Davidson Homes

Facility/Owner Name

Facility ID# (if applicable)

1412 Main Street Lillington

Physical Address, City, and Zip

Harnett

0680-09-7879

County

Parcel Identification No. (PIN)

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

35.4257384 N -78.7291342 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: 340 (ft.)  
For multiple wells list all depths if different (example: 3@200' and 2@100')

10. Static water level below top of casing: 20 (ft.)  
If water level is above casing, use "+"

11. Borehole diameter: 6 1/8 (in.)

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

### FOR WATER SUPPLY WELLS ONLY:

13a. Yield (gpm) 60 Method of test: Air

13b. Disinfection type: HTH Amount: 16 oz.

For Internal Use ONLY:

### 14. WATER ZONES

FROM	TO	DESCRIPTION
ft.	ft.	60GPM@320'
ft.	ft.	

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

FROM	TO	DIAMETER	THICKNESS	MATERIAL
0	ft. 108	ft. 6 1/8	in. SDR21	PVC

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

FROM	TO	DIAMETER	THICKNESS	MATERIAL
0	ft. 130	ft. 4	in. SDR26	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. 20	ft. Bentonite	Pour 12 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. 8	ft. Clay
8	ft. 30	ft. Solid Sand
30	ft. 40	ft. Wet Sand
40	ft. 90	ft. Sand
90	ft. 340	ft. Shale
ft.	ft.	
ft.	ft.	

### 21. REMARKS

## 22. Certification:

Signature of Certified Well Contractor

03/10/2025

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.