WELL CONSTRUCTION RECORD (GW-1)	For Internal Use Only:
1. Well Contractor Information:	
The state of the s	A. N. MICH STANIO
Larry Williford	14. WATER ZONE
Well Contractor Name	27" 32" Sand +gravel
2863-A	n. n.
NC Well Contractor Certification Number	15. OUTER CASING (for multi-cased wells) OR LINER (if applicable)
Williford's Well prilling	FROM TO DIAMETER THICKNESS MATERIAL
Company Name	16. INNER CASING OR TUBING (geothernial closed-loop)
2. Well Construction Permit #: 17 - 5 - 41987	FROM TO DIAMETER THICKNESS MATERIAL
List all applicable well construction permits (i.e. UIC, County, State, Variance, etc.)	ft. ft. in.
3. Well Use (check well use):	ft. ft. in.
Water Supply Well:	17. SCREEN
Agricultural Municipal/Public	271. 321. 2 In. 1012-5CH40 PVC
Geothermal (Heating/Cooling Supply) Residential Water Supply (single)	ft. In. In.
Industrial/Commercial TResidential Water Supply (shared)	18. GROUT
Irrigation	FROM TO MATERIAL EMPLACEMENT METHOD & AMOUNT
Non-Water Supply Well:	0 " 20" Bentonite Dour/gravity
Monitoring Recovery	a. 1. 4-5012 hugs
Injection Well:	ft. ft. of 3/8 hile pluc
Aquifer Recharge Groundwater Remediation	19. SAND/GRAVES PACK (If applicable)
Aquifer Storage and Recovery Salinity Barrier	7 () ft. 20 rt. #2 Sand ONLY (2 PALCE)
Aquifer Test Stormwater Drainage	20 30 Flashing Duriginates
Experimental Technology Subsidence Control	ft. ft.
Geothermal (Closed Loop)	20. DRILLING LOS (attach additional sheets if necessary) FROM TO DESCRIPTION (color, hardness, soll/rock type, grain size, etc.)
Geothermal (Heating/Cooling Return) Other (explain under #2) Remarks)	On. / a. topsoil
4. Date Well(s) Completed: (-28-18 Well ID#	1" 9 " sandy tan clay
5a. Well Location:	9 " 27 " +an clay
	27" 37" Sand+aravel
Facility/Owner Name Facility ID# (if applicable)	a 1 3 of January ave
	0. 0.
Warren Rd	n. n.
Physical Address, City, and Zip	
Harnett 0596-97-4735	OF REMARKS
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° 18.553 N 78° 40.043 W	22. Certification:
35° 18.553 N 78° 40.043 W	Larry Williford 1-27-18
6. Is(are) the well(s) Permanent or Temporary	Signature of Copyried Well Contractor Date
r	By signing this form, I hereby certify that the well(s) was (were) constructed in accordance
7. Is this a repair to an existing well: Yes or No	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.
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.	
6 For Court Mart - Claud Voor Couth and Wells having the same	23. Site diagram of additional well details: You may use the tack of this page to provide additional well site details or well
 For Geoprobe/DPT or Closed-Loop Geothermal Wells having the same construction, only 1 GW-1 is needed. Indicate TOTAL NUMBER of wells 	construction details. You may also attach additional pages if necessary.
drilled:	SUBMITTAL INSTRUCTIONS
9. Total well depth below land surface: 22 (ft.)	24a. For All Wells: Submit this form within 30 days of completion of well
For multiple wells list all depths if different (example-3@200' and 2@100')	construction to the following:
10. Static water level below top of casing: /5 (ft.)	Division of Water Resources, Information Processing Unit,
If water level is above casing, use "4"	1617 Mail Service Center, Raleigh, NC 27699-1617
11. Borehole diameter: (In.)	24b. For Injection Wells: In addition to sending the form to the address in 24a
ha alma la mil	above, also submit one copy of this form within 30 days of completion of well
(i.e. suger, rotary, cable, direct push, etc.)	construction to the following:
	Division of Water Resources, Underground Injection Control Program,
FOR WATER SUPPLY WELLS ONLY:	1636 Mall Service Center, Raleigh, NC 27699-1636
13a. Yield (gpm) Method of test: pumping	24c. For Water Supply & Injection Weller In addition to sending the form to the address(cs) above, also submit one copy of this form within 30 days of
3b. Disinfection type: HTH Amount: 14 Cup	completion of well construction to the county health department of the county
	where constructed.