

## RESIDENTIAL WELL CONSTRUCTION RECORD

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

WELL CONTRACTOR CERTIFICATION # 3479 1. WELL CONTRACTOR: f. DISINFECTION: Type Chollene Amount g. WATER ZONES (depth); From 1 76 To 229 STREET ADDRESS ////8 14 wy 30 6. CASING: Thickness Depth From C From From Phone number 7. GROUT: Depth 2. WELL INFORMATION: Material Method SITE WELL ID #(if applicable)\_ STATE WELL PERMIT#(if applicable) DWQ or OTHER PERMIT #(if applicable) 8. SCREEN: Depth -Diameter Slot Size WELL USE (Check Applicable Box): Residential Water Supply [ To DATE DRILLED 12-1-05 \_To\_ TIME COMPLETED AM PM PM 9. SAND/GRAVEL PACK: 3. WELL LOCATION: Depth Size From Community, Subdivision, Lot No., Parcel, Zip Code) TOPOGRAPHIC / LAND SETTING: 10. DRILLING LUG □ Slope □ Valley □ Flat □ Ridge □ Other From Formation Description May be in degrees, minutes, seconds or LONGITUDE Z8. in a decimal format (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 Harold B. Jernigg , STREET ADDRESS 7/ Dunn City or Town Area code - Phone number II. REMARKS: 5. WELL DETAILS: a. TOTAL DEPTH: b. DOES WELL REPLACE EXISTING WELL? YES ... NO ... I DO HEREBY CERTIFY THAT THIS WELL WAS CONSTRUCTED IN ACCORDANCE WITH 15A NCAC 2C, WELL CONSTRUCTION STANDARDS, AND THAT A COPY OF THIS c. WATER LEVEL Below Top of Casing: (Usc "+" if Above Top of Casing) OF OF CASING IS FT. Above Land Surface\*
"Top of casing terminated at/or below lend surface may require d. TOP OF CASING IS WELL CONTRACTOR a varience in accordance with 15A NCAC 2C .0118.

Submit the original to the Division of Water Quality within 30 days. Atm: Information Mgt., 1617 Mail Service Center - Raleigh, NC 27699-1617 Phone No. (919) 733-7015 ext 568.

METHOD OF TEST

10

e. YIELD (gpm):

Form GW-1a Rev. 7/05





PRINTED NAME OF PERSON CONSTRUCTING THE WELL