

**WELL CONSTRUCTION RECORD**

This form can be used for single or multiple wells

**1. Well Contractor Information:**

Roger W. Jackson

Well Contractor Name

2179-A

NC Well Contractor Certification Number

Jackson Well Company

Company Name

2. Well Construction Permit #: F15-5-36261

List all applicable well permits (i.e. County, State, Variance, Injection, etc.)

**3. Well Use (check well use):**

**Water Supply Well:**

- Agricultural  Municipal/Public
- Geothermal (Heating/Cooling Supply)  Residential Water Supply (single)
- Industrial/Commercial  Residential Water Supply (shared)
- Irrigation

**Non-Water Supply Well:**

- Monitoring  Recovery

**Injection Well:**

- Aquifer Recharge  Groundwater Remediation
- Aquifer Storage and Recovery  Salinity Barrier
- Aquifer Test  Stormwater Drainage
- Experimental Technology  Subsidence Control
- Geothermal (Closed Loop)  Tracer
- Geothermal (Heating/Cooling Return)  Other (explain under #21 Remarks)

4. Date Well(s) Completed: 8-7-15 Well ID# \_\_\_\_\_

**5a. Well Location:**

S. Wayne Harrington 15-5-36761  
 Facility/Owner Name Facility ID# (if applicable)

1183 Branch Johnson Rd Broadway, NC  
 Physical Address, City, and Zip 27505

Harrington 15-5-36761  
 County Parcel Identification No. (PIN)

5b. Latitude and Longitude in degrees/minutes/seconds or decimal degrees:  
 (if well field, one lat/long is sufficient)

35° 24.51' N 79° 0.18' W

6. Is (are) the well(s):  Permanent or  Temporary

7. Is this a repair to an existing well:  Yes or  No  
 If this is a repair, fill out known well construction information and explain the nature of the repair under #21 remarks section or on the back of this form.

8. Number of wells constructed: 1  
 For multiple injection or non-water supply wells ONLY with the same construction, you can submit one form.

9. Total well depth below land surface: 240 (ft.)  
 For multiple wells list all depths if different (example- 3@200' and 2@100')

10. Static water level below top of casing: 30 (ft.)  
 If water level is above casing, use "+"

11. Borehole diameter: 6 (in.)

12. Well construction method: air rotary  
 (i.e. auger, rotary, cable, direct push, etc.)

**FOR WATER SUPPLY WELLS ONLY:**

a. Yield (gpm) 12 Method of test: AIR  
 13b. Disinfection type: HTH Amount: 16g

For Internal Use ONLY:

**14. WATER ZONES**

FROM	TO	DESCRIPTION
169 ft	172 ft	12gpm
ft	ft	

**15. OUTER CASING (for multi-cased wells) OR LINER (if applicable)**

FROM	TO	DIAMETER	THICKNESS	MATERIAL
0 ft	125 ft	6 1/2 in	5/8 21	PVC

**16. INNER CASING OR TUBING (geothermal closed-loop)**

FROM	TO	DIAMETER	THICKNESS	MATERIAL
ft	ft	in		
ft	ft	in		

**17. SCREEN**

FROM	TO	DIAMETER	SLOT SIZE	THICKNESS	MATERIAL
ft	ft	in			
ft	ft	in			

**18. GROUT**

FROM	TO	MATERIAL	EMPLACEMENT METHOD & AMOUNT
0 ft	25 ft	SAND CEMENT	pouring
ft	ft		
ft	ft		

**19. SAND/GRAVEL PACK (if applicable)**

FROM	TO	MATERIAL	EMPLACEMENT METHOD
ft	ft		
ft	ft		

**20. DRILLING LOG (attach additional sheets if necessary)**

FROM	TO	DESCRIPTION (color, hardness, soil/rock type, grain size, etc.)
0 ft	128 ft	CLAY
128 ft	240 ft	SILT
ft	ft	
ft	ft	
ft	ft	
ft	ft	
ft	ft	

**21. REMARKS**

22. Certification:  
 Signature of Certified Well Contractor: Roger W. Jackson Date: 8-19-15

By signing this form, I hereby certify that the well(s) was (were) constructed in accordance with 15A NCAC 02C .0100 or 15A NCAC 02C .0200 Well Construction Standards and that a copy of this record has been provided to the well owner.

23. Site diagram or additional well details:  
 You may use the back of this page to provide additional well site details or well construction details. You may also attach additional pages if necessary.

**SUBMITTAL INSTRUCTIONS**

24a. For All Wells: Submit this form within 30 days of completion of well construction to the following:

Division of Water Resources, Information Processing Unit,  
 1617 Mail Service Center, Raleigh, NC 27699-1617

24b. For Injection Wells ONLY: In addition to sending the form to the address in 24a above, also submit a copy of this form within 30 days of completion of well construction to the following:

Division of Water Resources, Underground Injection Control Program,  
 1636 Mail Service Center, Raleigh, NC 27699-1636

24c. For Water Supply & Injection Wells:  
 Also submit one copy of this form within 30 days of completion of well construction to the county health department of the county where constructed.