

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

**1. Well Contractor Information:**

Well Contractor Name: Jon Poole  
 NC Well Contractor Certification Number: 2281A  
 Company Name: Grady Poole Well & Pump Co

**2. Well Construction Permit #:**  
 List all applicable well construction permits (i.e. DEC, Crust, Dam, 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  Stormwater Drainage  
 Experimental Technology  Subsidence Control  
 Geothermal (Closed Loop)  Tracer  
 Geothermal (Heating/Cooling Return)  Other (explain under #21 Remarks)

4. Date Well(s) Completed: 3-1-22 Well ID# \_\_\_\_\_

5a. Well Location:  
 Facility/Owner Name: Pete Gatto  
 Facility ID# (if applicable): \_\_\_\_\_  
 Physical Address, City, and Zip: 1105 N Strickland rd, Harnatt  
 County: \_\_\_\_\_ Parcel Identification No. (PID): 021537012302

5b. Latitude and longitude in degrees/minutes/seconds or decimal degrees:  
 (If well field, one latitude is sufficient)  
 \_\_\_\_\_ N \_\_\_\_\_ 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: 1

9. Total well depth below land surface: 250 (ft.)  
 For multiple wells list all depths (if different (example: 1@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 (in.)

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

**FOR WATER SUPPLY WELLS ONLY:**

13a. Yield (gpm): 12 Method of test: blow

13b. Disinfection type: hth Amount: 1/2 lb

**For Interval Use Only:**

14. WATER LEVEL		DESCRIPTION			
FROM	TO	DATE	TIME		
0 ft.	220 ft.	12	9 PM		
15. OUTER CASING (See well construction permit for LINER or equivalent)					
FROM	TO	DIAMETER	THICKNESS	MATERIAL	
0 ft.	135 ft.	6 in.	1.88		
16. INNER CASING OR TUBING (Geothermal closed-loop)					
FROM	TO	DIAMETER	THICKNESS	MATERIAL	
17. SCREEN					
FROM	TO	DIAMETER	SLIT SIZE	THICKNESS	MATERIAL
18. GROUT					
FROM	TO	MATERIAL	EMPLACEMENT METHOD & ANCHORS		
0 ft.	20 ft.	lean concrete	gravity		
19. SAND/GRAVEL PACK (if applicable)					
FROM	TO	MATERIAL	EMPLACEMENT METHOD		
20. DRILLING LOG (attach additional sheets if necessary)					
FROM	TO	DESCRIPTION (soils, hardpan, surface, etc.)			
0 ft.	10 ft.	CLAY			
10 ft.	100 ft.	SOIL			
100 ft.	250 ft.	SLATE ROCK			
21. REMARKS					

22. Certification:  
 Signature of Certified Well Contractor: Jon Poole  
 Date: 3-1-22

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.

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5/1/22

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