

WELL CONSTRUCTION RECORD (GW-1)**1. Well Contractor Information:****Van Elliott**

Well Contractor Name

3104

NC Well Contractor Certification Number

Southern Well Drilling LLC

Company Name

2. Well Construction Permit #:**411370**

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: **10-25-24** Well ID#**5a. Well Location:****Ginger Blackwell**

Facility/Owner Name

Facility ID# (if applicable)

4303 Braga Fram LN

Physical Address, City, and Zip

Granville

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:**500****9. Total well depth below land surface:** _____ (ft.)

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

10. Static water level below top of casing: **30** (ft.)

If water level is above casing, use "+"

11. Borehole diameter: **6** (in.)**12. Well construction method:** **Air**

(i.e. auger, rotary, cable, direct push, etc.)

FOR WATER SUPPLY WELLS ONLY:**13a. Yield (gpm):** **3** Method of test: **Air****13b. Disinfection type:** **HTH** Amount: _____

For Internal Use Only:

14. WATER ZONES

FROM	TO	DESCRIPTION
470 ft.	ft.	
ft.	ft.	

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

FROM	TO	DIAMETER	THICKNESS	MATERIAL
+ ft.	-105 ft.	6 in.		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
0 ft.	ft.	in.			
ft.	ft.	in.			

18. GROUT

FROM	TO	MATERIAL	EMPLACEMENT METHOD & AMOUNT
0 ft.	20 ft.	Beninite	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.)
ft.	ft.	
ft.	ft.	
ft.	ft.	
ft.	ft.	
ft.	ft.	
ft.	ft.	
ft.	ft.	

21. REMARKS**22. Certification:**

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.