WELL CONSTRUCTION RECORD (GW-1)		For Internal Use Only:											
1. Well Contractor Information:													
Jonathan Kamiona		14 337	A CENTRAL	CONTRO									
Well Contractor Name			14. WATER ZONES FROM TO DESCRIPTION										
3465-A		200	ft.	220	ft.								
			ft.		ft.								
NC Well Contractor Certification Number		15. OU	TER	CASING (for m	ulti-cased v	vells) (
Bill's Well Drilling Co		FROM	ft.	то	ft.	DIAMETER	in.	THICK	NESS	MATE	RIAL		
Company Name		16. IN		CASING O	- 1	RING (gen	- 1	al closed	-loon)				
2. Well Construction Permit #: EH2410-0025 List all applicable well construction permits (i.e. UIC County State, Variance, etc.)		FROM		то		DIAMETER	1	THICK		MATE	RIAL		
List all applicable well construction permits (i.e. UIC, County, State, Variance, etc.)		+2	ft.		_	6-1/8	in.	SDR2	1	PVC			
3. Well Use (check well use):		+2 ft. 102 ft. 4 in. sch40 PVC											
Water Supply Well:		17. SC FROM		TO OT	I DI	AMETER	SLO	T SIZE	THICK	NESS	MATERIAL		
□Agricultural			ft.	ft.	1	in.			MATERIAL				
☐Geothermal (Heating/Cooling Supply)	□Residential Water Supply (single)		ft.	ft.	╁	in.							
□Industrial/Commercial					120				1900		E 104		
□Irrigation	□Wells > 100,000 GPD	FROM	F4	то	6	MATERIAL EMPLACEMENT METHOD & A		IOD & AMOUNT					
Non-Water Supply Well:	GP	0	ft.	20	_	bentonite		poure	ed				
☐Monitoring Injection Well:	□Recovery	-	ft.	- 1	ft.								
□Aquifer Recharge	☐Groundwater Remediation		ft.		ft.								
□Aquifer Storage and Recovery	□Salinity Barrier	19. SAI	ND/G	RAVEL PA	ACK	(if applicable) MATERIAL EMPLACEMENT METHOD							
□Aquifer Test	□Stormwater Drainage	I ROM	ft.		ft.	MATERIAL			EMPLAC	ENIENI	METHOD		
□Experimental Technology	□Subsidence Control		ft.	- 1	ft.		_						
□Geothermal (Closed Loop)	□Tracer	20. DR	ILLI	NG LOG (a	ttach	additional	sheets	if neces	sarv)				
□Geothermal (Heating/Cooling Return)	□Other (explain under #21 Remarks)	FROM 0		то		DESCRIPTI	ON (co	lor, hardr	ess, soil/re	ock type, ;	grain size, etc.)		
			ft.	10	_	Red clay & gravel							
4. Date Well(s) Completed: 1-7-25 Well ID#		18	ft.	70 f	ft.	Red & bro	own r	ock					
5a. Well Location:		70	ft.	90 ^f	ft.	Brown & 0	Gray	Rock					
Cape Fear Valley Health System		90	ft.	420 f	ft.	Gray & bla	ack r	ock					
Facility/Owner Name	Facility ID# (if applicable)		ft.	f	ft.			3,11					
215 Brightwater Dr, Lillington	on, NC 27546		ft.	f	ft.								
Physical Address, City, and Zip			ft.	f	ft.								
Harnett	0651-70-1090	21. RE	MAR	KS									
County	Parcel Identification No. (PIN)												
5b. Latitude and longitude in degrees/minutes/seconds or decimal degrees: (if well field, one lat/long is sufficient)			22. Certification:										
			22. Certification:										
				n	10	w	1		_	1/7/	2025		
6. Is(are) the well(s): Permanent or	□Temporary	Signature	of Co	ertified Well	1 Con	tractor				Date			
7 Is this a vannin to an existing wall.	TVes on Mais	By signin	g this	form, I herei	by ce	rtify that the	well(s) was (we	re) const	ructed in	accordance with		
7. Is this a repair to an existing well: \Box Yes or \Box No If this is a repair, fill out known well construction information and explain the nature of the			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.										
repair under #21 remarks section or on the back of		23. Site	diag	ram or ad	ditio	nal well de	etails:						
8. For Geoprobe/DPT or Closed-Loop Geothermal Wells having the same construction, only 1 GW-1 is needed. Indicate TOTAL NUMBER of wells			23. Site diagram or additional well details: You may use the back of this page to provide additional well construction info										
			(add 'See Over' in Remarks Box). You may also attach additional pages if necessary.										
drilled:	-	24. SUB	MIT	TAL INS	TRU	CTIONS							
9. Total well depth below land surface: 420 (ft.) For multiple wells list all depths if different (example-3@200' and 2@100') 10. Static water level below top of casing: 16 (ft.) If water level is above casing, use "+"			Submit this GW-1 within 30 days of well completion per the following:										
			24a. For All Wells: Original form to Division of Water Resources (DWR), Information Processing Unit, 1617 MSC, Raleigh, NC 27699-1617										
11. Borchole diameter: 6-1/8 (in.)			24b. For Injection Wells: Copy to DWR, Underground Injection Control (IUC)										
12. Well construction method: mud & air rotary			Program, 1636 MSC, Raleigh, NC 27699-1636										
(i.e. auger, rotary, cable, direct push, etc.)			24c. For Water Supply and Open-Loop Geothermal Return Wells: Copy to the county environmental health department of the county where installed										
FOR WATER SUPPLY WELLS ONLY:													
13a. Yield (gpm) 15 Method of test: pumped			24d. For Water Wells producing over 100,000 GPD: Copy to DWR, CCPCUA Permit Program, 1611 MSC, Raleigh, NC 27699-1611										
13b. Disinfection type: HTH Amount: 1 Cup													
130. Disinfection type:	Amount:												