

# WELL CONSTRUCTION RECORD

This form can be used for single or multiple wells

## 1. Well Contractor Information:

Larry Williford Jr  
Well Contractor Name

2863-A  
NC Well Contractor Certification Number

Williford's Well Drilling  
Company Name

2. Well Construction Permit #: 16-5-37938  
*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: 8-12-16 Well ID# \_\_\_\_\_

5a. Well Location:  
Elizabeth Slaughter

Facility/Owner Name: Ebenezer Church Rd Coats NC  
Facility ID# (if applicable): \_\_\_\_\_

Physical Address, City, and Zip: Harnett 1600-26-1747,000

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° 25.007 N 78° 39.527 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: 180 (ft.)  
*For multiple wells list all depths if different (example- 3@200' and 2@100')*

10. Static water level below top of casing: 65 (ft.)  
*If water level is above casing, use "-"*

11. Borehole diameter: 10 (in.)

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

### FOR WATER SUPPLY WELLS ONLY:

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

13b. Disinfection type: HTH Amount: 1/2 Cup

For Internal Use ONLY:

FROM	TO	DESCRIPTION			
165 ft.	170 ft.	Gray rock			
FROM	TO	DIAMETER	THICKNESS	MATERIAL	
-1 ft.	101 ft.	6 in.		SOR21 PVC	
FROM	TO	DIAMETER	THICKNESS	MATERIAL	
ft.	ft.	in.			
ft.	ft.	in.			
FROM	TO	DIAMETER	SLOT SIZE	THICKNESS	MATERIAL
ft.	ft.	in.			
ft.	ft.	in.			
FROM	TO	MATERIAL	EMPLACEMENT METHOD & AMOUNT		
0 ft.	20 ft.	Brantite Cement	pour/gravity		
ft.	ft.				
ft.	ft.				
FROM	TO	MATERIAL	EMPLACEMENT METHOD		
ft.	ft.				
ft.	ft.				
FROM	TO	DESCRIPTION (color, hardness, soil/rock type, grain size, etc.)			
0 ft.	1 ft.	topsoil			
1 ft.	5 ft.	Sandy clay			
5 ft.	17 ft.	tan clay			
17 ft.	41 ft.	gray clay			
41 ft.	96 ft.	grayish-red clay			
96 ft.	180 ft.	gray rock			
ft.	ft.				

22. Certification:  
Larry Williford Jr 8-15-16  
 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.