

Via Email

May 23, 2016

NC DEQ DWR – UIC Program 1636 Mail Service Center Raleigh, NC 27699-1636

Attention: Mr. Michael Rogers, PG

Re: Injection Well Construction Records

Injection Permit No. WI0500883

Former ATL Site No. 48 Pittsboro, North Carolina <u>H&H Job No. DOT-515</u>

Dear Michael:

On behalf of the North Carolina Department of Transportation, Hart and Hickman, PC is submitting the enclosed well construction records for six injection wells installed at the subject site in accordance with Injection Permit No. WI0500883. If you have any questions or need further information, please do not hesitate to contact us at 704-586-0007.

Sincerely,

Hart & Hickman, PC

Jeff Albano, PG

Project Geologist

Matt Bramblett, PE

Principal

Enclosure

cc: Mr. Chris Niver, NCDOT (Via Email)

Ms. Anne Lowry, Chatham County Health Dept. (Via Email)

This form can be used for single or multiple well	ds										- 1				
1. Well Contractor Information:		=													
Robert Miller				14. WATER ZONES FROM TO DESCRIPTION											
Well Contractor Name		PRON	ft.	10	ft.	DESCRIPT	ION								
ven Contactor (vante		1	ft.		ft.										
2675		15.0		CACINIC		141 1	B \ C	VD T TATE	ten ete	FI					
NC Well Contractor Certification Number		FROM		TO	(for	DIAMETER		THICK			RIAL				
SAEDACCO Inc		0	ft.	30'	ft.	6"	in.	SCH4	:0	PVC					
Company Name				CASING	ORT	TUBING (geo									
2. Well Construction Permit #: WI0500	1883	FROM		30 ·	ft.	DIAMETER 2"	in.	SCH4		PVC	RIAL				
List all applicable well permits (i.e. County, Stat		L .	ft.	30.	227.	Z"		SCH4	.0	PVC					
	3		ft.		ft.		in.		15						
3. Well Use (check well use):		17. SO	REE	TO	_	DIAMETER	SLOT	SIZE	THICK	NESS	MATERIAL				
Water Supply Well:		30'			_	2" in.	0.1		SCH40		PVC				
□Agricultural	□Municipal/Public		ft.	-	ft.	in.		-							
□Geothermal (Heating/Cooling Supply)	☐Residential Water Supply (single)	10.0	- 22		•		0								
☐Industrial/Commercial	☐Residential Water Supply (shared)	FROM	ROUT	то		MATERIAL		EMPI	PLACEMENT METHOD & AMOU						
□Irrigation		0	ft.	30'	ft.	Portlan	ıd/be	n Toin i	ite						
Non-Water Supply Well:	670	0	ft.	26'	ft.	Portlan	id/be	ntoin	uiee						
☐Monitoring	□Recovery		ft.	-	ft.	1		_							
njection Well: JAquifer Recharge	☐ Groundwater Remediation	10 €		RAVEL		K (if applicab	le)	_							
		FROM		TO	rac	MATERIAL			EMPLAC	EMENT	METHOD				
Aquifer Storage and Recovery	□Salinity Barrier	28'	ft.	60'	ft.	Silica	Silica Sand								
□Aquifer Test	□Stormwater Drainage		ft.		ft.			- 1							
□Experimental Technology	□Subsidence Control	20. D	RILLI	NG LOG	(atta	ch additional	sheets	if neces	sary)						
Geothermal (Closed Loop)	□Tracer	FROM		то	-			lor, hard	ness, soil/re	ick type,	grain size, etc.)				
Geothermal (Heating/Cooling Return)	☐Other (explain under #21 Remarks)	<u> </u>	ft.	30'	ft.	Tan Sil	.t								
D	6 W HIDEDD TW1	30'	ft.	35'	ft.	PWR									
. Date Well(s) Completed: 4-26-201	6 Well ID# BR-1WI	35'	ft.	60'	ft.	Rock									
5a. Well Location:			ft.		ft.										
NC DOT Site Injection Wells		-	ft.		ft.	1									
acility/Owner Name	Facility ID# (if applicable)	\vdash				-									
240 Gunna Talas Dil Bittalian	- X G 00210	_	ft.		ft.										
240 Sugar Lake Rd., Pittsboro	5, N.C., 2/312		ft.		ft.										
Physical Address, City, and Zip			EMAR					2611	- 201						
Chatham		Two	ree	t bent	onı	te seal f	LFOIII	26.50							
County	Parcel Identification No. (PIN)														
5b. Latitude and Longitude in degrees/n if well field, one lat/long is sufficient)	ninutes/seconds or decimal degrees:	22. Co	rtific	ation:											
35.748171 N 79.	.091999 W		A		+ .	1 m				4/2	8/2016				
		Signatu	re of	Stores V	17.		-	_		Date					
6. Is (are) the well(s): XI Permanent of	r □Temporary										ted in accordance				
7. Is this a repair to an existing well:	□Yes or XNo					or 15A NCAC (provided to the			Construc	tion Sta	ndards and that a				
f this is a repair to an existing well:		copy of	inis re	coru nus	oeen j	provided to me	. wett o	mmer.							
epair under #21 remarks section or on the back	of this form.					tional well o			litianal w	call aire	dataile or wall				
3. Number of wells constructed: 1						may also att					details or well sary.				
For multiple injection or non-water supply wells	ONLY with the same construction, you can														
ubmit one form.		SUBN	HTT	AL INS	ruc"	TIONS									
D. Total well depth below land surface: _ For multiple wells list all depths if different (exa-				to the fo			orm v	vithin 3	0 days	of com	pletion of well				
10. Static water level below top of casing	ç: (ft.)		1			ater Resour									
1. Borehole diameter: 6"	(in.)										m to the address				
i.e. auger, rotary, cable, direct push, etc.)	Hammer	constr	uction	to the fo	ollow	ing:									
FOR WATER SUPPLY WELLS ONLY	7:	0	tvisio			tesources, U Service Cen					rol Program, 6				
3a. Yield (gpm)	Method of test:					& Injection \									
13b. Disinfection type:	Amount:	Also submit one copy of this form within 30 days of completion of well construction to the county health department of the county where													

13b. Disinfection type:

WELL CONSTRUCTION RECORD

constructed.

This form can be used for single or multiple wel	ls										I			
1. Well Contractor Information:														
Robert Miller				14. WATER ZONES FROM TO DESCRIPTION										
Well Contractor Name		PROM	ft.		ft.	KIFI	UN.							
rea Compactor France		1	ft.		ft.									
2675		15 01		CASING (35.		-B-) O	OD I INI	PD (if ann	Harble)				
NC Well Contractor Certification Number		FROM	ILK	TO		METER		THICK			ERIAL			
SAEDACCO Inc		0	ft.	60'	ft. 4"		in.	SCH4	0	PVC				
Company Name		16, IN	NER	CASING O	R TUBIN	G (geor	therm:	al closed	-loop)					
2. Well Construction Permit #: WI0500	0883	FROM	ft.	то	ft. DIA	METER	in.	THICK	NESS	MAU	ERIAL			
List all applicable well permits (i.e. County, Stat		-	ft.		ft.		in.							
3. Well Use (check well use):		12.00							- 1					
Water Supply Well:		17. SC FROM	KEE	то	DIAME	TER	SLOT	SIZE	THICK	NESS	MATERIAL			
□ Agricultural	□Municipal/Public		ft.	ft.		in.	- CENTY							
☐Geothermal (Heating/Cooling Supply)	□Residential Water Supply (single)	1 3	ft.	ft.		in.								
☐ Industrial/Commercial	□Residential Water Supply (shared)	18. GF	COUT				Z .	Zona service		anneste.				
☐ Irrigation	Eresidential water Supply (stared)	FROM		то		TERIAL		-		T METI	IOD & AMOUNT			
Non-Water Supply Well:		0	ft.		77.5	rtlan	a/be	ntoini	ite					
□Monitoring	□Recovery		ft.		ft.									
injection Well:			ft.		ft.									
☐ Aquifer Recharge	□ Groundwater Remediation		ND/G	RAVEL P										
☐ Aquifer Storage and Recovery	□Salinity Barrier	FROM	ft.	то	ft. MA	TERIAL		-	EMPLAC	EMENT	METHOD			
□Aquifer Test	□Stormwater Drainage	<u> </u>						_						
DExperimental Technology	□Subsidence Control		ft.		ft.									
□Geothermal (Closed Loop)	□Tracer	FROM	ULLI	NG LOG (ock type.	grain size, etc.)			
□Geothermal (Heating/Cooling Return)	□Other (explain under #21 Remarks)	0	ft.			ı Sil								
()		30'	ft.	35'	ft. PWF	₹								
J. Date Well(s) Completed: 4-26-201	6 Well ID#BR-IW2	35'	ft.	100'	ft. 100) "								
5a. Well Location:		-	555.5		77									
		_	ft.		ft.									
NC DOT Site Injection Wells			ft.		ft.									
Facility/Owner Name	Facility ID# (if applicable)		ft.		ft.									
240 Sugar Lake Rd., Pittsbor	o, N.C., 27312		ft.		ft.									
Physical Address, City, and Zip		21. RE	MAR	KS										
Chatham														
County	Parcel Identification No. (PIN)													
5b. Latitude and Longitude in degrees/n (if well field, one lat/long is sufficient)	ninutes/seconds or decimal degrees:	22. Ce	rtific	ation:										
35.748171 N 79	.091999 W		X	1/1		20				4/2	8/2016			
6. Is (are) the well(s): ⊠Permanent o	r □Temporary	Signatur By signi		softes Vr	Z Z ereby certi	ify that	the we	dl(s) wa	s (were) c	Date	ted in accordance			
To able a manufactor and activities on the	DVos on NNo	with 15A	NCA	C 02C .010	00 or 15A	NCAC (02C .02	200 Well			ndards and that a			
7. Is this a repair to an existing well: If this is a repair, fill out known well constructio	☐Yes or ☒No n information and explain the nature of the			cord has be										
repair under #21 remarks section or on the back				gram or a					litis not m	osli sira	datalle sa socili			
8. Number of wells constructed: 1				details. Y							details or well sary.			
For multiple injection or non-water supply wells submit one form.	ONLY with the same construction, you can			AL INSTI										
9. Total well depth below land surface: For multiple wells list all depths if different (exa		24a. For All Wells: Submit this form within 30 days of completion of well construction to the following:												
10. Static water level below top of casing If water level is above casing, use "+"	g:(ft.)		1	Division of 1617 M	f Water I ail Servic									
11. Borchole diameter: 4"	(in.)	24a abo	ove, a	also subm	it a copy						m to the address completion of			
12. Well construction method: 4" Air (i.e. auger, rotary, cable, direct push, etc.)	Hammer			to the foll		res II	ndere	round	Injectio	n Cont	rol Program,			
FOR WATER SUPPLY WELLS ONLY	/t			1636 M	ail Servi	ce Cen	ter, R	taleigh,						
13a. Yield (gpm)	Method of test:			ter Suppl					avs of co	mpleti	on of			
13b. Disinfection type:	Also submit one copy of this form within 30 days of completion of well construction to the county health department of the county where													

13b. Disinfection type:

WELL CONSTRUCTION RECORD

constructed.

This form can be used for single or multiple wel	ls										I			
1. Well Contractor Information:														
Robert Miller				14. WATER ZONES FROM TO DESCRIPTION										
Well Contractor Name		PROM	ft.		ft.	DESCRIPT	IOA_							
rea Compactor France		1	ft.		ft.									
2675		15 (0)		CASING (ulti-cared w	colle) C	ND I INI	PD (if any	Heable)				
NC Well Contractor Certification Number		FROM		TO		DIAMETER		THICK			ERIAL			
SAEDACCO Inc		0	ft.	60'	ft.	4"	in.	SCH4	10	PVC				
Company Name		16, IN	NER	CASING O	R TU	BING (geo	therm	al closed	l-loop)					
2. Well Construction Permit #: WI0500	0883	FROM	ft.	то	ft.	DIAMETER	in.	THICK	NESS	MAU	ERIAL			
List all applicable well permits (i.e. County, Stat		-	ft.		ft.		in.							
3. Well Use (check well use):		12.00			n.				- 1					
Water Supply Well:		17. SC		то	DL	AMETER	SLOT	T SIZE	THICK	NESS	MATERIAL			
□Agricultural	□Municipal/Public		ft.	ft.		in.								
☐Geothermal (Heating/Cooling Supply)	□Residential Water Supply (single)		ft.	ft.		in.								
☐ Industrial/Commercial	□Residential Water Supply (shared)	18. GI	ROUT							The second second				
☐ Irrigation	Eresidendal water supply (shared)	FROM		то		MATERIAI		-		T METI	IOD & AMOUNT			
Non-Water Supply Well:	9	0	ft.	-	77	Portlan	id/be	entom	ıte					
□Monitoring	□Recovery		ft.		ft.									
Injection Well:			ft.		ft.									
□Aquifer Recharge	☑ Groundwater Remediation			RAVEL P										
☐ Aquifer Storage and Recovery	□Salinity Barrier	FROM	ft.	то	ft.	MATERIAI	<u> </u>	-	EMPLAC	CEMENT	METHOD			
□Aquifer Test	□Stormwater Drainage	<u> </u>				1		_						
DExperimental Technology	□Subsidence Control		ft.		ft.									
□Geothermal (Closed Loop)	□Tracer	FROM		NG LOG (ock type.	grain size, etc.)			
□Geothermal (Heating/Cooling Return)	□Other (explain under #21 Remarks)	0	ft.			Tan Sil								
()		30'	ft.	35'	ft.	PWR								
J. Date Well(s) Completed: 4-27-201	6 Well ID#BR-IW3	35'	ft.	100'	ft.	100"								
5a. Well Location:		-	33.28		"									
			ft.		ft.									
NC DOT Site Injection Wells	- 10 mars - 1 11 1		ft.		ft.									
Facility/Owner Name	Facility ID# (if applicable)		ft.		ft.									
240 Sugar Lake Rd., Pittsbor	o, N.C., 27312		ft.		ft.									
Physical Address, City, and Zip		21. RI	EMAR	eks										
Chatham														
County	Parcel Identification No. (PIN)													
5b. Latitude and Longitude in degrees/n (if well field, one lat/long is sufficient)	ninutes/seconds or decimal degrees:	22. Ce	rtific	ation:										
35.748171 N 79	.091999 W		X	1/1	4 _	20				4/2	8/2016			
6. Is (are) the well(s): ⊠Permanent o	r □Temporary	Signatu By sign		is form. I h	ereby	certify that	the we	ell(s) wa	s (were) c	Date	ted in accordance			
7 To able a manufactor and activity and the	DVos on NNo	with 15	A NCA	C 02C .010	00 or 1	5A NCAC	02C.0.	200 Well			ndards and that a			
7. Is this a repair to an existing well: If this is a repair, fill out known well constructio	□Yes or ⊠No n information and explain the nature of the	copy of	this re	cord has be	en pro	vided to the	e wett o	nuner.						
repair under #21 remarks section or on the back				gram or a					Esianal m		details as soull			
8. Number of wells constructed: 1				details. Y							details or well sary.			
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10. Static water level below top of casing If water level is above casing, use "+"	g:(ft.)		3	Division of 1617 M		er Resou rvice Cen								
11. Borchole diameter: 4"	(in.)	24a ab	ove,	also subm	it a c	copy of th					m to the address completion of			
12. Well construction method: 4" Air (i.e. auger, rotary, cable, direct push, etc.)	Hammer			to the foll			Indov	mone 4	Injection	n Cont	rol Program,			
FOR WATER SUPPLY WELLS ONLY	/t]		1636 M	ail Se	rvice Cen	iter, R	Raleigh,						
13a, Yield (gpm)	Method of test:			t one cop					ays of co	mpleti	on of			
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Well Contractor Name		PROM	ft.	10	ft.	DESCRIPT	IOA_							
rea Compactor France		-	ft.		ft.	2								
2675		15 01		CASING		nulti-cased v	colle) C	ND I INI	PD (if any	Heable)				
NC Well Contractor Certification Number		FROM		TO	ior iii	DIAMETEI		THICK			ERIAL			
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Company Name		16. IN	NER	CASING O	R T	BING (geo	therm	al closed	l-loop)					
2. Well Construction Permit #: WI0500	0883	FROM	ft.	то	ft.	DIAMETER	in.	THICK	NESS	MATI	ERIAL			
List all applicable well permits (i.e. County, Stat		\vdash	37000	_	77		in.							
3. Well Use (check well use):		12.00	ft.		ft.		т.		- 1					
Water Supply Well:		FROM		TO	D	IAMETER	SLOT	T SIZE	THICK	NESS	MATERIAL			
□ Agricultural	□Municipal/Public	100000	ft.	fi.	1	in.	-870							
☐Geothermal (Heating/Cooling Supply)	□Residential Water Supply (single)		ft.	ft.		in.								
☐ Industrial/Commercial		18. GI	ROUT				8		E					
	□Residential Water Supply (shared)	FROM		то		MATERIAI		-		T METI	IOD & AMOUNT			
□Irrigation Non-Water Supply Well:		0	ft.	60'	ft.	Portlar	id/be	ntoini	ite					
□Monitoring	□Recovery		ft.		ft.									
Injection Well:			ft.		ft.									
□Aquifer Recharge	☑ Groundwater Remediation				ACK	(if applicab								
☐ Aquifer Storage and Recovery	□Salinity Barrier	FROM	ft.	то	ft.	MATERIAL	L	- 2	EMPLAC	CEMENT	METHOD			
□Aquifer Test	□Stormwater Drainage	<u> </u>												
Experimental Technology	□Subsidence Control		ft.		ft.									
Geothermal (Closed Loop)	□Tracer	FROM		NG LOG (attacl	h additional DESCRIPT				ock type.	grain size, etc.)			
Geothermal (Heating/Cooling Return)	□Other (explain under #21 Remarks)	0	ft.	30'	ft.	Tan Sil		racty same	ment some	aca () per	gram sucq cites			
Second (realing cooling retain)	Donet (explain dide! #21 fermino)	30'	ft.	35'	ft.	PWR								
J. Date Well(s) Completed: 4-27-201	6 Well ID#BR-IW4	35'	ft.	100'	ft.	100"								
5a. Well Location:		33	355.00	100		100								
a. Wen Location.			ft.		ft.	1.								
NC DOT Site Injection Wells			ft.		ft.									
Facility/Owner Name	Facility ID# (if applicable)		ft.		ft.									
240 Sugar Lake Rd., Pittsbor	o, N.C., 27312		ft.		ft.									
Physical Address, City, and Zip		21. RI	EMAR	RKS										
Chatham														
County	Parcel Identification No. (PIN)													
5b. Latitude and Longitude in degrees/n (if well field, one lat/long is sufficient)	ninutes/seconds or decimal degrees:	22. Ce	rtific	ation:										
35.748171 N 79	.091999 W		A	1/	٠.					4/2	8/2016			
6. Is (are) the well(s): Permanent o		Signatu			. Z	carries that	the we	ellie) wa	s (were)	Date	ted in accordance			
	55 33° ;	with 15	A NCA	AC 02C .010	00 or	15A NCAC	02C.0.	200 Well			ndards and that a			
7. Is this a repair to an existing well: If this is a repair, fill out known well construction	□Yes or ⊠No	copy of	this re	cord has be	en pr	ovided to the	e well o	wner.						
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N						this page to nay also at					details or well			
 Number of wells constructed: 1 For multiple injection or non-water supply wells submit one form. 	ONLY with the same construction, you can			AL INSTI			iacii as	uannone	ii pages i	ii iicces	sary.			
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FOR WATER SUPPLY WELLS ONLY	7:	0	ivisio			sources, U ervice Cer					rol Program, 6			
13a, Yield (gpm)	Method of test:					Injection '			9975-20 <u>2</u> 0-2					
13b. Disinfection type:	Also submit one copy of this form within 30 days of completion of well construction to the county health department of the county where													

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WELL CONSTRUCTION RECORD

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Robert Miller				14. WATER ZONES FROM TO DESCRIPTION										
Well Contractor Name		PROM	ft.	10	ft.	DESCRIPT	IOA_							
Tell Community Frame		1	ft.		ft.	9.								
2675		15 01		CASING		ulti-cased v	colle) C	ND I INI	PD (if any	Heable)				
NC Well Contractor Certification Number		FROM		TO	(ior in	DIAMETEI		THICK			ERIAL			
SAEDACCO Inc		0	ft.	60'	ft.	4"	in.	SCH4	10	PVC				
Company Name		16. IN	NER	CASING O	R TU	BING (geo	therm	al closed	l-loop)					
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□ Irrigation	Eresidendal water supply (shared)	FROM		TO		MATERIAL		-		T MET	HOD & AMOUNT			
Non-Water Supply Well:		0	ft.	60'		Portlar	id/be	entom	ite					
□Monitoring	□Recovery		ft.		ft.									
Injection Well:			ft.		ft.									
□Aquifer Recharge	☑ Groundwater Remediation				ACK	(if applicab								
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(30'	ft.	35'	ft.	PWR								
4. Date Well(s) Completed: 4-27-201	6 Well ID#BR-IW5	351	ft.	100'	ft.	100"								
5a. Well Location:		-	ft.	-	ft.									
		-	100000		-									
NC DOT Site Injection Wells	E. Ha. The of		ft.		ft.									
Facility/Owner Name	Facility ID# (if applicable)		ft.		ft.									
240 Sugar Lake Rd., Pittsbore	o, N.C., 27312		ft.		ft.									
Physical Address, City, and Zip		21. RI	EMAF	RKS										
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County	Parcel Identification No. (PIN)													
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35.748171 N 79	.091999 W		A	1/1	٠.	-00				4/2	8/2016			
6. Is (are) the well(s): XPermanent o		Signatu Be sion		is form I h	7	contitution	the we	ellie) wa	e (were)	Date	ted in accordance			
	50 US 1	with 15	A NCA	C 02C .010	00 or	15A NCAC	02C.0.	200 Well			ndards and that a			
 Is this a repair to an existing well: If this is a repair, fill out known well construction 	□Yes or ⊠No n information and explain the nature of the	copy of	this re	cord has be	een pro	ovided to the	e well o	nuner.						
repair under #21 remarks section or on the back						onal well o								
Number of wells constructed:						this page to nay also at					e details or well			
 Number of wells constructed: 1 For multiple injection or non-water supply wells submit one form. 	ONLY with the same construction, you can			AL INSTI		-200	iacii ai	uanon	ii pages i	ii iicces	adiy.			
9. Total well depth below land surface: For multiple wells list all depths if different (exa				II Wells: to the fol			orm v	vithin 3	30 days	of con	pletion of well			
10. Static water level below top of casing	ç: (ft.)		3			ter Resou ervice Cer								
11. Borehole diameter: 4"	(in.)										m to the address completion of v			
12. Well construction method: 4" Air (i.e. auger, rotary, cable, direct push, etc.)	Hammer			to the foll			Index	mound	Injection	n Corr	trol Program,			
FOR WATER SUPPLY WELLS ONLY	/t			1636 M	lail Se	ervice Cer	iter, R	Raleigh,						
13a, Yield (gpm)	Method of test:					Injection ' this form			ays of co	mpleti	on of			
13b. Disinfection type:	Also submit one copy of this form within 30 days of completion of well construction to the county health department of the county where													

13b. Disinfection type:

WELL CONSTRUCTION RECORD

constructed.

This form can be used for single or multiple wel	ls										I			
1. Well Contractor Information:														
Robert Miller				14. WATER ZONES FROM TO DESCRIPTION										
Well Contractor Name			ft.	10	ft.									
rea Compactor France		1	ft.		ft.	9.								
2675		15 01	0000	CASING		nulti-cased v	and C	ND I INI	en of any	Hanhle)				
NC Well Contractor Certification Number		FROM	ILK	TO	(ior i	DIAMETEI		THICK			ERIAL			
SAEDACCO Inc		0	ft.	60'	ft.	4"	in.	SCH4	10	PVC				
Company Name		16. IN	NER	CASING C	OR T	UBING (geo	therm	al closed	l-loop)					
2. Well Construction Permit #: WI0500	0883	FROM	ft.	то	ft.	DIAMETEI	in.	THICK	NESS	MAU	ERIAL			
List all applicable well permits (i.e. County, Stat		-	ft.		ft.	-	in.							
3. Well Use (check well use):		12.00			н.				- 1					
Water Supply Well:		17. SC FROM	KEE	то	D	IAMETER	SLOT	T SIZE	THICK	NESS	MATERIAL			
□Agricultural	□Municipal/Public		ft.	ft.		in.								
Geothermal (Heating/Cooling Supply)	□Residential Water Supply (single)		ft.	ft.		in.								
☐ Industrial/Commercial	□Residential Water Supply (shared)	18. GF	ROUT					on and	Ž.	annest d				
☐ Irrigation	Eresidendal water supply (shared)	FROM		то						MENT METHOD & AMOUNT				
Non-Water Supply Well:	9	0	ft.	60'	ſt.	Portlar	id/be	entom	ıte					
□Monitoring	□Recovery		ft.		ft.									
njection Well:			ft.		ft.									
□Aquifer Recharge	☑ Groundwater Remediation				ACK	(if applicab								
Aquifer Storage and Recovery	□Salinity Barrier	FROM	ft.	то	ft.	MATERIAI	<u> </u>	- 1	EMPLAC	CEMENT	METHOD			
□Aquifer Test	☐Stormwater Drainage			_				_						
Experimental Technology	□Subsidence Control		ft.		ft.									
□Geothermal (Closed Loop)	□Tracer	FROM	alli	NG LOG (attac	h additional DESCRIPT				ock type.	grain size, etc.)			
Geothernal (Heating/Cooling Return)	□Other (explain under #21 Remarks)	0	ft.	30'	ft.	Tan Sil								
()		30'	ft.	35'	ft.	PWR								
J. Date Well(s) Completed: 4-28-201	6 Well ID#BR-IW6	35'	ft.	100'	ft.	Rock								
5a. Well Location:		-	ft.		ft.									
		-	100000		100									
NC DOT Site Injection Wells	E. Ne. IDA 65 E. ALV		ft.		ft.									
Facility/Owner Name	Facility ID# (if applicable)		ft.		ft.									
240 Sugar Lake Rd., Pittsbore	o, N.C., 27312		ft.		ft.	Ť.								
Physical Address, City, and Zip		21. RE	MAR	KS										
Chatham														
County	Parcel Identification No. (PIN)													
5b. Latitude and Longitude in degrees/n (if well field, one lat/long is sufficient)	ninutes/seconds or decimal degrees:	22. Cei	rtific	ation:										
35.748171 N 79	.091999 W		t	1/1	4 -	· n				4/2	8/2016			
6. Is (are) the well(s): XPermanent o	r □Temporary	Signatur By signi		is form, I h	ereb	certify that	the we	ell(s) wa	s (were) c	Date	ted in accordance			
7 Is this a renair to an aristina wall-	□Yes or ⊠No					15A NCAC rovided to the			l Construe	ction Sta	ndards and that a			
7. Is this a repair to an existing well: If this is a repair, fill out known well construction		copy of t	mis re	cora nas ve	cen pi	roviaea to ini	e wett o	nuner.						
repair under #21 remarks section or on the back						ional well o			Etianal m		details as soull			
8. Number of wells constructed: 1						may also at					details or well sary.			
For multiple injection or non-water supply wells submit one form.	ONLY with the same construction, you can			AL INST										
9. Total well depth below land surface: For multiple wells list all depths if different (exa		24a. For All Wells: Submit this form within 30 days of completion of well construction to the following:												
10. Static water level below top of casing If water level is above casing, use "+"	g:(ft.)		1			ater Resou Service Cer								
11. Borchole diameter: 4"	(in.)	24a abo	ove, a	also subm	it a	copy of th					m to the address completion of			
12. Well construction method: 4" Air (i.e. auger, rotary, cable, direct push, etc.)	Hammer			to the fol			Indore	mound	Injectio	n Cont	rol Program,			
FOR WATER SUPPLY WELLS ONLY	/t			1636 M	lail S	Service Cer	iter, R	Raleigh,						
13a. Yield (gpm)	Method of test:	24c. For Water Supply & Injection Wells: Also submit one copy of this form within 30 days of completion of												
13b. Disinfection type:	well construction to the county health department of the county where													

13b. Disinfection type:

WELL CONSTRUCTION RECORD

constructed.