1. Well Contractor Information:	
Lame Latilliford	14. WATER ZONES
Well Contractor Name	FROM TO DESCRIPTION
20103 W	14 1. 20 1. Sand + gravel
NC Well Contractor Certification Number	ft. ft.
	15. OUTER CASING (for multi-cased wells) OR LINER (if applicable) FROM
Williford's Well Drilling	+1 11. 14 11. 2 in SUN40 PVZ
2. Well Construction Permit #: Ole 1504 - 0003 - 01	16. INNER CASING OR TUBING (geothermal closed-loop) FROM TO DIAMETER THICKNESS MATERIAL
2. Well Construction Permit #: US 1500	ft. ft. in.
100 ED 144 0000 1	ft. ft. in.
3. Well Use (check well use):	17. SCREEN
Water Supply Well: Agricultural	FROM TO DIAMETER SLOT SIZE THICKNESS MATERIAL
	11 20 00 .014 50070 110
□Geothermal (Heating/Cooling Supply) □Industrial/Commercial □Residential Water Supply (shared)	K. K.
□lrrigation □Wells > 100,000 GPD	18. GROUT FROM TO MATERIAL EMPLACEMENT METHOD & AMOUNT
Non-Water Supply Well:	O" 14 " Bentonik I bag- pour
□Monitoring □Recovery	ft. ft.
Injection Well:	n. n.
□Aquifer Recharge □Groundwater Remediation	19. SAND/GRAVEL PACK (if applicable)
□Aquifer Storage and Recovery □Salinity Barrier	FROM TO MATERIAL EMPLACEMENT METHOD
□Aquifer Test □Stormwater Drainage	14 1. 20 1. # 2 Sand pour
□Experimental Technology □Subsidence Control	20. DRILLING LOG (attach additional sheets if necessary)
□Geothermal (Closed Loop) □Tracer □Geothermal (Heating/Cooling Return) □Other (explain under #21 Remarks)	FROM TO DESCRIPTION (color, hardness, soil/rock type, grain size, etc.)
□Geothermal (Heating/Cooling Return) □Other (explain under #21 Remarks)	On 1 n. topsoil
4. Date Well(s) Completed: 1012712 Well ID#	1 n. 7 n. sandy clay
5a. Well Location:	7 n. 14 n. orange-white clay
Donnie Becky Hamilton	14 11. 20 11. White sandtaravel
Facility/Owner Name Facility ID# (if applicable)	n. n.
687 Hog Heaven In Erwin Ne	n. n.
Physical Address, City, and Zip	ft. ft.
11	21. REMARKS
County Parcel Identification No. (PIN)	
e valley	
5b. Latitude and longitude in degrees/minutes/seconds or decimal degrees: (if well field, one lat/long is sufficient)	22. Certification:
35 302439 N -78 1,59402 W	f 1111 1 21 1 2 1 1 1 1 1 2 1 2 1 2 1 2
00.3051311	Signature of Conflied Well Conflictor Date
6. Is(are) the well(s): Permanent or □Temporary	By signing this form, I hereby certify that the well(s) was (were) constructed in accordance with
7. Is this a repair to an existing well: □Yes or No	15A NCAC 02C .0100 or 15A NCAC 02C .0200 Well Construction Standards and that a cop
If this is a repair, fill out known well construction information and explain the nature of the	of this record has been provided to the well owner.
repair under #21 remarks section or on the back of this form.	23. Site diagram or additional well details:
8. For Geoprobe/DPT or Closed-Loop Geothermal Wells having the same	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
construction, only 1 GW-1 is needed. Indicate TOTAL NUMBER of wells drilled:	
25	24. SUBMITTAL INSTRUCTIONS
9. Total well depth below land surface: (ft.) For multiple wells list all depths if different (example-3@200' and 2@100')	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
10. Static water level below top of casing:(ft.) If water level is above casing, use "+"	Information Processing Unit, 1617 MSC, Raleigh, NC 27699-1617
11. Borehole diameter:(in.)	24b. For Injection Wells: Copy to DWR, Underground Injection Control (IUC
maria Dalama	Program, 1636 MSC, Raleigh, NC 27699-1636
12. Well construction method: MICA KOTOWY (i.e. auger, rotary, cable, direct push, etc.)	24c. For Water Supply and Open-Loop Geothermal Return Wells: Copy to the county environmental health department of the county where installed
FOR WATER SUPPLY WELLS ONLY:	24d. For Water Wells producing over 100,000 GPD: Copy to DWR, CCPCUA Permit Program, 1611 MSC, Raleigh, NC 27699-1611
13a. Yield (gpm) Method of test:	Termin Hogiani, 1011 MSC, Rateign, NC 27037-1011
13b. Disinfection type: HTH Amount: 14 Cup	
the state of the s	I .