

**WELL CONSTRUCTION RECORD (GW-1)**

1. Well Contractor Information:

Michael Maress  
Well Contractor Name

NCWC 2470-A  
NC Well Contractor Certification Number

WV Maress & Sons  
Company Name

2. Well Construction Permit #: SFD 2004-0029  
List all applicable well construction permits (i.e. UIC, County, State, Performance, 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  Steamwater Drainage

Experimental Technology  Subsurface Control

Geothermal (Closed Loop)  Tracer

Geothermal (Heating/Cooling Return)  Other (explain under #21 Remarks)

4. Date Well(s) Completed: 8-12-20 Well ID#

5a. Well Location:

Mabus Construction

Facility/Owner Name Facility ID# (if applicable)

485 River Ridge Dr Broadway  
Physical Address, City, and Zip Harnett NC

County Parcel Identification No. (PIN)

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

35° 28' 52" N 78° 57' 14" 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: 320 (ft.)  
For multiple wells list all depths if different (example: 5@200' and 2@100')

10. Static water level below top of casing: 50 (ft.)  
If water level is above casing, use "+"

11. Borehole diameter: 6 (in.)

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

FOR WATER SUPPLY WELLS ONLY:

13a. Yield (gpm): 7 1/2 Method of test: Air

13b. Disinfection type: H+H Amount: 1 Pound

For Internal Use Only:

14. WATER ZONES					
FROM	TO	DESCRIPTION			
ft.	ft.	128	ft.	7 1/2	Gpm
ft.	ft.				

15. OUTER CASING (for open bored wells) OR LINER (for cased wells)					
FROM	TO	DIAMETER	THICKNESS	MATERIAL	
ft.	ft.	42	in.	SPR21	PVC
ft.	ft.				

16. INNER CASING OR TUBING (Geoprobe closed loop)					
FROM	TO	DIAMETER	THICKNESS	MATERIAL	
ft.	ft.				
ft.	ft.				

17. SCREEN					
FROM	TO	DIAMETER	SLOT SIZE	THICKNESS	MATERIAL
ft.	ft.				
ft.	ft.				

18. GROUT			
FROM	TO	MATERIAL	REPLACEMENT METHOD & AMOUNT
ft.	ft.	20+	Bentonite Pumped
ft.	ft.		
ft.	ft.		

19. SAND/SVEE-PACK (if applicable)			
FROM	TO	MATERIAL	REPLACEMENT METHOD
ft.	ft.		
ft.	ft.		

20. PROTECTIVE LOGS (if applicable)				
FROM	TO	DESCRIPTION (color, texture, soil type, etc.)		
ft.	ft.	0	25	Clay
ft.	ft.	25	30	Sandy stone
ft.	ft.	30	320	Granite
ft.	ft.			
ft.	ft.			
ft.	ft.			

21. REMARKS:

22. Certification:

Michael Maress 8-12-20  
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 Main 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 Main 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.