WELL CONSTRUCTION R This form can be used for single or multiple well	ECORD is	For Int	ernal (Use ONI	LY:								
1. Well Contractor Information:													
Jonathan Kamionka		14. W		R ZONE	S	DESCRIPT	ION						
Well Contractor Name		160	ft.	180	ft.								
3465-A		240	ft.	260	ft.								
NC Well Contractor Certification Number		15. O FROM	UTER	CASIN	VG (for	multi-cased wells) OR LINER (if applicated by DIAMETER THICKNESS MA		licable) MAT					
Bill's Well Drilling Co.		- Aton	ft.	10	ft.	DIAMETE	in.	mick	ITESS.	MALI	ERIAL		
Company Name		16. IN		CASIN	G OR T	UBING (geo		al closed THICK					
2. Well Construction Permit #: 2309-38		+1	ft.	165	ft.	6-1/8	in.		R21	MATI	PVC		
List all applicable well permits (i.e. County, State, Variance, Injection, etc.)			ft.	1.00	ft.		in.				110		
3. Well Use (check well use):			CREE		75. (11 .)								
Water Supply Well:	DM (minimal/Data)	FROM	ft.	то	ft.	DIAMETER in.	SLOT	r size	THICK	NESS	MATERIAL		
□Agricultural □Geothermal (Heating/Cooling Supply)	☐Municipal/Public ☐Residential Water Supply (single)	ļ	ft.		ft.	in.							
□Industrial/Commercial	□Residential Water Supply (shared)		ROUT				*	3.1					
□Irrigation	Extendential Water Supply (Shared)	FROM	ft.	TO	ft.	MATERIA			27	TMET	IOD & AMOUNT		
Non-Water Supply Well:		10	ft.	20	ft.	bentonit	е	pour	ea				
☐Monitoring Injection Well:	□Recovery	↓	ft.		ft.		-	-			-1		
□ □ Groundwater Remediation			19. SAND/GRAVEL PACK (if applicable)										
□ Aquifer Storage and Recovery	□Salinity Barrier	FROM		то		MATERIAL EMPLACEMENT		METHOD					
□Aquifer Test	□Stormwater Drainage		ft.		ft.								
□Experimental Technology	□Subsidence Control	20 0	ft.	NOTE	ft.	h additional sheets if necessary)					mentalis del la menda de la vesta sensi sono de la		
□Geothermal (Closed Loop)	□Tracer	FROM	CILLI	TO	С (апас		DESCRIPTION (color, hardness, soil/rock type, grain size, etc.)						
☐Geothermal (Heating/Cooling Return)	□Other (explain under #21 Remarks)	0	ft.	12	ft.				Sand				
4. Date Well(s) Completed: 9-4-24 Well ID#		12 23	ft.	23 24	ft.		Clay Rock						
5a. Well Location:		24	ft.	370000	ft.								
Maximino Villanueva		2000	ft.	40	ft.				Sand				
Facility/Owner Name Facility ID# (if applicable) 79 Outlaw Ln, Cameron, NC 28326			3 Sailu & Ciay layers										
			09 100 Clay										
Physical Address, City, and Zip			150 ft. 175 ft. Green Rock 21. REMARKS										
Harnett				175-280 Gray & Black Rock									
County	Parcel Identification No. (PIN)												
5b. Latitude and Longitude in degrees/m (if well field, one lat/long is sufficient)	inutes/seconds or decimal degrees:	22. Ce	rtifica	ation:		· /	e						
NW			9-4-24										
			Signature of Certified Well Contractor Date										
6. Is (are) the well(s): ☐Permanent or	□lemporary										ed in accordance adards and that a		
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. Number of wells constructed: For multiple injection or non-water supply wells ONLY with the same construction, you can submit one form.			this re	cord has	been p	rovided to the	well o	wner.	Construct	ion Blan	adaras ana mai a		
						ional well d							
			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 INSTUCTIONS										
9. Total well depth below land surface: 280 (ft.) For multiple wells list all depths if different (example- 3@200' and 2@100')			24a. For All Wells: Submit this form within 30 days of completion of well construction to the following:										
10. Static water level below top of casing: 127 (ft.)			Division of Water Resources, Information Processing Unit, 1617 Mail Service Center, Raleigh, NC 27699-1617										
11. Borehole diameter: 5.75 (in.)			or In	<u>jection</u>	Wells	ONLY: In	ı addit	ion to s	sending th	he forn	to the address in		
12. Well construction method: Mud & Air Rotary (i.e. auger, rotary, cable, direct push, etc.)			24b. For Injection Wells ONLY: In addition to sending the form to the address in 24a above, also submit a copy of this form within 30 days of completion of we construction to the following:										
FOR WATER SUPPLY WELLS ONLY:			Division of Water Resources, Underground Injection Control Program, 1636 Mail Service Center, Raleigh, NC 27699-1636										
13a. Yield (gpm) 10 Method of test: blow			r Wa	ter Su	pply &	Injection V	Vells:						
15a. Yieid (gpm) M	ıbmit	one c	opy of	this form	within								
3b. Disinfection type: HTH Amount: 1 cup well construction to the county health department of the county where										where			

13b. Disinfection type: HTH

constructed.