



# SAMPSON COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH SECTION

Telephone (910) 592-4675 Fax (910) 592-2874

405 County Complex Road, Suite 120  
Clinton, North Carolina 28328

Wanda Robinson  
Health Director

## PERMIT TO CONSTRUCT A PRIVATE WATER SUPPLY WELL

PIN # 10020220301 PERMIT # WC21-000036

Property Owner: Adam McLamb Phone # 919-820-0094

Mailing Address: 415 Pine Forest School Rd. Roseboro, NC 28382

Address of Property: 3570 Perry Tew Mill Rd. Roseboro, NC 28382

Builder: — Subdivision: — Lot # —

House:  Yes  No  Other(Describe): — Plat/Site Plan Attached:  Yes  No

Permit Issued By: [Signature] Date: 4-20-21

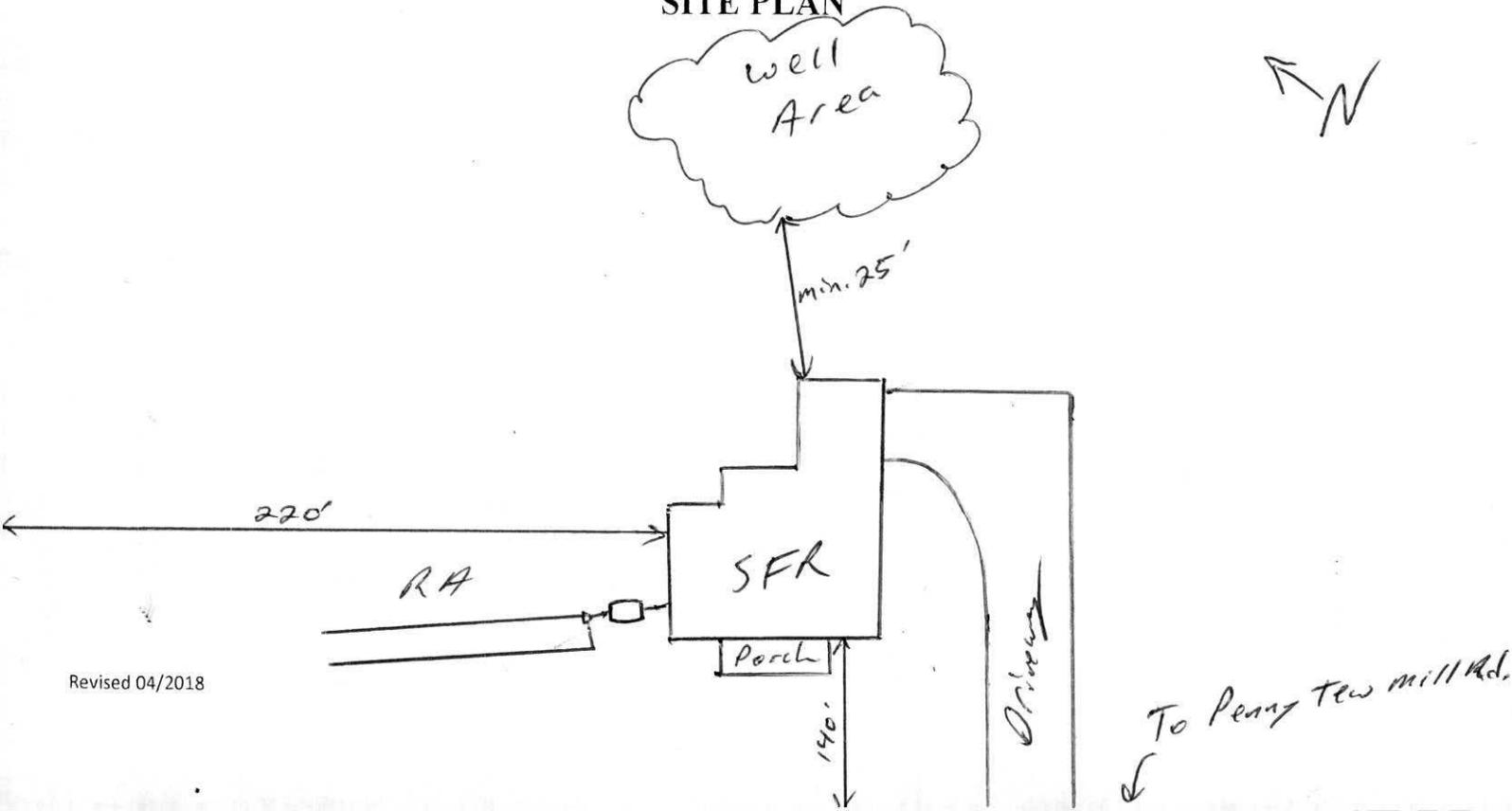
(Permit expires five years after issue date)

Permit Conditions: —

-Well must be installed in accordance with the North Carolina Well Construction Standards (15A NCAC 2C .0100 and .0300) in addition to (15A NCAC 18A .3800 and GS 87-85 through GS 87-97).

-Issuance of this permit does not imply sufficient water quality or sufficient water quantity.

### SITE PLAN



# WELL CONSTRUCTION RECORD (GW-1)

## 1. Well Contractor Information:

Well Contractor Name: Larry Williford Jr  
 Well Contractor Certification Number: 2863-A  
 Company Name: Willifords Well Drilling

2. Well Construction Permit #: WC 21-000036  
 List all applicable well construction permits (i.e. UIC, County, State, Variance, etc.)

## 3. Well Use (check well use):

<b>Water Supply Well:</b>	
<input type="checkbox"/> Agricultural	<input type="checkbox"/> Municipal/Public
<input type="checkbox"/> Geothermal (Heating/Cooling Supply)	<input checked="" type="checkbox"/> Residential Water Supply (single)
<input type="checkbox"/> Industrial/Commercial	<input type="checkbox"/> Residential Water Supply (shared)
<input type="checkbox"/> Irrigation	<input type="checkbox"/> Wells > 100,000 GPD
<b>Non-Water Supply Well:</b>	
<input type="checkbox"/> Monitoring	<input type="checkbox"/> Recovery
<b>Injection Well:</b>	
<input type="checkbox"/> Aquifer Recharge	<input type="checkbox"/> Groundwater Remediation
<input type="checkbox"/> Aquifer Storage and Recovery	<input type="checkbox"/> Salinity Barrier
<input type="checkbox"/> Aquifer Test	<input type="checkbox"/> Stormwater Drainage
<input type="checkbox"/> Experimental Technology	<input type="checkbox"/> Subsidence Control
<input type="checkbox"/> Geothermal (Closed Loop)	<input type="checkbox"/> Tracer
<input type="checkbox"/> Geothermal (Heating/Cooling Return)	<input type="checkbox"/> Other (explain under #21 Remarks)

4. Date Well(s) Completed: 4/23/21 Well ID# \_\_\_\_\_

5a. Well Location:  
 Facility/Owner Name: Adam McClamb  
 Facility ID# (if applicable): \_\_\_\_\_  
 Physical Address, City, and Zip: 3570 Penny Tew Mill Rd Roseboro NC 28382  
 County: Sampson Parcel Identification No. (PIN): 10020020301

5b. Latitude and longitude in degrees/minutes/seconds or decimal degrees:  
 (if well field, one lat/long is sufficient)  
35.147569 N 78.507880 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: 67 (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) 8 Method of test: Pumping

13b. Disinfection type: HTH Amount: 1/4 cup

For Internal Use Only:

14. WATER ZONES		
FROM	TO	DESCRIPTION
57 ft.	67 ft.	gray sand

15. OUTER CASING (for multi-cased wells) OR LINER (if applicable)				
FROM	TO	DIAMETER	THICKNESS	MATERIAL
11 ft.	57 ft.	2 in.	Sch40	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
57 ft.	67 ft.	2 in.	.012	Sch40	PVC
ft.	ft.	in.			

18. GROUT			
FROM	TO	MATERIAL	EMPLACEMENT METHOD & AMOUNT
0 ft.	21 ft.	Bentonite	2 1/2 bags (50 lb)
ft.	ft.		
ft.	ft.		

19. SAND/GRAVEL PACK (if applicable)			
FROM	TO	MATERIAL	EMPLACEMENT METHOD
21 ft.	67 ft.	#2 sand	pour
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.	topsoil
2 ft.	7 ft.	sandy clay
7 ft.	18 ft.	tan clay
18 ft.	22 ft.	tan sand
22 ft.	57 ft.	black clay
57 ft.	67 ft.	gray sand
ft.	ft.	

21. REMARKS

22. Certification:  
 Signature of Certified Well Contractor: Larry Williford Jr  
 Date: 4/23/21

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