RESIDENTIAL WELL CONSTRUCTION RECORD

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

WELL CONTRACTOR CERTIFICATION # 2833A

1. WELL CONTRACTOR:
James M. Jones
Well Contractor (Individual) Name
N.W. Poole Well & Pump Co.
Well Contractor Company Name
STREET ADDRESS PO Box 1958
Wendell, NC 27591
City or Town State Zip Code
(919) 266-9223
Area code- Phone number

2. WELL INFORMATION:
SITE WELL ID #(if applicable)
WELL CONSTRUCTION PERMIT#
OTHER ASSOCIATED PERMIT#(if applicable)

3. WELL USE (Check Applicable Box): Residential Water Supply ✓
DATE DRILLED 8-25-11
TIME COMPLETED 11:45 AM ✓ PM

4. WELL LOCATION:
CITY: Fuquay/Varnia COUNTY Harnett
196 Laurel Brook Ct
(Street Name, Numbers, Community, Subdivision, Lot No., Parcel, Zip Code)
TOPOGRAPHIC / LAND SETTING:
Slope Valley Flat ✓ Ridge Other
(check appropriate box)
LATITUDE 35°30' 27.37'
LONGITUDE 78°51' 7.17'
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)

5. WELL OWNER
OWNER'S NAME Gordon Victoria Dapke
STREET ADDRESS 196 Laurel Brook Ct
Fuquay Varina NC 27526
City or Town State Zip Code
(919) 337-2042
Area code - Phone number

6. WELL DETAILS: 527'
a. TOTAL DEPTH:
b. DOES WELL REPLACE EXISTING WELL? YES NO ✓
c. WATER LEVEL Below Top of Casing: 20 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): 4 METHOD OF TEST A.R.

f. DISINFECTION: Type Gran. Amount 1 CO2.

g. WATER ZONES (depth):
From 103 To ____ From ____ To ____
From ____ To ____ From ____ To ____
From ____ To ____ From ____ To ____

7. CASING:

	Depth	Diameter	Thickness/Weight	Material
From +1	To 56 Ft.	6 5/8	.188	galv.
From ____	To ____ Ft.	____	____	____
From ____	To ____ Ft.	____	____	____

8. GROUT:

	Depth	Material	Method
From 0	To 20 Ft.	cement	mix-pour
From ____	To ____ Ft.	____	____
From ____	To ____ Ft.	____	____

9. SCREEN:

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

10. SAND/GRAVEL PACK:

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

11. DRILLING LOG

From	To	Formation Description
0	2	Topsoil
2	36	Sandy Silt
36	527	Schist

12. 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.

James M. Jones 8-25-11
SIGNATURE OF CERTIFIED WELL CONTRACTOR DATE
James M. Jones
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-1
Rev. 3/07