

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

PIN #: 0680-09-7462.000

Parcel #:

Application #: SFD2506-0010

Subdivision:

Lot #: 4

Applicant Name: B C BUIES CREEK LLC

Address: 1326 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 [Signature]

Date 6-9-25

Expiration Date 6-9-30

* 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

Application #: SFD2506-0010

Well Contractor: _____

Applicant Name: B C BUIES CREEK LLC

Address: 1326 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)

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: 22" (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: ☒

Remarks: _____

Authorized State Agent [Signature]

Date 10-28-25

See Attachment for completion sketch

SFD2506-0010

Applicant Name:

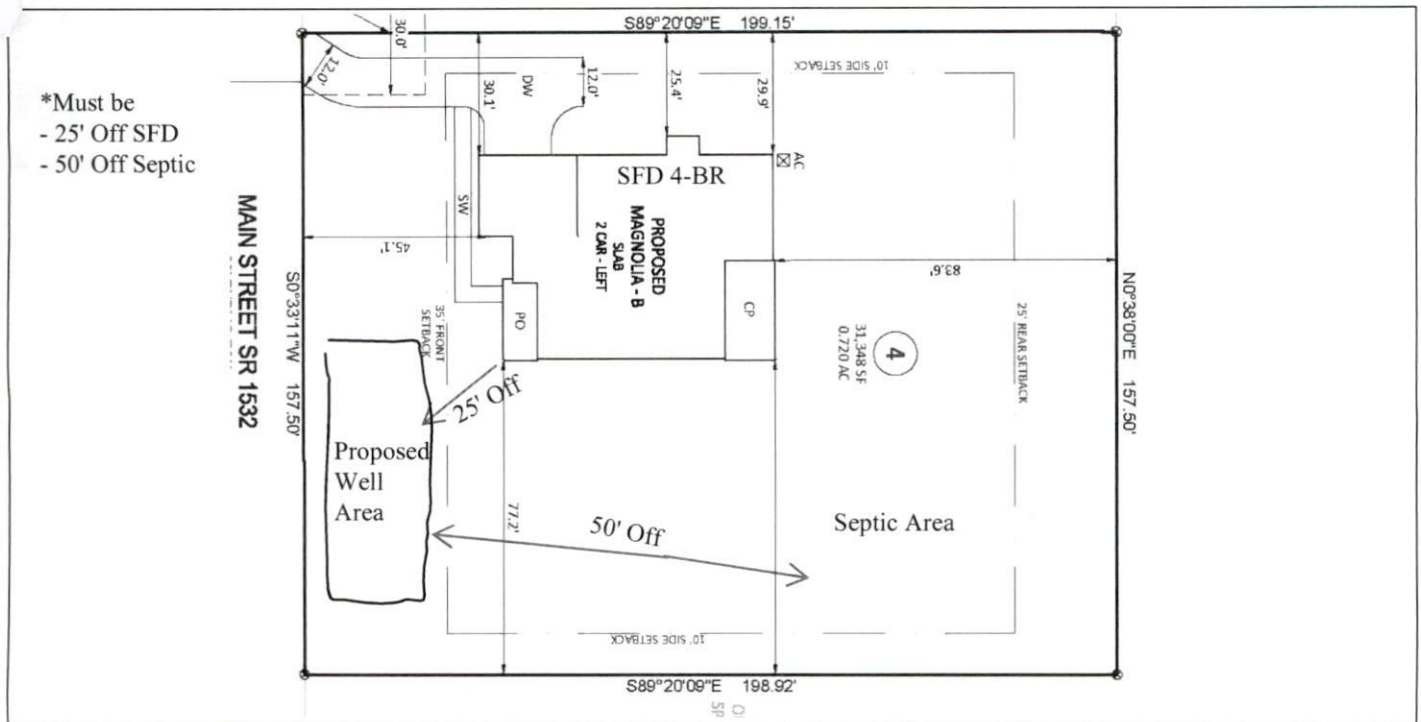
B C BUIES CRI+

Subdivision:

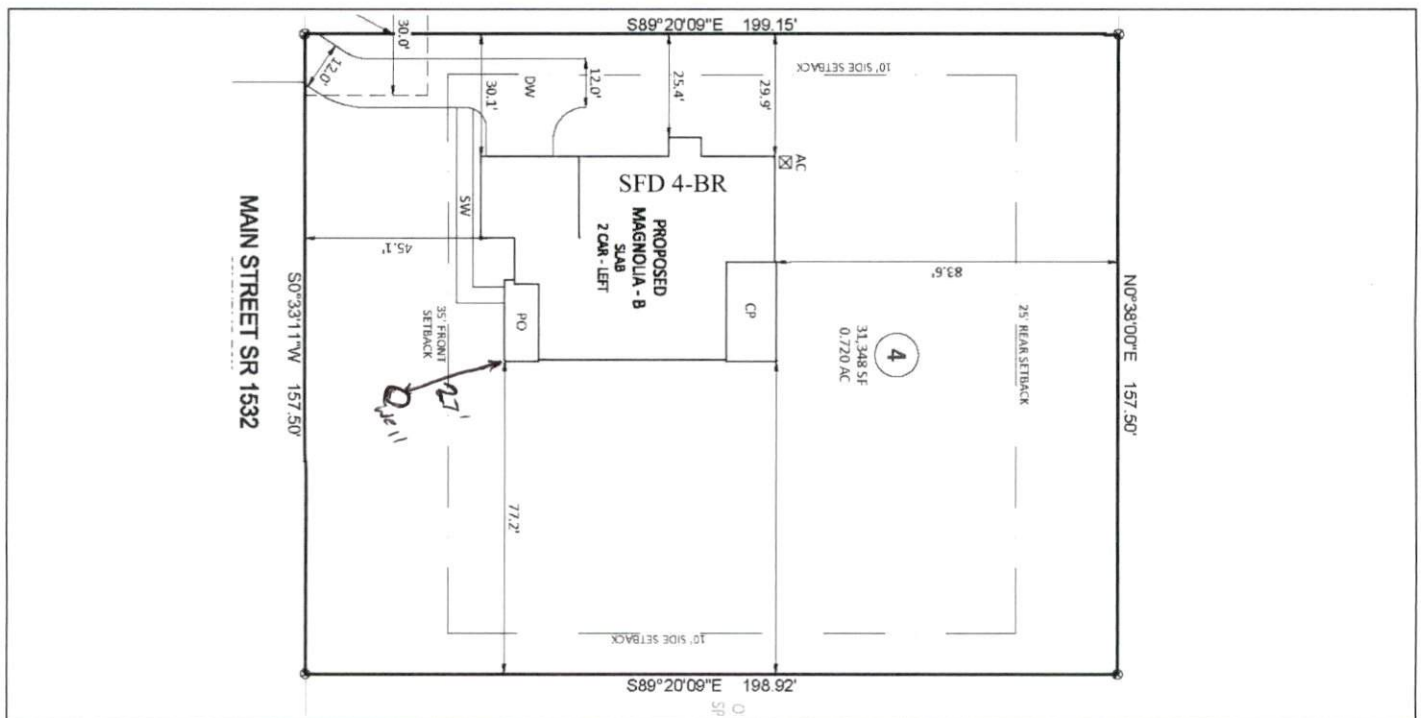
Lot #:

4

Well Construction Sketch



Completion Sketch



WELL CONSTRUCTION RECORD (GW-1)

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 #: SFD2506-0010
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: 10-13-25 Well ID# _____

5a. Well Location:

Davidson Homes

Facility/Owner Name

Facility ID# (if applicable)

1326 Main St. Lillington NC

Physical Address, City, and Zip

Harnett

County

0680-09-7462-000

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: 880 (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: 6.125 (in.)

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

FOR WATER SUPPLY WELLS ONLY:

13a. Yield (gpm): 81 Method of test: Air

13b. Disinfection type: HTH Amount: 160Z.

For Internal Use Only:

14. WATER ZONES

| FROM | TO | DESCRIPTION |
|------|-----|----------------|
| ft. | ft. | .81 GPM @ 880' |
| ft. | ft. | |

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

| FROM | TO | DIAMETER | THICKNESS | MATERIAL |
|-------|---------|-----------|-----------|----------|
| 0 ft. | 102 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 Hole Plug |
| 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. | 40 ft. | Sand / Clay |
| 40 ft. | 60 ft. | Sand / Rock |
| 60 ft. | 78 ft. | Sand / Stone |
| 78 ft. | 880 ft. | Granite |
| ft. | ft. | |
| ft. | ft. | |

21. REMARKS

22. Certification:

Claude Pugh
Signature of Certified Well Constructor

10-20-25
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