

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

**1. Well Contractor Information:**

Well Contractor Name: Michael Maress

Well Contractor License Number: NCWC 2470-A

Company Name: WV Maress & Sons

**2. Well Construction Permits:**

List all applicable well construction permits (i.e. OIC, County, State Variance, 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  Streamwater Drainage

Experimental Technology  Subsidence Control

Geothermal (Closed Loop)  Tracer

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

4. Date Well(s) Completed: 8-26-20 Well ID#

**5a. Well Location:**

Facility/Owner Name: Henry Harrison

Facility ID# (if applicable):

Physical Address, City, and Zip: 261 Freedom Ln, Broadway NC, 27505

County: Harnett Parcel Identification No. (PIN):

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

35° 20' 58" N 79° 1' 32" 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: 400 (ft.)  
For multiple wells list all depths if different (example: 3@200' and 2@100')

10. Static water level below top of casing: 25 (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 Internal Use Only:

**14. WATER ZONES:**

FROM	TO	DESCRIPTION
ft.	90' ft.	3 gpm
ft.	ft.	

**15. OUTER CASING (for unconfined cases wells) OR LINER (if applicable):**

FROM	TO	DIAMETER	THICKNESS	MATERIAL
ft.	80' ft.	6 1/4 in.	SDR21	PVC

**16. INNER CASING OR TUBING (for confined cases wells):**

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

**17. SCREEN:**

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

**18. GROUT:**

FROM	TO	MATERIAL	ESTABLISHMENT METHOD & AMOUNT
ft.	20' ft.	Bentonite	pumped
ft.	ft.		
ft.	ft.		

**19. SAND/SILT VEIL PACK (if applicable):**

FROM	TO	MATERIAL	ESTABLISHMENT METHOD
ft.	ft.		
ft.	ft.		

**20. DRILLING LOG (attach separate sheet if necessary):**

FROM	TO	DESCRIPTION (color, texture, etc., check type, grain size, etc.)
ft.	5 ft.	sandy clay
ft.	70 ft.	clay
ft.	400 ft.	grate
ft.	ft.	
ft.	ft.	
ft.	ft.	
ft.	ft.	

**21. REMARKS:**

**22. Certification:**  
Signature of Certified Well Contractor: Michael Maress  
Date: 8-26-20

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**

**23a. For All Wells:** Submit this form within 30 days of completion of well construction to the following:

Division of Water Resources, Information Processing Unit,  
1627 Well Service Center, Raleigh, NC 27699-1627

**23b. For Injection Wells:** In addition to sending the form to the address in 23a 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 Well Service Center, Raleigh, NC 27699-1636

**23c. 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.

**FOR WATER SUPPLY WELLS ONLY:**

13a. Yield (gpm): 3 Method of test: Air

13b. Distribution type: H+H Access: 1 pad