

WELL CONSTRUCTION RECORD

This form can be used for single or multiple wells

1. Well Contractor Information:

James O. Bill
Well Contractor Name

2122-A
NC Well Contractor Certification Number

Cape Fear Well + Pump Co.
Company Name

2. Well Construction Permit #: 229-0022
List all applicable well construction permits (i.e. County, State, Variance, 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 Satinity 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: 6/4/15

5. Well Location:

SEDC
Facility/Owner Name

805 Loop Rd.
Physical Address, City, and Zip

Harnett
County

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

_____ N _____ 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 brown 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: 265' (ft.)
For multiple wells list all depths if different (example- 3@200' and 2@100')

10. Static water level below top of casing: 43' (ft.)
If water level is above casing, use "+"

11. Borehole diameter: _____ (in.)

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

13. FOR WATER SUPPLY WELLS ONLY:

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

13b. Disinfection type: HTH Amount: 100 PPM

For Internal Use ONLY:

14. WATER ZONES		
FROM	TO	DESCRIPTION
140' ft.	160' ft.	
255' ft.	265' ft.	

15. OUTER CASING (for multi-cased wells) OR LINER (if applicable)				
FROM	TO	DIAMETER	THICKNESS	MATERIAL
0' ft.	114' ft.	4 1/2 in.	SDR17	PVC

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
0' ft.	20' ft.		Hole Plug
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.)
0' ft.	1' ft.	Top Soil
1' ft.	25' ft.	Orange Sand
25' ft.	81' ft.	gray + orange Clay mix
81' ft.	101' ft.	gray Slate rock
101' ft.	265' ft.	gray rock
ft.	ft.	
ft.	ft.	

21. REMARKS

22. Certification:
James O. Bill 6/4/15
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.

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

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

24b. For Injection Wells: 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 Quality, Underground Injection Control Program,
1636 Mail Service Center, Raleigh, NC 27699-1636

24c. For Water Supply & Geothermal Wells: In addition to sending the form to the address(es) above, 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.