



*File #: 452918 - 2
 PIN #: 5-007 -012
 Tax Lot #:
 Tax Block #:

WELL CONSTRUCTION RECORD

Owner: Willie Culley
 440 Pine Cliff Rd
 Havelock, NC 28532

Directions

Drilling Contractor: Vaughn Well Drilling
 Driller Registration: 4140-A
 Date Drilled: 01/12/2026
 Use of Well: SINGLE FAMILY

Total Depth: 170 Ft.
 Static Water Level: 25 Ft.
 Replacement Well: YES
 Yield: 25 gpm

Water Zone: 1) 150 Ft. 2) Ft.
 3) Ft. 4) Ft.

Disinfection Type: GRANULAR Amount: 16oz

WELL HEAD CONSTRUCTION

Location: 440 Pine Cliff Rd
 Havelock NC, 28532

Latitude:
 Longitude:

Enclosure Yes No N/A
 Enclosure Floor Yes No N/A
 Access Port Yes No N/A
 Vent: Yes No N/A
 Sample Tap Yes No N/A
 Back Flow Yes No N/A
 Tee (jet) Yes No N/A
 Suction Line Yes No N/A
 Temporary Yes No N/A
 Well ID Plate Yes No N/A
 Pump ID Plate Yes No N/A

EHS: Patel, Sagar

Issue Date: 01/16/2026

Casing: Depth: 150 Ft. Thickness: In. Comments:
 Diameter: 4 In. Top of Casing: 20 In.
 Material: PVC SCH 40

Grout:

From	Depth	To	Material	Method
0	3	Ft.	BENTONITE	POUR
3	20	Ft.	BENTONITE	PUMP

* Liner Date: From 0 To Ft.

Grout:

From	Depth	To	Material	Method
0		Ft.	N/A	N/A

Issued by: Patel, Sagar *[Signature]* 3404
 Date of Issue: 1/23/26

This well was constructed, repaired or abandoned in compliance with the well permit and in accordance with 15 A NCAC 02C .0100, .0300. The well owner shall not place potential sources of groundwater contamination closer to the well than the separation distances specified in 15A NCAC 02C .0100, .0300.



WELL CERTIFICATE OF COMPLETION

FOR ABANDONED WELLS:

Issuance of this Well Certificate of Completion indicates that a **Well Abandonment Record** has been received and is on file at the Craven County Health Department. Submittal of the Well Abandonment Record by the owner or Certified Well Contractor indicates that the well was abandoned in accordance with *North Carolina Administrative Code Title 15A, subchapter 2C, Section .0300 Permitting and Inspection of Private Drinking Water Wells*, and meets the provisions of *North Carolina Administrative Code Title 15A, subchapter 2C, Section .0100 (Well Construction Standards)*.

FOR REPAIRED, REPLACED, AND NEWLY CONSTRUCTED WELLS:

Issuance of this Well Certificate of Completion indicates only that the well construction has been completed in accordance with *North Carolina Administrative Code Title 15A, subchapter 2C, Section .0300 Permitting and Inspection of Private Drinking Water Wells*, and meets the provisions of *North Carolina Administrative Code Title 15A, subchapter 2C, Section .0100 (Well Construction Standards)*. It in no way guarantees potable water or that the well will function satisfactorily for any length of time.

IMPORTANT: The health department is required to sample the completed well within 30 days after issuance of this Well Certificate of Completion, but at least 24 hours after the well disinfecting agent (usually chlorine) has been purged from the well, pump, and water system. Water will be sampled and tested for arsenic, barium, cadmium, chromium, copper, fluoride, lead, iron, magnesium, manganese, mercury, nitrates, nitrites, selenium, sodium, zinc, pH and bacteriological indicators. **Water sample test results are non-regulatory and are for the homeowner's information.**

It shall be the duty of the builder, well contractor or homeowner to call the health department (252) 636-4936 to indicate that the well is ready for sampling (after disinfection for example), and to provide a source of power and any needed assistance, for the purpose of collecting water samples.

A well repair permit is not required for replacement of pumps or pressure tanks. You should still disinfect the well after such work.

FOR ALL WELLS:

All private drinking water wells (and associated piping and appurtenances) shall be properly disinfected (usually by chlorination) upon completion of any construction, replacement, repairs, or maintenance, including pump or pressure tank installation and replacement.

Any duly authorized officer, employee, or representative of the Craven County Health Department may, upon presentation of credentials, enter and inspect any property, place, or premises related to the well and well system at any reasonable time for the purpose of determining compliance with the rules, regulations, and statutes concerning private drinking water wells.

Besides the required initial sampling (required when well is repaired or constructed) it is recommended, but not required, that owners of private drinking water wells have their well water sampled and tested **at least annually**. You may contact the Craven County Health Department at (252) 636-4936 for details on fees, tests, and how to apply for sampling of your well water.

Private Water Well Inspection Checklist

NC Department of Environment and Natural Resources
 Division of Environmental Health - On-Site Water Protection Section
 Private Water Supply Protection Branch - Craven County Env. Health



Well Location	44d Pine Cliff Rd 5-007-012
Well Owner	Wille Colley
Permit Number	COP 452918
Well Contractor	Alajans Well Drilling Vaughn

4140-A

Permitting Inspection - Distances from Pollution Sources

Date 1/26/25 Inspector Spatel, 3404

Wastewater Disposal System	≥ 50'
Repair Area	N/A
Sewer Line	N/A
Primary Building Foundation	> 25'
Other Building Foundations	N/A
Underground Storage Tanks	
Above Ground Storage Tanks	
Surface Water Body	
Other Potential Pollution Source	
Other Potential Pollution Source	

- 1/13/26 ST 3404
- 70' from front. Roadway ditch
 - 70' from ST
 - 100' from Drainfield
 - 50' from house

Grouting Inspection

Date 1/13/2026 Inspector Spatel 3404

Well drilled in permitted area?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Any new pollution sources?	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Check Well Contractors License?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Casing type	5ch 40 NC	
Casing diameter	4"	
Casing depth	110'	
Depth of well	180'	
Yield	~15 gpm	
Top of casing 12" above land surface?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Width of annular space	2"	
Depth of annular space	160'	
Water in the annular space?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Type of grout	Bentonite	
Does grout mixture meet State rules?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Method of emplacement	Tremie Pump / Hole Plug	
Number of bags used	2	
Did grout settle after emplacement?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Receive a copy of the GW-1a?	<input type="radio"/> Yes	<input checked="" type="radio"/> No

↳ will submit online GW-1 + GW-30

Wellhead Inspection

Date 1/16/26 Inspector Spatel 3404

Any new pollution sources?	<input type="radio"/> Yes	<input checked="" type="radio"/> No			
Grout at land surface?	<input checked="" type="radio"/> Yes	<input type="radio"/> No			
Top of casing 12" above land surface?	<input checked="" type="radio"/> Yes	<input type="radio"/> No			
Type of pump	<input checked="" type="radio"/> submersible	<input type="radio"/> shallow jet	<input type="radio"/> deep jet	<input type="radio"/> other	<input type="radio"/> none
Pitless adapter?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> N/A		
Half inch access port or vent?	<input checked="" type="radio"/> Yes	<input type="radio"/> No			
Watertight pipe and electrical entry?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A		
Watertight well seal or cap?	<input checked="" type="radio"/> Yes	<input type="radio"/> No			
Downturned threadless sampling tap?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A		
Well Contractor ID Plate?	<input checked="" type="radio"/> Yes	<input type="radio"/> No			

WELL CONSTRUCTION RECORD (GW-1)

1. Well Contractor Information:

Jameson Vaughan

Well Contractor Name

4140-A

NC Well Contractor Certification Number

Vaughan Well Drilling

Company Name

452918

2. Well Construction Permit #:

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 Wells > 100,000 GPD

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: 1-13-26 Well ID# _____

5a. Well Location:

willie culley

Facility/Owner Name

Facility ID# (if applicable)

440 pine cliff rd.

Physical Address, City, and Zip

craven

County

Parcel Identification No. (PIN)

5b. Latitude and longitude in degrees/minutes/seconds or decimal degrees: (if well field, one lat/long is sufficient)

34°54'17" N 76°47'23" 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: 170 (ft.)
For multiple wells list all depths if different (example- 3@200' and 2@100')

10. Static water level below top of casing: 25 (ft.)
If water level is above casing, use "+"

11. Borehole diameter: 8 (in.)

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

FOR WATER SUPPLY WELLS ONLY:


13a. Yield (gpm) 15 Method of test: air

13b. Disinfection type: hth chlorine Amount: 1 lb

For Internal Use Only:

14. WATER ZONES								
FROM	TO	DESCRIPTION						
150	ft.	170	ft.	limestone				
	ft.		ft.					
15. OUTER CASING (for multi-cased wells) OR LINER (if applicable)								
FROM	TO	DIAMETER		THICKNESS		MATERIAL		
	ft.		ft.		in.			
	ft.		ft.		in.			
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	
150	ft.	170	ft.	4	in.	.01	sch 40 pvc	
	ft.	150	ft.		in.			
18. GROUT								
FROM	TO	MATERIAL		EMPLACEMENT METHOD & AMOUNT				
0	ft.	3	ft.	bentonite pellets		100lb pour		
3	ft.	20	ft.	df grout		100lb pump		
	ft.		ft.					
19. SAND/GRAVEL PACK (if applicable)								
FROM	TO	MATERIAL		EMPLACEMENT METHOD				
140	ft.	170	ft.	#2 gravel		pour		
	ft.		ft.					
20. DRILLING LOG (attach additional sheets if necessary)								
FROM	TO	DESCRIPTION (color, hardness, soil/rock type, grain size, etc.)						
0	ft.	10	ft.	clay				
10	ft.	30	ft.	sand				
30	ft.	90	ft.	silt				
90	ft.	140	ft.	clay				
140	ft.	170	ft.	limestone				
	ft.		ft.					
	ft.		ft.					
21. REMARKS								
+1-140ft 4" sch40 pvc								

22. Certification:

 Digitally signed by Jameson Vaughan
 Date: 2026.01.22 15:10:49 -0500 1/22/2026
 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 construction info (add 'See Over' in Remarks Box). You may also attach additional pages if necessary.

24. SUBMITTAL INSTRUCTIONS

Submit this GW-1 within 30 days of well completion per the following:

24a. For All Wells: Original form to Division of Water Resources (DWR), Information Processing Unit, 1617 MSC, Raleigh, NC 27699-1617

24b. For Injection Wells: Copy to DWR, Underground Injection Control (IUC) Program, 1636 MSC, Raleigh, NC 27699-1636

24c. For Water Supply and Open-Loop Geothermal Return Wells: Copy to the county environmental health department of the county where installed

24d. For Water Wells producing over 100,000 GPD: Copy to DWR, CCPCUA Permit Program, 1611 MSC, Raleigh, NC 27699-1611

WELL ABANDONMENT RECORD

For Internal Use ONLY:

1. Well Contractor Information:

Jameson Vaughan
Well Contractor Name (or well owner personally abandoning well on his/her property)

4140-A
NC Well Contractor Certification Number

Vaughan Well Drilling
Company Name

2. Well Construction Permit #: 452918
List all applicable well construction permits (i.e. UIC, County, State, Variance, etc.) if known

3. Well use (check well use):

Water Supply Well:	
<input type="checkbox"/> Agricultural	<input type="checkbox"/> Municipal/Public
<input type="checkbox"/> Geothermal (Heating/Cooling Supply)	<input type="checkbox"/> Residential Water Supply (single)
<input type="checkbox"/> Industrial/Commercial	<input type="checkbox"/> Residential Water Supply (shared)
<input type="checkbox"/> Irrigation	
Non-Water Supply Well:	
<input type="checkbox"/> Monitoring	<input type="checkbox"/> Recovery
Injection Well:	
<input type="checkbox"/> Aquifer Recharge	<input type="checkbox"/> Groundwater Remediation
<input type="checkbox"/> Aquifer Storage and Recovery	<input type="checkbox"/> Salinity Barrier
<input type="checkbox"/> Aquifer Test	<input type="checkbox"/> Stormwater Drainage
<input type="checkbox"/> Experimental Technology	<input type="checkbox"/> Subsidence Control
<input type="checkbox"/> Geothermal (Closed Loop)	<input type="checkbox"/> Tracer
<input type="checkbox"/> Geothermal (Heating/Cooling Return)	<input type="checkbox"/> Other (explain under 7g)

4. Date well(s) abandoned: 1-13-26

5a. Well location:

Willie Colley
Facility/Owner Name

440 Pine Cliff Rd.
Physical Address, City, and Zip

Craven
County

5b. Latitude and longitude in degrees/minutes/seconds or decimal degrees:
(if well field, one lat/long is sufficient)

34° 54' 11" N 76° 47' 23" W

CONSTRUCTION DETAILS OF WELL(S) BEING ABANDONED
Attach well construction record(s) if available. For multiple injection or non-water supply wells ONLY with the same construction/abandonment, you can submit one form.

6a. Well ID#: _____

6b. Total well depth: 20 (ft.)

6c. Borehole diameter: 1 1/4 (in.)

6d. Water level below ground surface: 5 (ft.)

6e. Outer casing length (if known): _____ (ft.)

6f. Inner casing/tubing length (if known): _____ (ft.)

6g. Screen length (if known): _____ (ft.)

WELL ABANDONMENT DETAILS

7a. For Geoprobe/DPT or Closed-Loop Geothermal Wells having the same well construction/depth, only 1 GW-30 is needed. Indicate TOTAL NUMBER of wells abandoned: _____

7b. Approximate volume of water remaining in well(s): 5 (gal.)

FOR WATER SUPPLY WELLS ONLY:

7c. Type of disinfectant used: HTH Chlorine

7d. Amount of disinfectant used: 1/2 LB

7e. Sealing materials used (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Neat Cement Grout | <input checked="" type="checkbox"/> Bentonite Chips or Pellets |
| <input type="checkbox"/> Sand Cement Grout | <input type="checkbox"/> Dry Clay |
| <input type="checkbox"/> Concrete Grout | <input type="checkbox"/> Drill Cuttings |
| <input type="checkbox"/> Specialty Grout | <input type="checkbox"/> Gravel |
| <input type="checkbox"/> Bentonite Slurry | <input type="checkbox"/> Other (explain under 7g) |

7f. For each material selected above, provide amount of materials used:

10 LB

7g. Provide a brief description of the abandonment procedure:

pour 1/2 LB HTH Chlorine
pour 10 LB Bentonite Pellets
cut + cap well

8. Certification:

[Signature]
Signature of Certified Well Contractor or Well Owner

1-22-26
Date

By signing this form, I hereby certify that the well(s) was (were) abandoned in accordance with 15A NCAC 02C .0100 or 2C .0200 Well Construction Standards and that a copy of this record has been provided to the well owner.

9. Site diagram or additional well details:

You may use the back of this page to provide additional well site details or well abandonment details. You may also attach additional pages if necessary.

SUBMITTAL INSTRUCTIONS

10a. For All Wells: Submit this form within 30 days of completion of well abandonment to the following:

Division of Water Resources, Information Processing Unit,
1617 Mail Service Center, Raleigh, NC 27699-1617

10b. For Injection Wells: In addition to sending the form to the address in 10a above, also submit one copy of this form within 30 days of completion of well abandonment to the following:

Division of Water Resources, Underground Injection Control Program,
1636 Mail Service Center, Raleigh, NC 27699-1636

10c. 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 abandonment to the county health department of the county where abandoned.

WELL ABANDONMENT RECORD

For Internal Use ONLY:

1. Well Contractor Information:

Jameson Vaughan
Well Contractor Name (or well owner personally abandoning well on his/her property)
4140-A
NC Well Contractor Certification Number
Vaughan Well Drilling
Company Name

2. Well Construction Permit #: 2452918
List all applicable well construction permits (i.e. UIC, County, State, Variance, etc.) if known

3. Well use (check well use):

Water Supply Well:	
<input type="checkbox"/> Agricultural	<input type="checkbox"/> Municipal/Public
<input type="checkbox"/> Geothermal (Heating/Cooling Supply)	<input type="checkbox"/> Residential Water Supply (single)
<input type="checkbox"/> Industrial/Commercial	<input type="checkbox"/> Residential Water Supply (shared)
<input type="checkbox"/> Irrigation	
Non-Water Supply Well:	
<input type="checkbox"/> Monitoring	<input type="checkbox"/> Recovery
Injection Well:	
<input type="checkbox"/> Aquifer Recharge	<input type="checkbox"/> Groundwater Remediation
<input type="checkbox"/> Aquifer Storage and Recovery	<input type="checkbox"/> Salinity Barrier
<input type="checkbox"/> Aquifer Test	<input type="checkbox"/> Stormwater Drainage
<input type="checkbox"/> Experimental Technology	<input type="checkbox"/> Subsidence Control
<input type="checkbox"/> Geothermal (Closed Loop)	<input type="checkbox"/> Tracer
<input type="checkbox"/> Geothermal (Heating/Cooling Return)	<input type="checkbox"/> Other (explain under 7g)

4. Date well(s) abandoned: 1-13-26

5a. Well location:

Willie Colley
Facility/Owner Name
440 Pine Cliff Rd
Physical Address, City, and Zip
Craven
County
Parcel Identification No. (PIN)

5b. Latitude and longitude in degrees/minutes/seconds or decimal degrees:
(if well field, one lat/long is sufficient)
34° 54' 17" N 76° 47' 22" W

CONSTRUCTION DETAILS OF WELL(S) BEING ABANDONED
Attach well construction record(s) if available. For multiple injection or non-water supply wells ONLY with the same construction/abandonment, you can submit one form.

6a. Well ID#: _____
6b. Total well depth: 15 (ft.)
6c. Borehole diameter: 1 1/4 (in.)
6d. Water level below ground surface: 5 (ft.)
6e. Outer casing length (if known): _____ (ft.)
6f. Inner casing/tubing length (if known): _____ (ft.)
6g. Screen length (if known): _____ (ft.)

WELL ABANDONMENT DETAILS

7a. For Geoprobe/DPT or Closed-Loop Geothermal Wells having the same well construction/depth, only 1 GW-30 is needed. Indicate TOTAL NUMBER of wells abandoned: _____

7b. Approximate volume of water remaining in well(s): 5 (gal.)

FOR WATER SUPPLY WELLS ONLY:

7c. Type of disinfectant used: HTH Chlorine

7d. Amount of disinfectant used: 1/2 LB

7e. Sealing materials used (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Neat Cement Grout | <input checked="" type="checkbox"/> Bentonite Chips or Pellets |
| <input type="checkbox"/> Sand Cement Grout | <input type="checkbox"/> Dry Clay |
| <input type="checkbox"/> Concrete Grout | <input type="checkbox"/> Drill Cuttings |
| <input type="checkbox"/> Specialty Grout | <input type="checkbox"/> Gravel |
| <input type="checkbox"/> Bentonite Slurry | <input type="checkbox"/> Other (explain under 7g) |

7f. For each material selected above, provide amount of materials used:
10 LB

7g. Provide a brief description of the abandonment procedure:
pour 1/2 LB of HTH Chlorine
pour 10 LB Bentonite Pellets
cut + cap well

8. Certification:

[Signature]
Signature of Certified Well Contractor or Well Owner
1-22-26
Date

By signing this form, I hereby certify that the well(s) was (were) abandoned in accordance with 15A NCAC 02C .0100 or 2C .0200 Well Construction Standards and that a copy of this record has been provided to the well owner.

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1617 Mail Service Center, Raleigh, NC 27699-1617

10b. **For Injection Wells:** In addition to sending the form to the address in 10a above, also submit one copy of this form within 30 days of completion of well abandonment to the following:

Division of Water Resources, Underground Injection Control Program,
1636 Mail Service Center, Raleigh, NC 27699-1636

10c. **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 abandonment to the county health department of the county where abandoned.