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2060 0



## RESIDENTIAL WELL CONSTRUCTION RECORD

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

WELL CONTRACTOR CERTIFICAT	ION# 0060
1. WELL CONTRACTOR:	1. DISINFECTION: Type Purder Amount 5.09
Dog R beharelly	g. WATER ZONES (depth):
Well-Contractor (Individual) Name	From To From To
Diedment Will Co.	11011
Well Contractor Company Name	This beautiful and the second of the second
STREET ADDRESS 144 DAKLEAF Kd.	I & CANING
SAUFORD Nili 27332	From To To File To
City or Town State Zip Code	From To Ft.
911, 774-4025	
Aree code- Phone number	7. GROUT: Depth Material Method
2. WELL INFORMATION:	From D TO 45 FI COMPTE THE
SITE WELL ID #(if applicable)	From To Ft.
STATE WELL PERMITS(If applicable)	ALL SU MANAGED
DWQ or OTHER PERMIT #(if applicable)	8. SCREEN: Depth Diameter Stot Size Meterial From To Ft in. in.
WELL USE (Check Applicable Box): Residential Water Supply 03	FromToFtinin
DATE DRILLED 2-10-09	FromToFtininin.
TIME COMPLETED AM D PM D	S. SAND/GRAVEL PACK:
3. WELL LOCATION: ALLEN	Depth Size Meterial From To Ft.
CITY: COUNTY AFFINE!	From To Ft.
Cakes hury Ord- W-on Nicks WAY	FromToFL
(Street Name, Numbers, Community, Subdivision, Let No., Parcel, Zip Code)	
TOPOBRAPHIC / LAND SETTING:	10. DRILLING LOG From To Formation Description
Glope DValley DFlat DRidge DOther (check appropriate box)	
LATITUDE 3 minutes, seconds or	V - 20 SAVA (1144
LONGITUDE in a decimal format	10 July Dimestale
Latitude/longitude source: DGPS DTopographic map	Lines Town
(location of well must be shown on a USGS topo map and	130-
ettached to this form if not using GPS)	
4. WELL OWNER KOUTH TILTEL	
STREET ADDRESS COKES DIVY RA-	
Countan NC 27534	
City or Town State Zip Code	
( )-	
Area code - Phone number	11. REMARKS:
8. WELL DETAILS:	
a. TOTAL DEPTH: JOL	
b. DOES WELL REPLACE EXISTING WELL? YES D NOW	LOO HEREBY CERTIFY THAT THIS WELL WAS CONSTRUCTED IN ACCORDANCE WITH
c. WATER LEVEL Below Top of Casing: 20 FT.  (Use "+" if Above Top of Casing)	100 HEREBY CERTIFY THAT THIS WELL WAS CURED THAT A COPY OF THEE 15A NCAC 2C, WELL CONSTRUCTION STANDARDS, AND THAT A COPY OF THEE RECORD HAS BEEN PROVIDED TO THE WELL OWNER.
d. TOP OF CASING ISFT. Above Land Surface* Top of casing terminated effor below land surface may require	SIGNATURE OF GERTIFIED WELL CONTRACTOR DATE
a variance in accordance with 15A NCAC 2C .0118.	Ducklokusher
. YIELD (gpm) 50 METHOD OF TEST HIV	PRINTED NAME OF PERSON CONSTRUCTING THE WELL