

RESIDENTIAL WELL CONSTRUCTION RECORD

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

WELL CONTRACTOR CERTIFICATION # 2/22

ELL CONTRACTOR:	g. WATER ZONES (depth):
Well Contractor (Individual) Name	Top 53 Bottom 75 Top Bottom
Cape Fear Well + Pane	Top Bottom Top Bottom Top Bottom Top Bottom
Well Contractor Company Name	Thickness/
Street Address	7. CASING: Depth Diameter Weight Material
Hape State Zio Code	Top 0 Bottom 55 Ft 4" 40 PVC Top 75 Bottom 94 Ft. 4" 40 PVC
(9/1) 323-39/9 Area code Phone number	8. GROUT: Depth Material Method
2. WELL INFORMATION:	0/ 00/ //
WELL CONSTRUCTION PERMIT#	Top Bottom Ft. Coment Fourced
OTHER ASSOCIATED PERMIT#(ir applicable)	TopBottomFt.
SITE WELL ID #(if applicable)	D SCOFFN. DH.
	9. SCREEN: Depth Diameter Slot Size Material
3. WELL USE (Check Applicable Box): Residential Water Supply	
DATE DRILLED 3/10/10	Top Bottom Ft in in.
TIME COMPLETED AM [] PM []	TopBottomFtinin.
4. WELL LOCATION:	10. SAND/GRAVEL PACK:
CITY: Sanfarry COUNTY Homesty	Top 5/ Bottom 94 Ft. 78 mm Pee Carruel
387 Roberts Rd	Top Bottom Ft.
(Street Name, Numbers, Community, Subdivision, Lot No., Parcel, Zip Code)	Top Bottom Ft.
POGRAPHIC / LAND SETTING: (check appropriate box)	The second secon
lops _Valley _Flat _Ridge _Other	11. DRILLING LOG Top Bottom Formation Description
LATITUDE 36 . "DMS OR 3x.xxxxxxxxx DD	Top Bottom Formation Description
LONGITUDE 75	3' 123' Bray & Ocange Clay
Latitude/longitude source: GPS Gropographic map	23' 134' Gay Sand a Clay
(location of well must be shown on a USGS topo map endattached to this form if not using GPS)	391 411 Gray Clay
	53 to Sand + Clay
S. WELL OWNER	13 / Sand Stricks of
Broddy Sheller	75' 195' Book Grow Sanda C
Owner Name	
387 Koberts Kd.	
S 0 1 0// 10720	
City of Town State Zip Code	
,	
Area code Phone number	
3. WELL DETAILS:	12. REMARKS:
a. TOTAL DEPTH: 95	
b. DOES WELL REPLACE EXISTING WELL? YES D NO D	I DO HEREBY CERTIFY THAT THIS WELL WAS CONSTRUCTED IN
c. WATER LEVEL Below Top of Casing: 4' FT. (Use "+" if Above Top of Casing)	ACCORDANCE WITH 15A 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*	A STATE OF THE STA
"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
YIELD (gpm): 20 METHOD OF TEST Pump	Tames O Rill
T. DISINFECTION: Type HTH Amount 100 Ppm	PRINTED NAME OF PERSON CONSTRUCTING THE WELL