

WELL CONSTRUCTION RECORD (GW-1)

1. Well Contractor Information:

CODY ELLIOTT

Well Contractor Name
4420-A

NC Well Contractor Certification Number
CLEAR WATER DRILLING LLC

Company Name
SFD 2306-0067

2. Well Construction Permit #: **SFD 2306-0067**
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: **4-18-24** Well ID# _____

5a. Well Location:
Javier Ortiz Hernandez

Facility/Owner Name Facility ID# (if applicable)
369 Full Assurance Ln. Fuquay Varina

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: **1**

9. Total well depth below land surface: **460** (ft.)
For multiple wells list all depths if different (example- 3@200' and 2@100')

10. Static water level below top of casing: **0** (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) **50** Method of test: **Air**

13b. Disinfection type: **HTH** Amount: **1/6**

For Internal Use Only:

14. WATER ZONES			
FROM	TO	DESCRIPTION	
445 ft.	ft.	50 gpm	
ft.	ft.		

15. OUTER CASING (for multi-cased wells) OR LINER (if applicable)				
FROM	TO	DIAMETER	THICKNESS	MATERIAL
+1 ft.	-89 ft.	6 in.	.210	PVC

16. INNER CASING OR TUBING (geothermal closed-loop)				
FROM	TO	DIAMETER	THICKNESS	MATERIAL
ft.	ft.	in.		
ft.	ft.	in.		

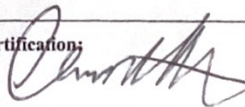
17. SCREEN					
FROM	TO	DIAMETER	SLOT SIZE	THICKNESS	MATERIAL
ft.	ft.	in.			
ft.	ft.	in.			

18. GROUT			
FROM	TO	MATERIAL	EMPLACEMENT METHOD & AMOUNT
0 ft.	-20 ft.	Bentonite	10 bags 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.	75 ft.	Sand
75 ft.	90 ft.	Rock
90 ft.	460 ft.	Rock
ft.	ft.	
ft.	ft.	
ft.	ft.	
ft.	ft.	

21. REMARKS

22. Certification:

Signature of Certified Well Contractor Date **4-18-24**

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.