

WELL CONSTRUCTION RECORD (GW-1)

I. Well Contractor Information:

Mark S. Paradise

Well Contractor Name

4533-A

NC Well Contractor Certification Number

Barefoot's Well Drilling & Pump Service, LLC

Company Name

2. Well Construction Permit #: SFD 2211-0051

List all applicable well construction permits (i.e. UIC, 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 Stormwater Drainage
- Experimental Technology Subsidence Control
- Geothermal (Closed Loop) Tracer
- Geothermal (Heating/Cooling Return) Other (explain under #21 Remarks)

4. Date Well(s) Completed: 8/10/23 Well ID# _____

5a. Well Location:

Facility/Owner Name _____ Facility ID# (if applicable) _____

782 Ethel Lane Angier, NC

Physical Address, City, and Zip _____

Harnett

County _____ Parcel Identification No. (PIN) _____

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: 495 (ft.)
For multiple wells list all depths if different (example: 3 @ 200' and 2 @ 100')

10. Static water level below top of casing: 60 (ft.)
If water level is above casing, use "-"

11. Borehole diameter: 8 (in.)

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

FOR WATER SUPPLY WELLS ONLY:

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

13b. Disinfection type: Chlorinate Amount: 602

For Internal Use Only:

14. WATER ZONES		
FROM	TO	DESCRIPTION
425 ft.	450 ft.	Quartz/Rock/Granite
ft.	ft.	

15. OUTER CASING (for multi-cased wells) OR LINER (if applicable)				
FROM	TO	DIAMETER	THICKNESS	MATERIAL
+2 ft.	105 ft.	6 in.	Sch 40	Galvanized

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.	20 ft.	Bentonite	Pour 8 Bags
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.	100 ft.	Sand/Clay
100 ft.	105 ft.	Rock
105 ft.	425 ft.	Gray Rock
425 ft.	450 ft.	Rock/Granite
450 ft.	495 ft.	Gray Rock
ft.	ft.	
ft.	ft.	

21. REMARKS

22. Certification: Mark Paradise 8/10/23
Signature of Certified Well Contractor 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 Mall 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 Mall 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.