

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

1. Well Contractor Information:  
Michael Maress  
 Well Contractor Name:  
WC WC 2470-A  
 NC Well Contractor Certification Number:  
WV Maress & Sons  
 Company Name:

2. Well Construction Permit #:  
 List all applicable well construction permits (i.e. UIC, County, State, Variances, 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  Safety 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: 5-21-21 Application # Application #  
 Well ID# GF021040079

5a. Well Location:  
Hamilton Properties Lot 5  
 Facility/Owner Name: Seminole Rd (Broadway)  
 Facility ID# (if applicable):  
Harrell  
 Physical Address, City, and Zip:  
 County: Parcel Identification No. (PIN):

5b. Latitude and longitude in degrees/minutes/seconds or decimal degrees:  
 (if well field, one lat/long is sufficient)  
35.441 N 79.042 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: 420 (ft.)  
 For multiple wells list all depths if different (example- 5@200' and 2@100')

10. Static water level below top of casing: 75 (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: Air  
 13b. Disinfection type: A+H Amount: 1 pound

For Internal Use Only:

14. WATER ZONES					
FROM	TO	DESCRIPTION			
ft.	210 ft.	8 Gpm			
ft.	260 ft.	4 Gpm			
15. OUTER CASING (for hand-dug wells) OR LINER (if applicable)					
FROM	TO	DIAMETER	THICKNESS	MATERIAL	
ft.	139 ft.	6 1/4 in.		SDR21	PVC
16. INNER CASING OR TUBING (geothermal closed-loop)					
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	EMPLACEMENT METHOD & AMOUNT		
ft.	20+ ft.	Bertrand	Purified		
ft.	ft.				
ft.	ft.				
19. SAND/GRAVEL PACK (if applicable)					
FROM	TO	MATERIAL	EMPLACEMENT METHOD		
ft.	ft.				
ft.	ft.				
20. DRILLING LOG (attach separate sheet if necessary)					
FROM	TO	DESCRIPTION (soils, bedrock, well type, pipe size, etc.)			
ft.	3 ft.	Sand			
ft.	ft.				
ft.	130 ft.	Sand & clay mix			
ft.	130 ft.	420 ft. Gravel			
ft.	ft.				
ft.	ft.				
21. REMARKS					

22. Certification:  
Michael Maress  
 Signature of Certified Well Contractor  
5-21-21  
 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 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.