

RESIDENTIAL WELL CONSTRUCTION RECORD

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

WELL CONTRACTOR CERTIFICATION # 2/

1. WELL CONTRACTOR:	g. WATER ZONES (depth):
1	From 140 To 142 From ToTo
Well Contractor (Individual) Name	From 16 / To 163 From ToTo
	From 170 To 172 From To
JACKSON WELL CO.	6. CASING: Thickness/
Well Contractor Company Name	Depth Diameter Weight Material
STREET ADDRESS 5660 M DOUGALD Rd	From D 10 73 Pt. 60 C. J.
L/1/2 ton 10 22.546	From To Pt
City or Town State Zip Code	rionio
919-4993636	7. GROUT: Depth Material Method
Area code- Phone number	From O To 21 P. SAND CEMENT TOWN
2. WELL INFORMATION:	FromTo Ft
SITE WELL ID #(If applicable)	FromToFt
STATE WELL PERMIT#(if applicable)	8. SCREEN: Depth Diameter Slot Size Material
DWQ or OTHER PERMIT #(if applicable)	FromToFtin in
WELL USE (Check Applicable Box): Residential Water Supply	From To Pt in
DATE DRILLED_ //-20-08	From To Ptin In
TIME COMPLETED 3,00 AMD PME	9. SAND/GRAVEL PACK:
	Depth Size Material
3. WELL LOCATION:	FromToFt
CITY: LLLIS, to COUNTY HOPAR H	From To Ft
975 Tim Cornin Pd 27546	10
(Street Name, Numbers, Community, Subdivision, Lot No., Parcel, Zip Code)	
TOPOGRAPHIC / LAND SETTING:	10. DRILLING LOG Formation Description
Descripe □Valley □Flat □Ridge □ Other	0 87 C/AV.
(check appropriate box)	87 180 SINTA
LATITUDE 3 May be in degrees, minutes, seconds or	
LONGITUDE in a decimal format	
Latitude/longitude source: DGPS	
(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 AND OF LLE HE	
STREET ADDRESS 975 Jim Cunn, Ad	
L'LLINGTON MC 27546	
City or Town State Zip Code	
()-	
Area code- Phone number	11. REMARKS:
5. WELL DETAILS:	
a. TOTAL DEPTH: 180	
h DOES WELL DESIGNATION	
	I DO HEREBY CERTIFY THAT THIS WELL WAS CONSTRUCTED IN ACCORDANCE WITH
c. WATER LEVEL Below Top of Casing: 2FT. (Use "+" if Above Top of Casing)	15A NCAC 2C, WELL CONSTRUCTION STANDARDS, AND THAT A COPY OF THIS RECORD HAS BEEN PROVIDED TO THE WELL OWNER.
d. TOP OF CASING IS FT. Above Land Surface*	001
1 Op of casing terminated at/or below land surface may require	Thorse W. Jackson 11-21-08
a variance in accordance with 15A NCAC 2C .0118.	SIGNATURE OF CERTIFIED WELL CONTRACTOR DATE
e. YIELD (gpm): 3/) METHOD OF TEST // //	ROGER W. JACKSON
1. DISINFECTION: Type HTH Amount 125	PRINTED NAME OF PERSON CONSTRUCTING THE WELL