# RESIDENTIAL WELL CONSTRUCTION RECORD

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

**WELL CONTRACTOR CERTIFICATION #** 2179

**1. WELL CONTRACTOR:**

Roger W. Jackson
Well Contractor (Individual) Name

Jackson Well Company
Well Contractor Company Name

STREET ADDRESS 5660 McDougald Road

Lillington, North Carolina 27546
City or Town State Zip Code

(910) 893-2372
Area code- Phone number

**2. WELL INFORMATION:**

SITE WELL ID #(if applicable)

STATE WELL PERMIT#(if applicable)

DWQ or OTHER PERMIT #(if applicable) 09-5-21862

WELL USE (Check Applicable Box): Residential Water Supply ☒

DATE DRILLED 4-23-09

TIME COMPLETED 3:00 AM☐ PM☒

**3. WELL LOCATION:**

CITY: Lillington COUNTY Harnett

Cortez Morrison Rd Lot 1A 27546
(Street Name, Numbers, Community, Subdivision, Lot No., Parcel, Zip Code)

TOPOGRAPHIC / LAND SETTING:

☒Slope ☐Valley ☐Flat ☐Ridge ☐ Other Elv. 230
(check appropriate box)

LATITUDE 35 26086

LONGITUDE 78 57061

May be in degrees, minutes, seconds or in a decimal format

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*)

**4. WELL OWNER**

OWNER'S NAME David Hubbard

STREET ADDRESS 450 Moonshine Ln.

Sanford N.C. 27332
City or Town State Zip Code

919-499 3933
Area code- Phone number

**5. WELL DETAILS:**

a. TOTAL DEPTH: 200'

b. DOES WELL REPLACE EXISTING WELL? YES☐ NO☒

c. WATER LEVEL Below Top of Casing: 48 FT.
(Use "+" if Above Top of Casing)

d. TOP OF CASING IS 1 FT. Above Land Surface*
*Top of casing terminated at/or below land surface may require a variance in accordance with 15A NCAC 2C .0118.

YIELD (gpm): 8 METHOD OF TEST Air

f. DISINFECTION: Type HTH Amount 8oz

g. WATER ZONES (depth):

From 90 To 92 From ____ To ____
From ____ To ____ From ____ To ____
From ____ To ____ From ____ To ____

**6. CASING:**

| | Depth | | Diameter | Thickness/ Weight | Material |
|---|---|---|---|---|---|
| From 0 | To 40 | Ft. | 6" | SR21 | PVC |
| From ____ | To ____ | Ft. | | | |
| From ____ | To ____ | Ft. | | | |

**7. GROUT:**

| | Depth | | Material | Method |
|---|---|---|---|---|
| From 0 | To 25 | Ft. | Sand/Cement | Pouring |
| From ____ | To ____ | Ft. | | |
| From ____ | To ____ | Ft. | | |

**8. SCREEN:**

| | Depth | | Diameter | Slot Size | Material |
|---|---|---|---|---|---|
| From ____ | To ____ | Ft. | ____ in. | ____ in. | |
| From ____ | To ____ | Ft. | ____ in. | ____ in. | |
| From ____ | To ____ | Ft. | ____ in. | ____ in. | |

**9. SAND/GRAVEL PACK:**

| | Depth | | Size | Material |
|---|---|---|---|---|
| From ____ | To ____ | Ft. | | |
| From ____ | To ____ | Ft. | | |
| From ____ | To ____ | Ft. | | |

**10. DRILLING LOG**

| From | To | Formation Description |
|---|---|---|
| 0 | 32 | Clay |
| 32 | 200 | Granite |

**11. REMARKS:**

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.

Roger W. Jackson 4-24-09
SIGNATURE OF CERTIFIED WELL CONTRACTOR DATE

Roger W. Jackson
PRINTED NAME OF PERSON CONSTRUCTING THE WELL

**Submit the original to the Division of Water Quality within 30 days. Attn: Information Mgt., 1617 Mail Service Center ~ Raleigh, NC 27699-1617 Phone No. (919) 733-7015 ext 568.**

Form GW-1a
Rev. 7/08