RESIDENTIAL WELL CONSTRUCTION RECORD

North Carolina Department of Environment and Natural Resources- Division of Water Quality

WELL CONTRACTOR CERTIFICATION # 2179

1. WELL CONTRACTOR:
Roger W. Jackson
Well Contractor (Individual) Name
Jackson Well Company
Well Contractor Company Name
STREET ADDRESS 5660 McDougald Road
Lillington, North Carolina 27546
City or Town State Zip Code
(910)-893-2372
Area code- Phone number

2. WELL INFORMATION:
SITE WELL ID #(if applicable)
STATE WELL PERMIT#(if applicable)
DWQ or OTHER PERMIT #(if applicable)
WELL USE (Check Applicable Box): Residential Water Supply ☑
DATE DRILLED 4-1-09
TIME COMPLETED 3:00 AM☐ PM☑

3. WELL LOCATION:
CITY: Broadway COUNTY Harnett
Thomas Kelly Rd Lemon Hill N.C. 27330
(Street Name, Numbers, Community, Subdivision, Lot No., Parcel, Zip Code)
TOPOGRAPHIC / LAND SETTING:
☑Slope ☐Valley ☐Flat ☐Ridge ☐ Other
(check appropriate box)
LATITUDE 35 28 403
LONGITUDE 79 00.214
May be in degrees, minutes, seconds or in a decimal format
Latitude/longitude source: ☑GPS ☐Topographic map
(location of well must be shown on a USGS topo map and *attached to this form if not using GPS*)

4. WELL OWNER
OWNER'S NAME Shawn McCrayton
STREET ADDRESS 2343 Thomas Kelly Rd.
Lemon Hill N.C. 27330
City or Town State Zip Code
(919)-356 7791
Area code- Phone number

5. WELL DETAILS:
a. TOTAL DEPTH: 180'
b. DOES WELL REPLACE EXISTING WELL? YES☐ NO☑
c. WATER LEVEL Below Top of Casing: 30 FT.
(Use "+" if Above Top of Casing)
d. TOP OF CASING IS 1 FT. Above Land Surface*
*Top of casing terminated at/or below land surface may require a variance in accordance with 15A NCAC 2C .0118.
e. YIELD (gpm): 8 METHOD OF TEST Air
f. DISINFECTION: Type HTH Amount 6oz

g. WATER ZONES (depth):
From 135 To 138 From ____ To ____
From ____ To ____ From ____ To ____
From ____ To ____ From ____ To ____

6. CASING:

	Depth		Diameter	Thickness/ Weight	Material
From 0	To 70	Ft.	6"	SCH 21	PVC
From 70	To 80	Ft.	6"	SCH 80	Galv.
From ____	To ____	Ft.			

7. GROUT:

	Depth		Material	Method
From 0	To 30	Ft.	Sand Cement	Pouring
From ____	To ____	Ft.		
From ____	To ____	Ft.		

8. SCREEN:

	Depth		Diameter	Slot Size	Material
From ____	To ____	Ft.	____ in.	____ in.	
From ____	To ____	Ft.	____ in.	____ in.	
From ____	To ____	Ft.	____ in.	____ in.	

9. SAND/GRAVEL PACK:

Depth			Size	Material
From ____	To ____	Ft.		
From ____	To ____	Ft.		
From ____	To ____	Ft.		

10. DRILLING LOG

From	To	Formation Description
0	62	CLAY
62	180	SLATE

11. REMARKS:

I DO HEREBY CERTIFY THAT THIS WELL WAS CONSTRUCTED IN ACCORDANCE WITH 15A NCAC 2C, WELL CONSTRUCTION STANDARDS, AND THAT A COPY OF THIS RECORD HAS BEEN PROVIDED TO THE WELL OWNER.

Roger W. Jackson
SIGNATURE OF CERTIFIED WELL CONTRACTOR

4-2-09
DATE

Roger W. Jackson
PRINTED NAME OF PERSON CONSTRUCTING THE WELL

Submit the original to the Division of Water Quality within 30 days. Attn: Information Mgt., 1617 Mail Service Center, Raleigh, NC 27699-1617 Phone No: (919) 733-7015 ext 537

Form GW-1a