

WELL CONSTRUCTION RECORD (GW-1)

1. 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 2307-29
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: 2/2/24 Well ID# _____

5a. Well Location:
Seth Spooling
 Facility Owner Name Facility ID# (if applicable)
944 River Ridge Drive, Broadway, 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)
35.481450 N -78.945610 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: 405 (ft.)
For multiple wells list all depths if different (example: 30, 100' and 200/100')

10. Static water level below top of casing: 80 (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) 10 Method of test Airlift
 13b. Disinfection type: Chlorinate Amount: 100Z

For Internal Use Only:

14. WATER ZONES					
FROM	TO	DESCRIPTION			
380 ft.	395 ft.	Quartz			
ft.	ft.				
15. OUTER CASING (for multi-cased wells) OR LINER (if applicable)					
FROM	TO	DIAMETER	THICKNESS	MATERIAL	
42 ft.	35 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.	Portland Cement	Pneumatically Applied		
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.	20 ft.	Sand Clay			
20 ft.	35 ft.	Gray Rock			
35 ft.	250 ft.	Transition			
250 ft.	380 ft.	Gray Rock			
380 ft.	395 ft.	Quartz			
395 ft.	405 ft.	Gray Rock			
ft.	ft.				
21. REMARKS					

22. Certification:
Mark Paradise 2/2/24
 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 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.