

WELL CONSTRUCTION RECORD

This form can be used for single or multiple wells.

1. Well Contractor Information:

Ray Maness
 Well Contractor Name
NC-WC-2460-A
 NC Well Contractor Certification Number
WWManess & Sons
 Company Name

2. Well Construction Permit #:

List all applicable well permits (i.e. Comp., State, Variance, Injection, etc.)

3. Well Use (check well use):

Water Supply Well:	
<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	
Non-Water Supply Well:	
<input type="checkbox"/> Monitoring	<input type="checkbox"/> Recovery
Injection Well:	
<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: 4-20-15 Well ID# _____

5a. Well Location:

Scott Brown
 Facility/Owner Name
245 Cooper Store Rd Sanford NC
 Facility ID# (if applicable)
27322
 Physical Address, City, and Zip
Harnett
 County
 Parcel Identification No. (PIN)

5b. Latitude and Longitude in degrees/minutes/seconds or decimal degrees: (if well field, one listing is sufficient)

35° 17.575' N 79° 10.715' 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. Number of wells constructed: 1
For multiple injections or non-water supply wells ONLY with the same construction, you can submit one form.

9. Total well depth below land surface: 260 (ft.)
For multiple wells list all depths if different (example: 3@200' and 2@100')

10. Static water level below top of casing: 115 (ft.)
If water level is above casing, use "+"

11. Borehole diameter: 6.25 (in.)

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

FOR WATER SUPPLY WELLS ONLY:

13a. Yield (gpm): 10 Method of test: Air
 13b. Disinfection type: H+H Amount: 1 Pound

For Internal Use ONLY:

14. WATER ZONES					
FROM	TO	DESCRIPTION			
ft.	<u>196</u> ft.	<u>10 GPM</u>			
ft.	ft.				
15. OUTER CASING (for multi-cased wells) OR LINER (if applicable)					
FROM	TO	DIAMETER	THICKNESS	MATERIAL	
<u>+1</u> ft.	<u>178</u> ft.	<u>6.25</u> in.	<u>SDR21</u>	<u>PVC</u>	
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		
<u>0</u> ft.	<u>20'</u> ft.	<u>Sand-Cement</u>	<u>Poured</u>		
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.)			
<u>0</u> ft.	<u>145</u> ft.	<u>Sand</u>			
<u>145</u> ft.	<u>170</u> ft.	<u>Clay</u>			
<u>170</u> ft.	<u>260</u> ft.	<u>Rock</u>			
ft.	ft.				
ft.	ft.				
ft.	ft.				
ft.	ft.				
21. REMARKS					

22. Certification:
Ray Maness 4-21-15
 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 site details or well construction details. You may also attach additional pages if necessary.

SUBMITTAL INSTRUCTIONS

24a. For All Wells: Submit this form within 30 days of completion of well construction to the following:

Division of Water Resources, Information Processing Unit,
1617 Mail Service Center, Raleigh, NC 27699-1617

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 well construction to the following:

Division of Water Resources, Underground Injection Control Program,
1636 Mail Service Center, Raleigh, NC 27699-1636

24c. For Water Supply & Injection Wells: Also submit one copy of this form within 30 days of completion of well construction to the county health department of the county where constructed.