

## RESIDENTIAL WELL CONSTRUCTION RECORD

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

## WELL CONTRACTOR CERTIFICATION # \_\_\_\_\_

1. WELL CONTRACTOR:	g. WATER ZONES (dept	th):			
	TopBottom		Тор	Botto	m
Well Contractor (Individual) Name	TopBottom		Top Bottom		
Well Contractor Common North	TopBottom		Тор	Botto	m
Well Contractor Company Name		Diag		Thickness/	Motorial
Street Address	7. CASING: Depth			Weight	Material
	Top Bottom				
City or Town State Zip Code	Top Bottom  Top Bottom				
()	. 10p Bottom	_ ' '			
Area code Phone number	8. GROUT: Depth	ı	Materi	al	Method
2. WELL INFORMATION:	Top Bottom	_ Ft			
WELL CONSTRUCTION PERMIT#	Top Bottom				
OTHER ASSOCIATED PERMIT#(if applicable)	Top Bottom	_ Ft			
SITE WELL ID #(if applicable)	9. SCREEN: Depth	Diame	eter	Slot Size	Material
3. WELL USE (Check Applicable Box): Residential Water Supply	Top Bottom	_ Ft	in.	in	
	Top Bottom				
DATE DRILLED					
TIME COMPLETED AM  PM					
4. WELL LOCATION:	10. SAND/GRAVEL PACK: Depth		Size	Material	
CITY: COUNTY	TopBottom				
	TopBottom				
(Street Name, Numbers, Community, Subdivision, Lot No., Parcel, Zip Code)	TopBottom				
TOPOGRAPHIC / LAND SETTING: (check appropriate box)					
□Slope □Valley □Flat □Ridge □Other	11. DRILLING LOG			-ti Di-ti	
LATITUDE " DMS CF DD	Top Bottom		Form	ation Description	on
LONGITUDE " DMS CF DD	:				
Latitude/longitude source: GPS Topographic map					
(location of well must be shown on a USGS topo map andattached to					
this form if not using GPS)	/				
5. WELL OWNER	:/				
	:/				
Owner Name	·/				
Street Address	· /				
	/				
City or Town State Zip Code	/				
() Area code Phone number	/				
	12. REMARKS:				
6. WELL DETAILS:					
a. TOTAL DEPTH:	<u> </u>				
b. DOES WELL REPLACE EXISTING WELL? YES ☐ NO ☐	: I DO HEREBY CERTIFY TH	AT THIS	WELL	WAS CONST	RUCTED IN
c. WATER LEVEL Below Top of Casing:FT.	ACCORDANCE WITH 15A N	NCAC 2C	, WEL	L CONSTRUC	TION
(Use "+" if Above Top of Casing)	STANDARDS, AND THAT A PROVIDED TO THE WELL (			S RECORD H	AS BEEN
d. TOP OF CASING IS FT. Above Land Surface*		OVVINLIN.	-		
*Top of casing terminated at/or below land surface may require					
a variance in accordance with 15A NCAC 2C .0118.	SIGNATURE OF CERTIFIED	) WELL (	CONT	RACTOR	DATE
e. YIELD (gpm): METHOD OF TEST	<u> </u>				
f. DISINFECTION: Type Amount	PRINTED NAME OF PERSO	ON CONS	STRUC	CTING THE WI	ELL