

LRK 94000611

WELL CONSTRUCTION RECORD

This form can be used for single or multiple wells

1. Well Contractor Information:

David B. Graham / Ryan David Graham

Well Contractor Name

2372-A-3978-C

NC Well Contractor Certification Number

Clear Water Solutions

Company Name

2. Well Construction Permit #: 3974Z

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

3. Well Use (check well use):

Water Supply Well:

- Agricultural, Geothermal (Heating/Cooling Supply), Industrial/Commercial, Irrigation, Municipal/Public, Residential Water Supply (single), Residential Water Supply (shared)

Non-Water Supply Well:

- Monitoring, Recovery, Injection Well, Aquifer Recharge, Groundwater Remediation, Salinity Barrier, Stormwater Detention, Experimental Technology, Subleakage Control, Geothermal (Closed Loop), Tracer, Geothermal (Heating/Cooling Return), Other

4. Date Well(s) Completed: 11-4-22 Well ID#

195 Meadows Way

Michaela Brown + Corley Waller

Facility/Owner Name

Facility ID# (if applicable)

195 The Meadows Way Jackson Spgs NC 27281

Physical Address, City, and Zip

94000611

MOORE

Facial Identification No. (FID)

County

5b. Latitude and Longitude in degrees/minutes/seconds or decimal degrees: 35° 9' 39" N 79° 34' 5" 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 below well construction information and explain the nature of the repair under #21 remarks section or on the back of this form.

8. Number of wells constructed: 1

For multiple injection or non-water supply wells ONLY with the same construction, you can submit one form.

9. Total well depth below lead surface: 68 (ft)

For multiple wells list all depths if different (example- 36/200' and 20/100')

10. Static water level below top of casing: 42 (ft)

If water level is above casing, use "A"

11. Borehole diameter: 9" (in)

12. Well construction method: MUD ROTARY

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

FOR WATER SUPPLY WELLS ONLY: 13a. Yield (gpm): 7 Method of test: Pump 13b. Disinfection type: Well safe Amount: 18 gal

Table with columns: FROM, TO, DESCRIPTION, DIAMETER, THICKNESS, MATERIAL. Includes sections 14 (Water Zones), 15 (Outer Casings), 16 (Inner Casings), 17 (Screens), 18 (Grout), 19 (Sand/Gravel Pack), 20 (Drilling Log).

22. Certification: David B. Graham 2372-A-11-4-222

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 ONLY: In addition to sending the form to the address in 24a above, also submit a 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: 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.