#40121 309



RESIDENTIAL WELL CONSTRUCTION RECORD

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

3579 WELL CONTRACTOR CERTIFICATION

WEDD CONTRACTOR CERTIFICA	11014#
1. WELL CONTRACTOR:	f. DISINFECTION: Type Chlorine Amount 120 horses
Shane Gossett	g. WATER ZONES (depth): 2 apm
Well Contractor (Individual) Name	From 380 To 380, 5 From To
McCall Bros Inc	From 402 To 402.5 Spp. From To
Well Contractor Company Name	FromToFromTo
STREET ADDRESS 6700 Bruhshing Bld	6. CASING: Thickness/ Depth Diameter Weight Material
Charlotte na	From 1 To 182 Ft. 6 Steel
City or Town State Zip Code	FromToFt
Area code- Phone number	FromToFt
2. WELL INFORMATION:	7. GROUT: Depth Material Method
SITE WELL ID #(If applicable) 11-5-27588	From 20 To O Ft portland Pump
STATE WELL PERMIT#(if applicable)	From To Ft.
DWQ or OTHER PERMIT #(if applicable)	
WELL USE (Check Applicable Box): Residential Water Supply	From To F. in in.
DATE DRILLED_10-14-11	From
TIME COMPLETED S: 30 AM PM	
3. WELL LOCATION:	9. SAND/GRAVEL PACK: Depth Size Material
CITY: Cameran county Itan Pet i	From To Ft.
(Street Name, Numbers, Community, Subdivision, Lot No., Parcel, Zip Code)	From To Ft.
TOPOGRAPHIC / LAND SETTING:	
□Slope □Valley □Flat □Ridge □Other	10. DRILLING LOG From To Formation Description
(check appropriate box)	0-173 Cayand Sand
LATITUDE 3 50 17 31 N May be in degrees, minutes, seconds or	174-183 ave noch
LONGITUDE 7 9" 10' 47" in a decimal format	184-200 gray reck
Latitude/longitude source: GPS GTopographic map	201-300 gry rich
(location of well must be shown on a USGS topo map and	301-380 gry rul
attached to this form if not using GPS)	382 - 400 are rech with and
4. WELL OWNER	7
OWNER'S NAME Debra Compton	401-403 gry rich
STREET ADDRESS 425 Mc & Saclies Ch.	9-7-10-1
Cameron N.C 28326	
City or Town State Zip Code	
910 >	
Area code - Phone number	
5. WELL DETAILS:	11. REMARKS:
a. TOTAL DEPTH: 420 ft	Deep Casing in this area
b. DOES WELL REPLACE EXISTING WELL? YES NO	
c. WATER LEVEL Below Top of Casing: 60 FT. (Use "+" if Above Top of Casing)	I DO HERBBY CERTIFY THAT THIS WELL WAS CONSTRUCTED IN ACCORDANCE WITH 18A 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° *Top of casing terminated at/or below land surface may require a variance in accordance with 15A NCAC 2C .0118.	SIGNATURE OF CERTIFIED WELL CONTRACTOR DATE
e. YIELD (gpm): 7 METHOD OF TEST 1306	PRINTED NAME OF PERSON CONSTRUCTING THE WELL
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