

WELL CONSTRUCTION RECORD

This form can be used for single or multiple wells

1. Well Contractor Information:

Well Contractor Name: Roger W. Jackson

Well Contractor # 2179

NC Well Contractor Certification Number: Jackson Well Drilling

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:	
<input type="checkbox"/> Agricultural	<input type="checkbox"/> Municipal/Public
<input type="checkbox"/> Geothermal (Heating/Cooling Supply)	<input checked="" type="checkbox"/> Residential Water Supply (single)
<input type="checkbox"/> Industrial/Commercial	<input type="checkbox"/> Residential Water Supply (shared)
<input type="checkbox"/> Irrigation	
Non-Water Supply Well:	
<input type="checkbox"/> Monitoring	<input type="checkbox"/> Recovery
Injection Well:	
<input type="checkbox"/> Aquifer Recharge	<input type="checkbox"/> Groundwater Remediation
<input type="checkbox"/> Aquifer Storage and Recovery	<input type="checkbox"/> Safety Barrier
<input type="checkbox"/> Aquifer Test	<input type="checkbox"/> Stormwater Drainage
<input type="checkbox"/> Experimental Technology	<input type="checkbox"/> Subsidence Control
<input type="checkbox"/> Geothermal (Closed Loop)	<input type="checkbox"/> Tracer
<input type="checkbox"/> Geothermal (Heating/Cooling Return)	<input type="checkbox"/> Other (explain under #21 Remarks)

For Internal Use ONLY:

14. WATER ZONES		15. CASING		16. SCREEN		17. SAND/SILT SCREENS (if applicable)		18. DRIFT (SAND, SILT, CLAY, ETC.)	
FROM	TO	DIAMETER	THICKNESS	MATERIAL	FROM	TO	DIAMETER	THICKNESS	MATERIAL
200 ft	206 ft				0 ft	110 ft	6 in.	SR 21	PVC
221 ft	223 ft								
0 ft	35 ft								
0 ft	19 ft								
69 ft	240 ft								

4. Date Well(s) Completed: 1 Well ID# _____

5a. Well Location: Brad Cummings
Facility/Owner Name

315 S. Duane St
Address, City, and Zip

Hoke
County

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

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): <u>5</u>	Method of test: <u>AIR</u>
13b. Disinfection type: <u>HTH</u>	Amount: <u>16oz</u>

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

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,
1637 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.