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

PIN #: 0680-09-7568.000 Parcel #: Application #: SFD2505-0226 Subdivision: Lot #: 3

pplicant Name: Davidson Homes, LLC
ddress: 1356 MAIN ST LILLINGTON, NC 27546

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, may subject this Permit to revocation

Authorized State Agent RH JH LEHS **Date** 6-12-25 **Expiration Date** 6-12-30

*** 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 #: SFD2505-0226 Well Contractor: _____

Applicant Name: Davidson Homes, LLC
Address: 1356 MAIN ST LILLINGTON, NC 27546
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 _____ 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: 12" (above finished grade) Access Port: ✓ Vent Stack: ✓
Well ID Tag: ✓ Pump ID Tag: ✓ Sampling Tap: ✓ Backflow Preventer: N/A
Sample Taken? ☐ Yes ☑ No Well Head properly sealed: ✓

emarks: _____

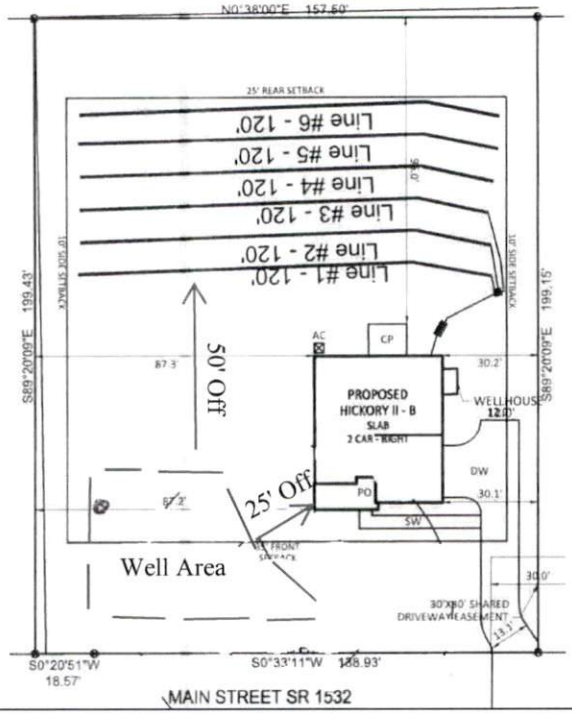
Authorized State Agent RH JH LEHS **Date** 10-29-25

See Attachment for completion sketch

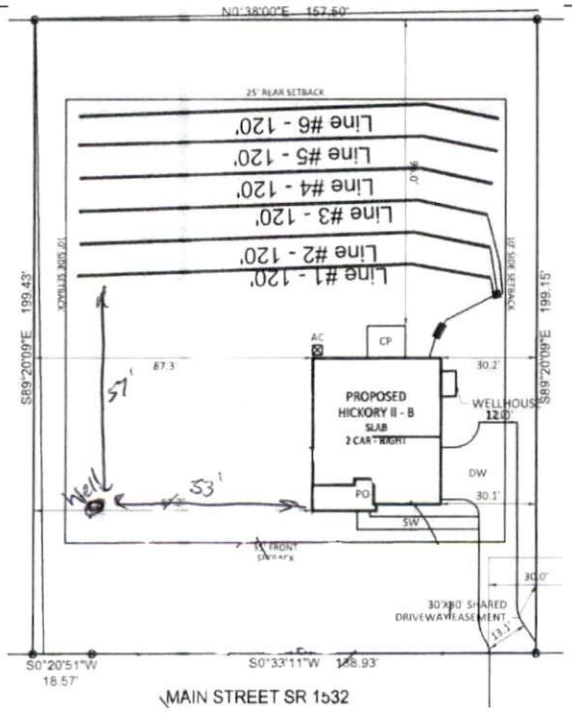
Application #: SFD2505-0226 Applicant Name: Davidson Homes Subdivision: Lot #: 3

Well Construction Sketch

Well Must be
*25' off Foundation of SFD
*50' off Septic System.



Vell Completion Sketch



WELL CONSTRUCTION RECORD (GW-1)

For Internal Use Only:

1. Well Contractor Information:
Claude Pugh
Well Contractor Name
4674-C
NC Well Contractor Certification Number
Triad Drillers, Inc.
Company Name

2. Well Construction Permit #: SF D2505-0226
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: 10-7-25 Well ID# _____

5a. Well Location:
Davidson Homes
Facility/Owner Name
_____
Facility ID# (if applicable)
1356 Main St. Lillington NC
Physical Address, City, and Zip
Harnett
County
0680-09-7568,000
Parcel Identification No. (PIN)

5b. Latitude and longitude in degrees/minutes/seconds or decimal degrees:
(if well field, one lat/long is sufficient)
_____ N _____ 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: 200 (ft.)
For multiple wells list all depths if different (example- 3@200' and 2@100')

10. Static water level below top of casing: 15 (ft.)
If water level is above casing, use "+"

11. Borehole diameter: 6.125 (in.)

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

FOR WATER SUPPLY WELLS ONLY:
13a. Yield (gpm) 15 Method of test: Air
13b. Disinfection type: HTH Amount: 16oz.

14. WATER ZONES

FROM	TO	DESCRIPTION
ft.	ft.	15 GPM @ 164'
ft.	ft.	

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

FROM	TO	DIAMETER	THICKNESS	MATERIAL
0 ft.	113 ft.	6.125 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
ft.	ft.	in.			
ft.	ft.	in.			

18. GROUT

FROM	TO	MATERIAL	EMPLACEMENT METHOD & AMOUNT
0 ft.	25 ft.	Bentonite	Pour
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.	10 ft.	Clay
10 ft.	25 ft.	Sand / Clay
25 ft.	43 ft.	Broken Granite
43 ft.	79 ft.	Sand Clay
79 ft.	90 ft.	Soft Granite
90 ft.	200 ft.	Granite
ft.	ft.	

21. REMARKS

22. Certification:
_____ 10-20-25
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