Jun. 2. 2016 5:03PM 1	PECOPO				No. 26	44	P. 1	
This form can be used for single or myliple we	For Internal Use ONLY:							
	ш,							
1. Well Contractor Information: Felton Jacobs			MANATER ZONESIS					
Well Contractor Name		FROM ft.	240	DESCRIPTION	E 10			
2765A	IL.	0 70	7	5 60	M			
NC Well Contractor Certification Number		Maroure.	CASING (for	mb) N-cased wells)	ORUNER ILLA	nilicabla	MARINE MERCHANIST	
N.W. Poole Well & Pump Co.		FROM	TO	DIAMETER	THICKNESS	MATE	RIAL	
	7	1 n	18 m	6 10.	188	16	ew/	
Company Name 16-5-3850	25/67	FROM	CASING OR	DIAMETER	THICKNESS	MATE		
2. Well Construction Permit #:	50.00	R	ſL	in.	111111111111111111111111111111111111111	FIGURE		
List all applicable well permits (i.e. County, Sta	le, Variance, etc.)	n	fL	la.		+		
3. Well Use (check well use):		PINSCREE	No.		S0.04/L.2 11.2.	5年出生3	ezateza e e e e	
Water Supply Well:		FROM	70	DIAMETER SIA		KNESS	MATERIAL	
OAgricultural	□Municipal/Public	n	U.	la.				
Geothermel (Heating/Cooling Supply)	Diffesidential Water Supply (single)	r	ft.	in.				
Olndustrial/Commercial	Residential Water Supply (shared)	MEGROU	<b>建筑地域部的</b>	MATERIAL	ALCONO TO A	actions to	<b>亚洲亚洲</b>	
□lrigation		- B a	an a	1	EMPLACEME	NIMETR	THUOMA & G	
Non-Water Supply Well:		1	ft	cement	pa	100		
OMonitoring Injection Well:	□Recovery .				-			
100 100 100 100 100 100 100 100 100 100		U.	R					
□Aquifer Recharge	OGroundwater Remediation	FROM	TO TO	K (Wapplicable)	PMDIA	CEMENT	METHOD	
DAquifer Storage and Recovery	□Salinity Barrier	n.	ft.		Emila	CECIENT I	THOU THOU	
DAquifer Test	Stormwater Drainage	n.	fL.					
DExperimental Technology	□Subsidence Control	340-DB11.13		L vedinonal bee	Cli sermenting	2017 St. 100	STATE STATE	
□Geothermal (Closed Loop)	O Tracer	FROM	TO	DESCRIPTION (	olor, hardness, solve	ock typs, g	rein tizz, etg)	
Geothermal (Heating/Cooling Return)	Other (explain under #21 Remarks)	0 "	3 "	TOD	Soil			
4. Date Well(s) Completed: 6-1-10	/ Well Da_	3 n	201	10	oy			
5a. Well Location:		20 h	50 m	50	7			
Droke Ihne	^	50"	245"	5/9	te			
Facility/Owner Name	Facility ID# (if applicable)	· h	n.					
1100 Bradley Rd	a solidy for (in approach)	Λ.	U.					
Physical Address, City, and Zip		217REMAR	KS NOW E		Market Control	1986401919	(2) Marie Marie	
Hornett			St	eel Hardened	Drive Shoe			
County	Percel Identification No. (PIN)							
5b. Latitude and Longitude in degrees/m if well field, one lat/long is sufficient)	unuses/seconds or decimal degrees:	22. Certifica	tion	1				
	900000	70	1/6	1 wort		1-	1-16	
35°27'43 N 79°62'13 W			Signature of Cartiflad West Contractor Date					
6. is (are) the well(s): @Permanent or DTemporary			By signing this form, I haveby certify that the well(s) was (were) constructed in accordance					
I Is this a sample to an artesta - W. S.V.			with 15A NCAC 02C .0100 of 15A NCAC 02C .0200 Well Construction Standards and that a					
7. Is this a repair to an existing well: Yes or GNO  (fills is a repair, fill out known well construction information and explain the nature of the			copy of this record has been provided to the well owner.					
apair under #21 remarks section or an the back t	23. Site diagram or additional well details:							
Number of wells constructed:			You may use the back of this page to provide additional well site details or well					
8. Number of wells constructed:  For multiple injection or non-water supply wells ONLY with the same construction, you can submit one form.			construction details. You may also attach additional pages if necessary.					
			SUBMITTAL INSTUCTIONS					
7. Total well depth below land surface: 244 (IL) For multiple wells list oll depths if different (example-3@300° and 2@1007)			24a. For All Wells: Submit this form within 30 days of completion of well construction to the following:					
O. Static water level below top of casing:	Division of Water Resources, Information Processing Unit, 1617 Mail Service Center, Ruleigh, NC 27699-1617							
	((n.)	441 = -	- 7					
1. Borehole dismeter:			ONLY: In addi					
2. Well construction method:		24s above, also submit a copy of this form within 30 days of completion of we construction to the following:  Division of Water Resources, Underground Injection Control Program,						
e. suger, rotary, cable, direct push, etc.)								
FOR WATER SUPPLY WELLS ONLY:							ı rrogram,	
25 8/4/			1636 Mail Service Center, Raleigh, NC 27699-1636					
3s. Yield (gpm) M	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							
3b. Disinfection type: H714								
	Amount: 110	constructed.		2 5				