

RESIDENTIAL WELL CONSTRUCTION RECORD

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

WELL CONTRACTOR CERTIFICATION # _____

From	1. WELL CONTRACTOR:	f. DISINFECTION: Type	Amount
Well Contractor Company Name STREET ADDRESS City or Town State Zip Code (1) Area code- Phone number 2. WELL INFORMATION: SITE WELL ID #(# spplicable) WELL CONSTRUCTION PERMIT# OTHER ASSOCIATED PERMIT#(# applicable) SITE WELL DEST (Check Applicable Box): Residential Water Supply ® DATE DRILLED TIME COMPLETED AM II PM II 4. WELL LOCATION: CITY: COUNTY ISsteen Name, Numbers, Community, Subdivision, Lot No., Parcel, Zip Code) TOPOGRAPHIC (LAND SETTING: II Slope ® Valley I Flast I Ridge I Other (check appropriate bas) I Constitute Source: If GPS II Topographic map (docation of well must be shorn on a USGS topo map and attached to this form if not using GPS) 5. WELL OWERS OWNER'S NAME STREET ADDRESS City or Town State Zip Code City or Town State Zip Code City or Town State Zip Code 11. DRILLING LOG From To Ft. In in in. From To Ft. From To Ft. From To Ft. From To Ft. In in. In. From To Ft. From To Ft. From To Ft. From To Ft. In in. In. From To Ft. In in. In. From To Ft. From		g. WATER ZONES (depth):	
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Depth Diameter Weight Material	Well Contractor Company Name	1 1	rom To
City or Town State Zip Code Area code	STREET ADDRESS	7. CASING: Depth Dian	
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LATITUDE	(check appropriate box) May be in degrees.	1 1	rmation Description
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(location of well must be shown on a USGS topo map and attached to this form if not using GPS) 5. WELL OWNER OWNER'S NAME STREET ADDRESS City or Town State Zip Code ()- Area code - Phone number 6. WELL DETAILS: a. TOTAL DEPTH: b. DOES WELL REPLACE EXISTING WELL? YES II NO II 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.	LONGITUDE in a decimal format		
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