								Print For	
WELL CONSTRUCTION RECORD (GW-1)			nal Use Only	r:					
1. Well Contractor Information:									
CODY ELLIOTT			ZONES						
Well Contractor Name			TO ft.	• 5	Υ				
4420-A			ft.	- 5					
NC Well Contractor Certification Number			CASING (for	multi-cased wel					
CLEAR WATER DRILLING LLC		FROM + / ft.	-84 n.	C in	THICK		MATE	IC.	
Company Name				UBING (geothe			, .		
2. Well Construction Permit #: 2303 - 004 List all applicable well construction permits (i.e. UIC, County, State, Variance, etc.)		FROM R.	TO ft.	DIAMETER	THICK		MATE	RIAL	
3. Well Use (check well use):			ft.	li	1.				
Water Supply Well:			17. SCREEN FROM TO DIAMETER SLOT SIZE THICKNESS MATERIAL						
Agricultural	Municipal/Public	ft.	ft.	in.					
Geothermal (Heating/Cooling Supply)	Residential Water Supply (single)	n.	ft.	in.					
Industrial/Commercial	Residential Water Supply (shared)	18. GROUT							
Irrigation Non-Water Supply Well:			-20 R.	Beotons	3	1 /		TOUCON & AMOUNT	
Monitoring	Recovery	O n.	ft.	Carron	/	T Jag	5	-3	
Injection Well:	_	ft.	ft.		_				
Aquifer Recharge	Groundwater Remediation			K (if applicable)					
Aquifer Storage and Recovery	Salinity Barrier	FROM	то	MATERIAL		EMPLAC	EMENT	METHOD	
Aquifer Test	Stormwater Drainage	ft.	ft.						
Experimental Technology	Subsidence Control	ft.	ft.						
Geothermal (Closed Loop)	Tracer	FROM	TO (atta	ch additional sh			ek type,	grain size, etc.)	
Geothermal (Heating/Cooling Return) Other (explain under #21 Remarks)			FROM TO DESCRIPTION (color, hardness, soil/rock type, grain size, etc.) Oft. Son						
4. Date Well(s) Completed: 10-20-23 Well ID#			65 n.	BGW 0	Roch				
5a. Well Location:			85 n.	Hard 1	Roch	-			
Corusa Homes		85 m.	120 m.	Hoed 0	Roll				
Facility/Owner Name	Facility ID# (if applicable)	120 m.	200 n.	Sand					
1025 Realist Car	Facility ID# (if applicable) Rd. Fuguay Varina	200 m	580 m.		Roch				
Physical Address, City, and Zip	10. 10 100	ft.	ft.	11000					
Harnett	0643-77-5737,000	21. REMA							
County	Parcel Identification No. (PIN)	HUBAFCO	ched	the He	le an	P pCo	duce	bed	
5b. Latitude and longitude in degrees/minutes/seconds or decimal degrees:			2 gpm ,						
5b. Latitude and longitude in degrees/initiates/seconds of decimal degrees: (if well field, one lat/long is sufficient)			22. Ceptilication:						
			1 a state						
6. Is(are) the well(s) Permanent or Temporary			Signature of Certified Well Contractor Date						
			By signing this form, I hereby certify that the well(s) was (were) constructed in accordance						
7. Is this a repair to an existing well: Yes or No			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.						
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 I 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 site details or well construction details. You may also attach additional pages if necessary.						
9. Total well depth below land surface: 580 (ft.)									
For multiple wells list all depths if different (example-3@200' and 2@100')									
10. Static water level below top of easing:			Division of Water Resources, Information Processing Unit, 1617 Mail Service Center, Raleigh, NC 27699-1617						
11. Borehole diameter: 6 (in.)									
N'- 0 / -			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						
12. Well construction method: File (boto)			to the follow					-p.c.ion or well	
FOR WATER SUPPLY WELLS ONLY:				sources, Und Service Cente					
2 Aic									
13a. Yield (gpm) — Method of test:			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.						
13b. Disinfection type: H/H Amount: 16									