

## 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 ustin Barefoot g. WATER ZONES (depth): From 120 To 131 Well Contractor Company Name From STREET ADDRESS 1/1/8 6. CASING Thickness/ Depth Diameter Material To /du To 919,291-5082 Area code- Phone number 2. WELL INFORMATION: 7. GROUT: Depth SITE WELL ID #(if applicable) STATE WELL PERMIT#(if applicable) DWQ or OTHER PERMIT #(if applicable) 8. SCREEN: Depth Diameter Slot Size WELL USE (Check Applicable Box): Residential Water Supply (2) in. DATE DRILLED in. To TIME COMPLETED 5:0 9. SAND/GRAVEL PACK: 3. WELL LOCATION: Depth Size Material From nmunity, Subdivision, Lot No., Parcel, Zip Code) TOPOGRAPHIC / LAND SETTING: 10. DRILLING LOG Slope | Valley | Flat | Flidge | Other (check appropriate box) 40382N May be in degrees, minutes, seconds or LONGITUDE Z Z 87025 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 / STREET ADDRESS 80 City or Town Area code - Phone number 11. REMARKS: 5. WELL DETAILS: a. TOTAL DEPTH: b. DOES WELL REPLACE EXISTING WELL? YES ... NO & c. WATER LEVEL Below Top of Casing: 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 PROJUCED TO THE WELL CHOISE. (Use "+" If Above Top of Casing) d. TOP OF CASING IS FT. Above Land Surface\* Top of casing terminated at/or below land surface may require a variance in accordance with 15A NCAC 2C .0118. TIFIED WELL CONTRACTOR DATE e. YIELD (gpm): Barefoot METHOD OF TEST\_

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.

PRINTED NAME OF PERSON CONSTRUCTING THE WELL