

WELL CONSTRUCTION RECORD (GW-1)

1. Well Contractor Information:

John H. Boyette Jr.

Well Contractor Name

2505

NC Well Contractor Certification Number

Boyette Well & Septic Inc.

Company Name

2. Well Construction Permit #:

List all applicable well construction permits (i.e. UIC, County, State, Variance, etc.)

3. Well Use (check well use):

Water Supply Well:

- Agricultural
- Geothermal (Heating/Cooling Supply)
- Industrial/Commercial
- Irrigation
- Municipal/Public
- Residential Water Supply (single)
- Residential Water Supply (shared)

Non-Water Supply Well:

- Monitoring
- Recovery

Injection Well:

- Aquifer Recharge
- Aquifer Storage and Recovery
- Aquifer Test
- Experimental Technology
- Geothermal (Closed Loop)
- Geothermal (Heating/Cooling Return)
- Groundwater Remediation
- Salinity Barrier
- Stormwater Drainage
- Subsidence Control
- Tracer
- Other (explain under #21 Remarks)

4. Date Well(s) Completed: 9/29/20 Well ID# _____

5a. Well Location: Rachel Bachman

Facility/Owner Name: 135 Faircloth Lane Facility ID# (if applicable) _____

Physical Address, City, and Zip: HANDLIFT

County: _____ Parcel Identification No. (PIN) _____

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

35.479652 N -78.961991 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. For Geoprobe/DPT or Closed-Loop Geothermal Wells having the same construction, only 1 GW-1 is needed. Indicate TOTAL NUMBER of wells drilled: _____

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: 20 (ft.)
If water level is above casing, use "+"

11. Borehole diameter: 6.25 (in.)

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

FOR WATER SUPPLY WELLS ONLY:

13a. Yield (gpm): 30 Method of test: Flow

13b. Disinfection type: HTH Amount: 16 Oz.

For Internal Use Only:

14. WATER ZONES

FROM	TO	DESCRIPTION
260 ft.	275 ft.	

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

FROM	TO	DIAMETER	THICKNESS	MATERIAL
ft.	ft.	in.		

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

FROM	TO	DIAMETER	THICKNESS	MATERIAL
115 ft.	130 ft.	6.75 in.	SDR 21	PVC
130 ft.	135 ft.	6.75 in.	.188	Galv. Steel

17. SCREEN

FROM	TO	DIAMETER	SLOT SIZE	THICKNESS	MATERIAL
ft.	ft.	in.			

18. GROUT

FROM	TO	MATERIAL	EMPLACEMENT METHOD & AMOUNT
0 ft.	22 ft.	Bentonite	Pumped

19. SAND/GRAVEL PACK (if applicable)

FROM	TO	MATERIAL	EMPLACEMENT METHOD
ft.	ft.		

20. DRILLING LOG (attach additional sheets if necessary)

FROM	TO	DESCRIPTION (color, hardness, soil/rock type, grain size, etc.)
0 ft.	30 ft.	CLAY
30 ft.	40 ft.	SOIL
40 ft.	75 ft.	SUPPORTIVE
75 ft.	265 ft.	GRANITE

21. REMARKS

22. Certification:

Signature of Certified Well Contractor: [Signature]

Date: 10/5/20

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: In addition to sending the form to the address in 24a above, also submit one 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: 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.