

WELL CONSTRUCTION RECORD

This form can be used for single or mutiple wells

1. Well Contractor Information:

Well Contractor Name

NC Well Contractor Certification Number

Company Name

2. Well Construction Permit #:

List all applicable well construction perimits (ie County, State, Variance, etc.)

3. Well Use:

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

5a. Well Location:

List all applicable well construction perimits (ie County, State, Variance, etc.)

Facility/Owner Name

Facility ID (if applicable)

Physical Address, City, and Zip

County

Parcel Identification No. (PIN)

5b. Latitude and Longitude degrees/minutes/seconds or decimal degrees:

(If well field, one lat/long is sufficient.)

N W

6. Is (are) the well(s):

7. Is this a repair to an existing well:

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:

For multiple injection or non-water wells ONLY with the same construction, you can submit one form.

9. Total well depth below land surface: (ft.)

For multiple wells list all depths if different (example- 3@ 200' and 2 @ 100')

10. Static water level below top of casing: (ft.)

If water level is above casing, use "+"

11. Borehole diameter: (in.)

12. Well construction method:

(i.e. auger, rotary, cable, direct push, etc.)

FOR WATER SUPPLY WELLS ONLY:

13a. Yield (gpm): Method of test:

13b. Disinfection type: Amount:

For Internal Use ONLY:

14. WATER ZONES

FROM	TO	DESCRIPTION
ft.	ft.	
ft.	ft.	

15. OUTER CASING (for multi-cased wells) OR LINER (if applicable)

FROM	TO	DIAMETER	THICKNESS	MATERIAL
ft.	ft.	in.		
ft.	ft.	in.		

16. INNER CASING OR TUBING (geothermal closed loop)

FROM	TO	DIAMETER	THICKNESS	MATERIAL
ft.	ft.	in.		
ft.	ft.	in.		

17. SCREEN

FROM	TO	DIAMETER	THICKNESS	SLOT SIZE	MATERIAL
ft.	ft.	in.			
ft.	ft.	in.			

18. GROUT

FROM	TO	MATERIAL	EMPLACEMENT METHOD & AMOUNT
ft.	ft.		
ft.	ft.		
ft.	ft.		

19. SAND/GRAVEL PACK (if applicable)

FROM	TO	MATERIAL	EMPLACEMENT METHOD & AMOUNT
ft.	ft.		
ft.	ft.		
ft.	ft.		

20. DRILLING LOG (attach additional sheets if necessary)

FROM	TO	DESCRIPTION (color, hardness, soil/rock type, grain size, etc)
ft.	ft.	
ft.	ft.	
ft.	ft.	
ft.	ft.	
ft.	ft.	
ft.	ft.	
ft.	ft.	

21. REMARKS

22. Certification:

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.

SUMITTAL INSTRUCTIONS

24a. For All Wells: Submit this form within 30 days of completion of well construction to the following:

Division of Water Quality, Information Proceession Unit,
1617 Mail Service Center, Raleigh, NC 27699-1617

24b. For Injection Wells: 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 Quality, Undergroun Injection Control Program,
1636 Mail Service Center, Raleigh, NC 27699-1636

24c. For Water Supply Injection Wells: In addition to sending the form to the address(es) above, 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.