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

PIN #: Parcel #: ↳9564-49-0868 Application #: Subdivision: ____ Lot #: ↳ SFD2502-0110

Applicant Name: MFG C Inc.

ress: 398 Tracey ln (SR 1106)

Type of Facility Served by Well: SFD

4Br 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 REHS **Date** 6-30-25 **Expiration Date** 6-30-30

*** 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 #: ↳ SFD2502-0110 Well Contractor: ____

Applicant Name: MFGC Inc

Address: 398 Tracey ln (SR 1106)

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)	**Casing**	**Grout**
From ____ To ____	From ____ To ____	From 0 To ____
From ____ To ____	Diameter: ____ Material: ____ Thickness: ____	Material: ____ Method: ____
From ____ To ____	From ____ To ____	From ____ To ____
	Diameter: ____ Material: ____ Thickness: ____	Material: ____ Method: ____
	From ____ To ____	From ____ To ____
	Diameter: ____ Material: ____ Thickness: ____	Material: ____ Method: ____

Inspector: ____ On Hold Date: ____ Release Date: ____

Remarks: ____

Well Head Information

Casing Height: 13 (above finished grade) Access Port: ✓ Vent Stack: ✓

Well ID Tag: ✓ Pump ID Tag: ✓ Sampling Tap: ✓ Backflow Preventer: ✓

ple Taken? ☐ Yes ☒ No Well Head properly sealed: ✓

Remarks: Sample to be Taken after power is on The well

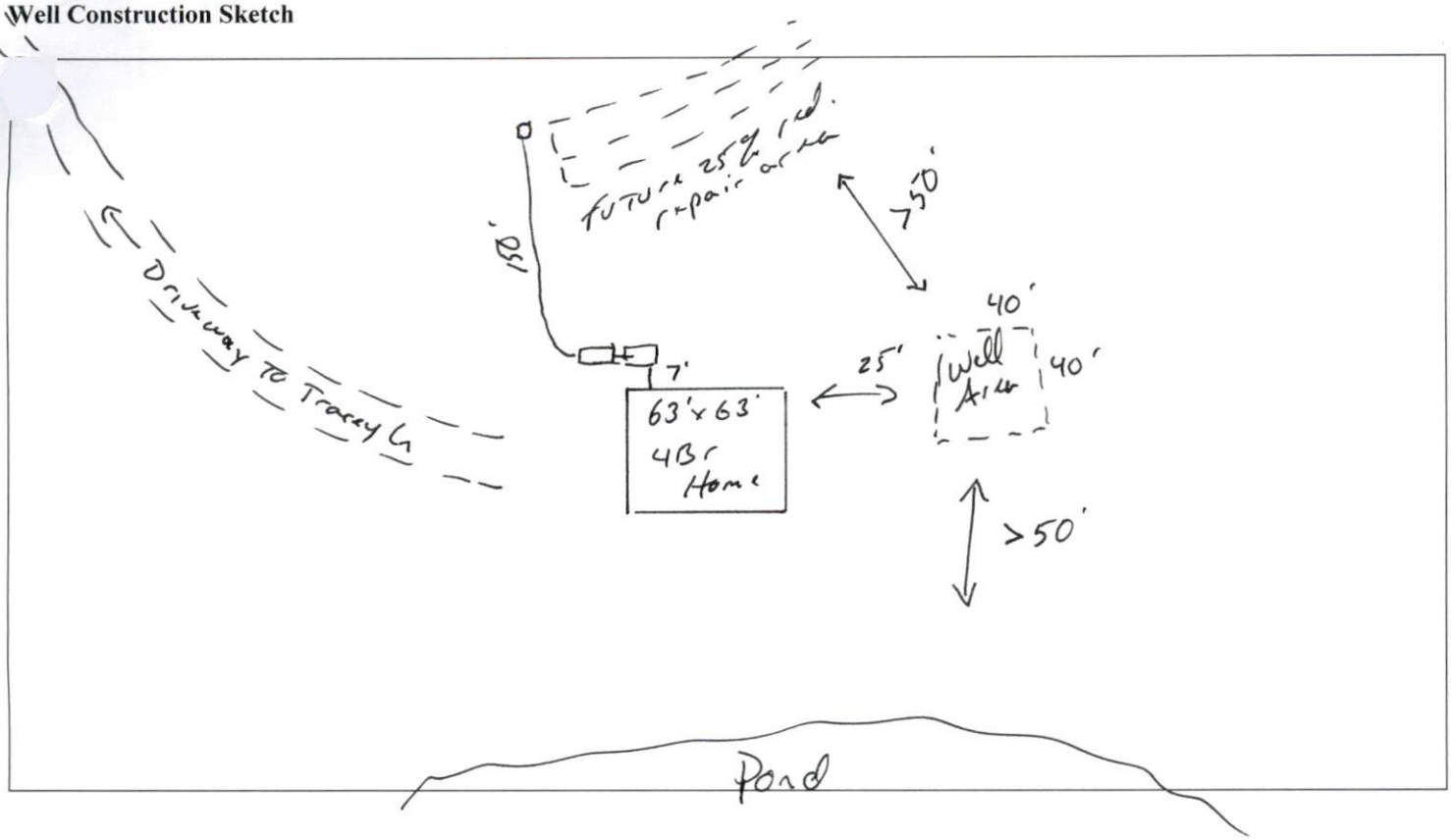
Authorized State Agent REHS **Date** 11-3-25

See Attachment for completion sketch

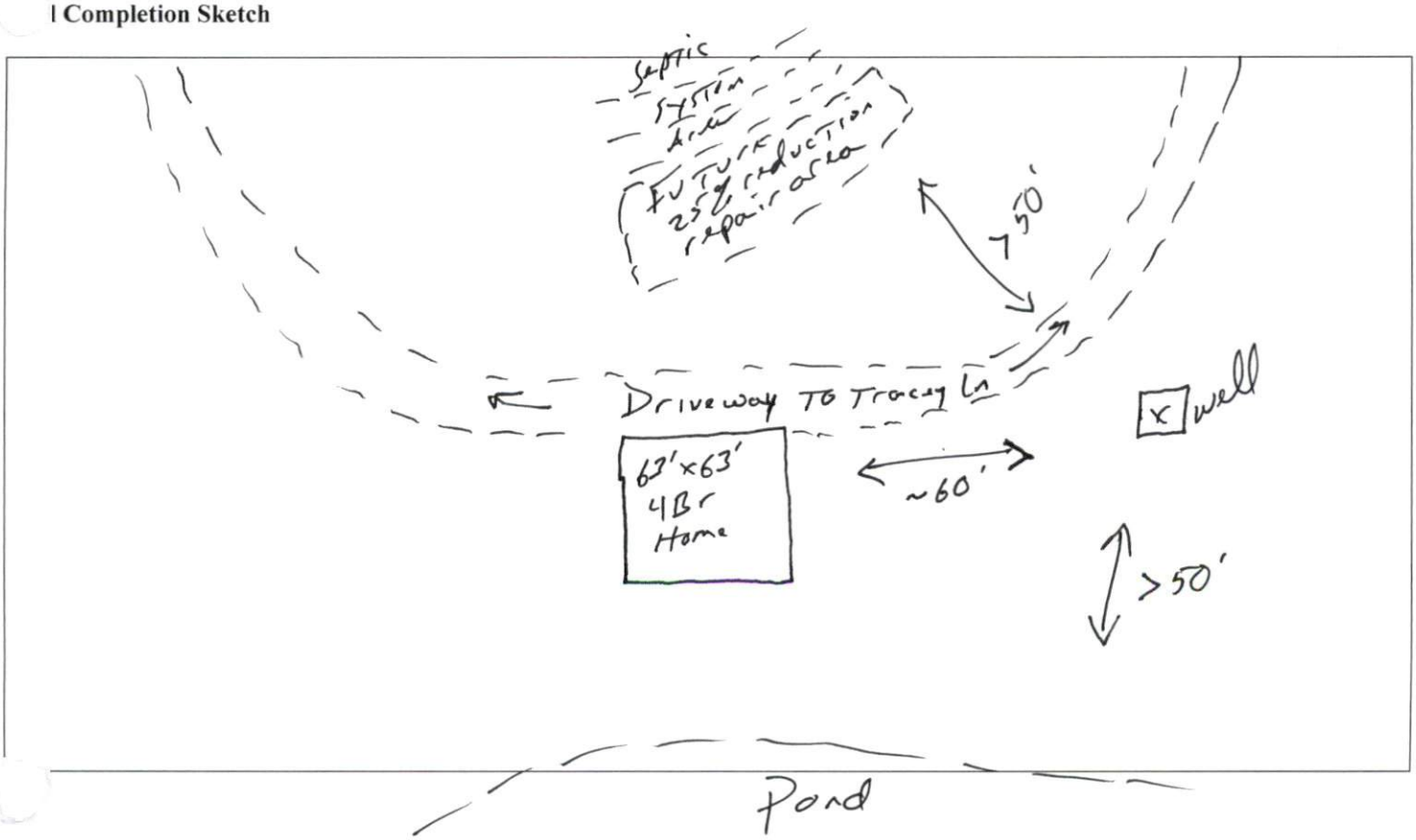
Application #: Applicant Name: Subdivision: _____ Lot #:

6"SFD 2502-0110 ↳ MFGC Inc

Well Construction Sketch



l Completion Sketch



Print Form

WELL CONSTRUCTION RECORD (GW-1)

For Internal Use Only:

1. Well Contractor Information:
Christopher Maness
Well Contractor Name
NC WC 2958-A
NC Well Contractor Certification Number
W W Maness & Sons
Company Name

2. Well Construction Permit #: _____
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

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: 9-23-25 **Well ID#** _____

5a. Well Location:
Mabus Farm & General Contracting
Facility/Owner Name
Facility ID# (if applicable)
398 Tracey Ln Cameron, 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° 15' 36" N 79° 7' 10" 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: 420 (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: 6 (in.)

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

FOR WATER SUPPLY WELLS ONLY:
13a. Yield (gpm) 20 Method of test: Air
13b. Disinfection type: HTH Amount: 2 pounds

14. WATER ZONES

FROM	TO	DESCRIPTION
220 ft.	240 ft.	5gpm
ft.	375 ft.	15gpm

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

FROM	TO	DIAMETER	THICKNESS	MATERIAL
+1 ft.	169 ft.	6.25 in.	SDR21	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
0 ft.	ft.	in.			
ft.	ft.	in.			

18. GROUT

FROM	TO	MATERIAL	EMPLACEMENT METHOD & AMOUNT
0 ft.	20+ ft.	Bentonite	Pumped
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.	5 ft.	Sand
5 ft.	160 ft.	Sand Clay
160 ft.	420 ft.	Green Rock
ft.	ft.	
ft.	ft.	
ft.	ft.	
ft.	ft.	

21. REMARKS

22. Certification:
Signature of Certified Well Contractor — Date: 9/23/25

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.