

### WELL CONSTRUCTION RECORD

This form can be used for single or multiple wells

#### Well Contractor Information:

Justin Barefoot

Well Contractor Name

3474-A

NC Well Contractor Certification Number

Barefoot's Well Drilling

Company Name

2. Well Construction Permit #: 16-5-39464

List all applicable well permits (i.e. County, State, Variance, Injection, 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

##### 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: 11-23-16 Well ID#

#### 5a. Well Location:

Clayton Homes

Facility/Owner Name

Facility ID# (if applicable)

Dixion Rd Coats

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 lat/long is sufficient)

35.42189 N -78.63420 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 injection or non-water supply wells ONLY with the same construction, you can submit one form.

9. Total well depth below land surface: 365' (ft.)  
For multiple wells list all depths if different (example- 3@200' and 2@100')

10. Static water level below top of casing: 103' (ft.)  
If water level is above casing, use "+"

11. Borehole diameter: 10 (in.)

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

#### FOR WATER SUPPLY WELLS ONLY:

13a. Yield (gpm): 20 Method of test: Air

13b. Disinfection type: Ipound Amount: Charline

For Internal Use ONLY:

#### 14. WATER ZONES

| FROM    | TO      | DESCRIPTION |
|---------|---------|-------------|
| 273 ft. | 365 ft. | Bed Rock    |

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

| FROM  | TO      | DIAMETER  | THICKNESS | MATERIAL |
|-------|---------|-----------|-----------|----------|
| 0 ft. | 273 ft. | 6 1/4 in. |           | Galv     |

#### 16. INNER CASING OR TUBING (geothermal closed-loop)

| FROM | TO | DIAMETER | THICKNESS | MATERIAL |
|------|----|----------|-----------|----------|
| -    | -  | -        | -         | -        |

#### 17. SCREEN

| FROM | TO | DIAMETER | SLOT SIZE | THICKNESS | MATERIAL |
|------|----|----------|-----------|-----------|----------|
| -    | -  | -        | -         | -         | -        |

#### 18. GROUT

| FROM  | TO     | MATERIAL  | EMPLACEMENT METHOD & AMOUNT |
|-------|--------|-----------|-----------------------------|
| 0 ft. | 25 ft. | Hole plug | Gravity                     |

#### 19. SAND/GRAVEL PACK (if applicable)

| FROM | TO | MATERIAL | EMPLACEMENT METHOD |
|------|----|----------|--------------------|
| -    | -  | -        | -                  |

#### 20. DRILLING LOG (attach additional sheets if necessary)

| FROM    | TO      | DESCRIPTION (color, hardness, soil/rock type, grain size, etc.) |
|---------|---------|---|
| 0 ft.   | 273 ft. | Sand Clay MIA   |
| 273 ft. | 365 ft. | Bed Rock  |

#### 21. REMARKS

#### 22. Certification:

[Signature]  
Signature of Certified Well Contractor

11-23-16  
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.