

**WELL CONSTRUCTION RECORD (GW-1)**

**I. Well Contractor Information:**

James D. Stephenson Jr.  
Well Contractor Name

2421-A  
NC Well Contractor Certification Number

Stephenson's Well Drilling, Inc.  
Company Name

2. Well Construction Permit #: 2041  
*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: 7/18/12 Well ID# \_\_\_\_\_

5a. Well Location:  
Daniel Bingham  
Facility/Owner Name Facility ID# (if applicable)

3168 Old Weaver Trsil, Creedmoor, 27520  
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)  
36° 04.554' N 78° 42.096' 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: 545 (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: 6 1/8 (in.)

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

**FOR WATER SUPPLY WELLS ONLY:**

13a. Yield (gpm) 3 Method of test: Guage

13b. Disinfection type: HTH Amount: 2 lbs.

For Internal Use Only:

**14. WATER ZONES**

FROM	TO	DESCRIPTION
156 ft.	151 ft.	1 gpm
410 ft.	411 ft.	2 gpm

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

FROM	TO	DIAMETER	THICKNESS	MATERIAL
0 ft.	32 ft.	6 1/4 in.	SDR-21	PVC

**16. INNER CASING OR TUBING (geothermal closed-loop)**

FROM	TO	DIAMETER	THICKNESS	MATERIAL
N/A	ft.	in.		
ft.	ft.	in.		

**17. SCREEN**

FROM	TO	DIAMETER	SLOT SIZE	THICKNESS	MATERIAL
0 ft.	545 ft.	4 in.	.030	See 40	PVC
ft.	ft.	in.			

**18. GROUT**

FROM	TO	MATERIAL	EMPLACEMENT METHOD & AMOUNT
0 ft.	20 ft.	Bentonite	Pour
ft.	ft.		
ft.	ft.		

**19. SAND/GRAVEL PACK (if applicable)**

FROM	TO	MATERIAL	EMPLACEMENT METHOD
N/A	ft.		
ft.	ft.		

**20. DRILLING LOG (attach additional sheets if necessary)**

FROM	TO	DESCRIPTION (color, hardness, soil/rock type, grain size, etc.)
0 ft.	1 ft.	Top Soil
1 ft.	25 ft.	Brown Soil
28 ft.	545 ft.	Rock
ft.	ft.	
ft.	ft.	
ft.	ft.	

**21. REMARKS**

22. Certification:  
James D. Stephenson Jr. 7/18/12  
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.