



# 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:

WELL CONSTRUCTION PERMIT# \_\_\_\_\_

OTHER ASSOCIATED PERMIT#(if applicable) \_\_\_\_\_

SITE WELL ID #(if applicable) \_\_\_\_\_

3. WELL USE (Check One Box) Monitoring  Municipal/Public   
 Industrial/Commercial  Agricultural  Recovery  Injection   
 Irrigation  Other  (list use) \_\_\_\_\_

DATE DRILLED \_\_\_\_\_

### 4. WELL LOCATION:

\_\_\_\_\_

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

CITY: \_\_\_\_\_ COUNTY \_\_\_\_\_

TOPOGRAPHIC / LAND SETTING: (check appropriate box)

Slope  Valley  Flat  Ridge  Other \_\_\_\_\_

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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)*

### 5. FACILITY (Name of the business where the well is located.)

\_\_\_\_\_

Facility Name Facility ID# (if applicable)

\_\_\_\_\_

Street Address

\_\_\_\_\_

City or Town State Zip Code

\_\_\_\_\_

Contact Name

\_\_\_\_\_

Mailing Address

\_\_\_\_\_

City or Town State Zip Code

(\_\_\_\_\_) \_\_\_\_\_

Area code Phone number

### 6. 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):  
 Top \_\_\_\_\_ Bottom \_\_\_\_\_ Top \_\_\_\_\_ Bottom \_\_\_\_\_  
 Top \_\_\_\_\_ Bottom \_\_\_\_\_ Top \_\_\_\_\_ Bottom \_\_\_\_\_  
 Top \_\_\_\_\_ Bottom \_\_\_\_\_ Top \_\_\_\_\_ Bottom \_\_\_\_\_

7. CASING:	Depth	Diameter	Thickness/ Weight	Material
Top	Bottom	Ft.		
Top	Bottom	Ft.		
Top	Bottom	Ft.		

8. GROUT:	Depth	Material	Method
Top	Bottom	Ft.	
Top	Bottom	Ft.	
Top	Bottom	Ft.	

9. SCREEN:	Depth	Diameter	Slot Size	Material
Top	Bottom	Ft. in.	in.	
Top	Bottom	Ft. in.	in.	
Top	Bottom	Ft. in.	in.	

10. SAND/GRAVEL PACK:	Depth	Size	Material
Top	Bottom	Ft.	
Top	Bottom	Ft.	
Top	Bottom	Ft.	

11. DRILLING LOG	Top	Bottom	Formation Description
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12. 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

Submit within 30 days of completion to: Division of Water Quality - Information Processing, 1617 Mail Service Center, Raleigh, NC 27699-161, Phone : (919) 807-6300