



Non RESIDENTIAL WELL CONSTRUCTION RECORD

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

WELL CONTRACTOR CERTIFICATION # _____

1. WELL CONTRACTOR:

Well Contractor (Individual) Name _____

Well Contractor Company Name _____

STREET ADDRESS _____

City or Town State Zip Code

(_____) - _____
Area code- Phone number

2. WELL INFORMATION:

SITE WELL ID #(if applicable) _____

STATE WELL PERMIT #(if applicable) _____

DWQ or OTHER PERMIT #(if applicable) _____

WELL USE (Check Applicable Box) Monitoring Municipal/Public

Industrial/Commercial Agricultural Recovery Injection

Irrigation Other (list use) _____

DATE DRILLED _____

TIME COMPLETED _____ AM PM

3. WELL LOCATION:

CITY: _____ COUNTY _____

(Street Name, Numbers, Community, Subdivision, Lot No., Parcel, Zip Code)

TOPOGRAPHIC / LAND SETTING:

Slope Valley Flat Ridge Other _____
(check appropriate box)

LATITUDE 3 _____

LONGITUDE _____

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. FACILITY - is the name of the business where the well is located.

FACILITY ID #(if applicable) _____

NAME OF FACILITY _____

STREET ADDRESS _____

City or Town State Zip Code

CONTACT PERSON _____

MAILING ADDRESS _____

City or Town State Zip Code

(_____) - _____

Area code - Phone number

5. WELL DETAILS:

a. TOTAL DEPTH: _____

b. DOES WELL REPLACE EXISTING WELL? YES NO

c. WATER LEVEL Below Top of Casing: _____ FT.
(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.

e. YIELD (gpm): _____ **METHOD OF TEST** _____

f. DISINFECTION: Type _____ **Amount** _____

g. WATER ZONES (depth):

From _____ To _____ From _____ To _____

From _____ To _____ From _____ To _____

From _____ To _____ From _____ To _____

6. CASING:

Depth		Diameter	Thickness/ Weight	Material
From _____	To _____	Ft. _____	_____	_____
From _____	To _____	Ft. _____	_____	_____
From _____	To _____	Ft. _____	_____	_____

7. GROUT:

Depth	Material	Method
From _____ To _____	Ft. _____	_____
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

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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.

SIGNATURE OF CERTIFIED WELL CONTRACTOR DATE

PRINTED NAME OF PERSON CONSTRUCTING THE WELL