

## RESIDENTIAL WELL CONSTRUCTION RECORD

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

VELL CONTRACTOR CERTIFICATION # 3104

WELL CONTRACTOR CERTIFICA	TION#TION#
1. WELL CONTRACTOR:	f. DISINFECTION: Type Amount
Van Ellioll	g. WATER ZONES (depth):
Well Contractor (Individual) Name Southern Well Drilling	From 300 To To To
Southern Well Drilling	FromToToTo
Well Contractor Company Name	From To From To
STREET ADDRESS 1530 Beaver Dam Rd	6. CASING: Thickness/
Creed moor N.C 27522	Depth a Diameter Weight Material
City or Town State Zip Code	From To Ft. PVC
919-603-7165	FromToFt
Area code- Phone number	1 0000
2. WELL INFORMATION:	7. GROUT: Depth Material Method
SITE WELL ID #(if applicable) 12-5-29057 R	From To FI. Pourtand Poured
STATE WELL PERMIT#(if applicable)	FromToFt
DWQ or OTHER PERMIT #(if applicable)	8. SCREEN: Depth Diarneter Slot Size Material
WELL USE (Check Applicable Box): Residential Water Supply □	From To Ft. in. in.
DATE DRILLED 7-24-12	FromToFtinin FromToFtinin.
TIME COMPLETED AM □ PM □	9. SAND/GRAVEL PACK:
3. WELL LOCATION:	Depth Size Material
CITY: Burn Level COUNTY Har Nett	FromTo Fl
3400 Mclean Chanel Church Hd	FromToFt
(Street Name, Numbers, Community, Subdivision, Lot No., Parcel, Zip Code)	Ft
TOPOGRAPHIC / LAND SETTING:	10. DRILLING LOG
□ Slope □ Valley □ Flat □ Ridge □ Other(check appropriate box)	From To Formation Description
May be in degrees,	
LATITUDE 3 minutes, seconds or in a decimal format	
LONGITODE	
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 Clayton Homes	
STREET ADDRESS	
Raleigh N.C.	
City or Town State Zip Code	
()	
Area code - Phone number	ti privipus
5. WELL DETAILS:	11. REMARKS:
a. TOTAL DEPTH: 328	
b. DOES WELL REPLACE EXISTING WELL? YES NOTO	
c. WATER LEVEL Below Top of Casing:FT.  (Use "+" if Above Top of Casing)	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 DWINER.
d. TOP OF CASING IS FT. Above Land Surface*	Van Sollith
*Top of casing terminated at/or below land surface may require	SIGNATURE OF CERTIFIED WELL CONTRACTOR DATE
a variance in accordance with 15A NCAC 2C .0118.	ALICE TO CERTIFIED WELL CONTRACTOR DATE
e. YIELD (gpm): 20 METHOD OF TEST AIR	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 568.

Form GW-1a Rev. 7/05