

WELL CONSTRUCTION RECORD

This form can be used for single or multiple wells:

1. Well Contractor Information:

Well Contractor Name: Roger W. Jackson
 # 2179
 NC Well Contractor Certification Number
 Company Name: Jackson Well Drilling

2. Well Construction Permit #: _____
 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 Safety 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: 1 Well ID# _____

5a. Well Location:
 Facility/Owner Name: Brad Cummins
 Facility ID# (if applicable): _____
 Physical Address, City, and Zip: Bethesda Rd
Harris
 County: _____ Parcel Identification No. (PIN): 9197704693

5b. Latitude and Longitude in degrees/minutes/seconds or decimal degrees:
 (if well field, one lat/long is sufficient)
 _____ N _____ 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: 26' (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:

13a. Yield (gpm): 5 Method of test: AIR
 13b. Disinfection type: HTH Amount: 16oz

For Internal Use ONLY:

14. WATER ZONES		DESCRIPTION			
FROM	TO				
200 ft.	206 ft.				
221 ft.	223 ft.				
15. FILTER SCREENS (for water supply wells only) (if applicable)					
FROM	TO	DIAMETER	THICKNESS	MATERIAL	
0 ft.	110 ft.	6 in.		SR31 PVC	
16. FILTER SCREENS (for injection wells only) (if applicable)					
FROM	TO	DIAMETER	THICKNESS	MATERIAL	
ft.	ft.	in.			
ft.	ft.	in.			
17. SCREENS					
FROM	TO	DIAMETER	SLOT SIZE	THICKNESS	MATERIAL
ft.	ft.	in.			
ft.	ft.	in.			
18. GROUT					
FROM	TO	MATERIAL	EMPLACEMENT METHOD & AMOUNT		
0 ft.	35 ft.	SAND/CEMENT	4000 lb		
ft.	ft.				
ft.	ft.				
19. SAND/GRAVEL PACKS (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.	69 ft.	CLAY			
69 ft.	240 ft.	SAND			
ft.	ft.				
ft.	ft.				
ft.	ft.				
ft.	ft.				
ft.	ft.				
21. REMARKS					

22. Certification:
 Signature of Certified Well Contractor: Roger W. Jackson 2179
 Date: 9-11-13

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.