

WELL CONSTRUCTION RECORD (GW-1)

1. Well Contractor Information:

Well Contractor Name: James O Bill

Well Contractor Name:

NC Well Contractor Certification Number: 2122-A

Company Name: Cape Fear Well and Pump Co.

2. Well Construction Permit #:

List all applicable well construction permits (i.e. UIC, County, State, Variance, etc.)

3. Well Use (check well use):

Water Supply Well:	
<input type="checkbox"/> Agricultural	<input type="checkbox"/> Municipal/Public
<input type="checkbox"/> Geothermal (Heating/Cooling Supply)	<input checked="" type="checkbox"/> Residential Water Supply (single)
<input type="checkbox"/> Industrial/Commercial	<input type="checkbox"/> Residential Water Supply (shared)
<input type="checkbox"/> Irrigation	
Non-Water Supply Well:	
<input type="checkbox"/> Monitoring	<input type="checkbox"/> Recovery
Injection Well:	
<input type="checkbox"/> Aquifer Recharge	<input type="checkbox"/> Groundwater Remediation
<input type="checkbox"/> Aquifer Storage and Recovery	<input type="checkbox"/> Salinity Barrier
<input type="checkbox"/> Aquifer Test	<input type="checkbox"/> Stormwater Drainage
<input type="checkbox"/> Experimental Technology	<input type="checkbox"/> Subsidence Control
<input type="checkbox"/> Geothermal (Closed Loop)	<input type="checkbox"/> Tracer
<input type="checkbox"/> Geothermal (Heating/Cooling Return)	<input type="checkbox"/> Other (explain under #21 Remarks)

4. Date Well(s) Completed: 2-8-23 Well ID#

5a. Well Location:

Facility/Owner Name: Ben Stout Construction

Facility ID# (if applicable):

Physical Address, City, and Zip: 742 Susie Circle

County: Harnett

Parcel Identification No. (PID#)

5b. Latitude and longitude in degrees/minutes/seconds or decimal degrees: (if well field, one lat/long 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:

9. Total well depth below land surface: 205 (ft.)
For multiple wells list all depths if different (example- 3@200' and 2@100')

10. Static water level below top of casing: 92 (ft.)
If water level is above casing, use "+"

11. Borehole diameter: 4 1/2 (in.)

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

FOR WATER SUPPLY WELLS ONLY:

13a. Yield (gpm) 30 Method of test: Pump

13b. Disinfection type: H+H Amount: 100ppm

For Internal Use Only:

14. WATER ZONES

FROM	TO	DESCRIPTION
170 ft.	171 ft.	Crack in Rock
ft.	ft.	

15. OUTER CASING (for multi-cased wells) OR LINER (if applicable)

FROM	TO	DIAMETER	THICKNESS	MATERIAL
0 ft.	127 ft.	4 1/2 in.	SDR17	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
0 ft.	21 ft.	Hot Plug	Poured
ft.	ft.		
ft.	ft.		

19. SAND/GRAVEL PACK (if applicable)

FROM	TO	MATERIAL	EMPLACEMENT METHOD
ft.	ft.		
ft.	ft.		

20. DRILLING LOG (attach additional sheets if necessary)

FROM	TO	DESCRIPTION (color, hardness, soil/rock type, grain size, etc.)
0 ft.	3 ft.	Orange Sand
3 ft.	19 ft.	Orange Sand + Clay
19 ft.	61 ft.	Gray + Brown Hard Clay
61 ft.	93 ft.	Green Sand + Clay
93 ft.	109 ft.	Green + Brown Clay
109 ft.	118 ft.	Gray Slate
118 ft.	205 ft.	Gray Rock

21. REMARKS

22. Certification:

Signature of Certified Well Contractor: James O. Bill

Date: 2-8-23

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.