

RESIDENTIAL WELL CONSTRUCTION RECORD

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

WELL CONTRACTOR CERTIFICATION # < 1. WELL CONTRACTOR: f. DISINFECTION: Type Checkee Amount g. WATER ZONES (depth): ontractor (Individual) Name 0 To 340 Well Contractor Company Name CASING: STREET ADDRESS Thickness/ Depth 7. GROUT: Method 2. WELL INFORMATION: From SITE WELL ID #(if applicable) From STATE WELL PERMIT#(if applicable) DWQ or OTHER PERMIT #(if applicable) 18-8. SCREEN: Depth Diameter Slot Size WELL USE (Check Applicable Box): Residential Water Supply [DATE DRILLED //-/3 in. TIME COMPLETED /2 9. SAND/GRAVEL PACK: 3. WELL LOCATION: Depth Size Material S. 3 5t. Filling for NC 2759 Numbers, Community, Subdivision, Lot No., Parcel, Zip Code) TOPOGRAPHIC / LAND SETTING: 10. DRILLING LOG Slope | Valley | Flat | Ridge | Other From (check appropriate box) May be in degrees, minutes, seconds or in a decimal format LONGITUDE 7 8 Latitude/longitude source: GPS Topographic map (location of well must be shown on a USGS topo map and attached to this form if not using GPS) OWNER'S NAME Date STREET ADDRESS /2 Area code - Phone number 11. REMARKS: 5. WELL DETAILS: a. TOTAL DEPTH: b. DOES WELL REPLACE EXISTING WELL? YES I DO HEREBY CERTIFY THAT THIS WELL WAS CONSTRUCTED IN ACCORDANCE WITH 15A NCAC 2C, WELL CONSTRUCTION STANDARDS. AND THAT A COPY OF THIS RECORD HAS BEEN PROVIDED TO THE WELL OWNER. c. WATER LEVEL Below Top of Casing: (Use "+" if Above Top of Casing) FT. Above Land Surface* d. TOP OF CASING IS *Top of casing terminated at/or below land surface may require a variance in accordance with 15A NCAC 2C .0118. METHOD OF TEST HIT e. YIELD (gpm): PRINTED NAME OF PERSON CONSTRUCTING THE WELL