

WELL CONSTRUCTION RECORD

000483

WELL CONTRACTOR: Dewey Wright Well Pump Co., Inc.
 WELL CONTRACTOR CERTIFICATION #: 2688
 STATE WELL CONSTRUCTION PERMIT#: Leslie Reece

1. WELL USE (Check Applicable Box): Residential Municipal Industrial Agricultural Monitoring
 Recovery Heat Pump Water Injection Other If Other, List Use: _____

2. WELL LOCATION: (Show sketch of the location below)
 Nearest Town: NEWLAND County: AVERY
PRIVATE DR. OFF HWY 19E
(Road Name and Numbers, Community, or Subdivision and Lot No.)

3. _____
 4. DATE DRILLED 10/2/2000
 5. TOTAL DEPTH 245
 6. CUTTINGS COLLECTED YES NO
 7. DOES WELL REPLACE EXISTING WELL? YES NO
 8. STATIC WATER LEVEL Below Top of Casing: 80 FT.
(Use "+" if Above Top of Casing)

DRILLING LOG		DEPTH
From	To	Formation Description
0	38	DIRT
38	104	GRANITE
104	105	SHALE
105	213	GRANITE
213	214	SHALE
214	245	GRANITE

9. TOP OF CASING IS 1 FT. Above Land Surface*
*Top of casing terminated at/or below land surface requires a variance in accordance with 15A NCAC 2C.0118
 10. YIELD (gpm): 5 METHOD OF TEST Air
 11. WATER ZONES (depth): 1 gpm 104-105 4 gpm 213-214
0 gpm 0 gpm

12. CHLORINATION: Type HTH Amount 35
 13. CASING:

From	To	Depth	Diameter	Wall Thickness or Weight/Ft.	Material
0	41 Ft.		6 1/8"	.350	PVC
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

14. GROUT:

From	To	Depth	Material	Method
0	20	Ft.	Cement	Gravity Flow
_____	_____	_____	_____	_____

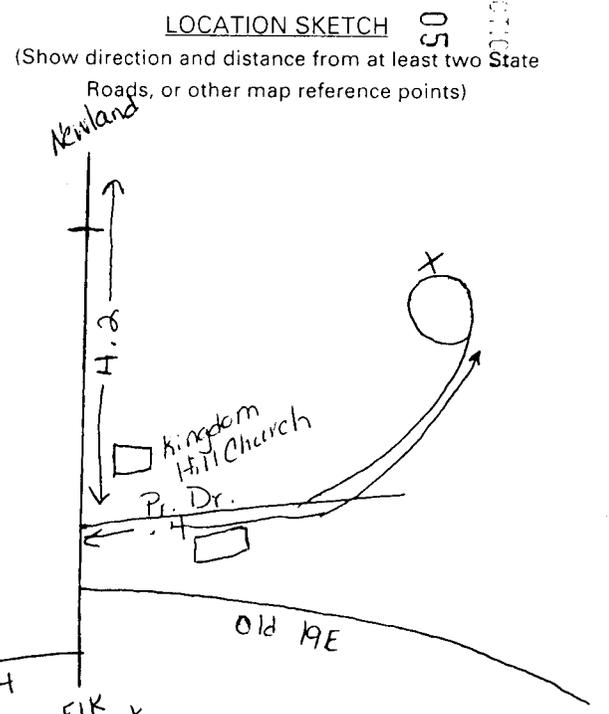
15. SCREEN:

From	To	Depth	Diameter	Slot Size	Material
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

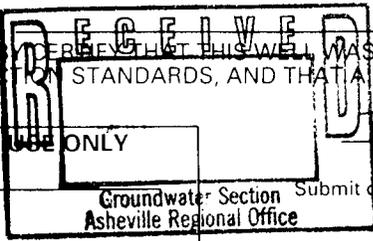
16. SAND/GRAVEL PACK:

From	To	Depth	Size	Material
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

17. 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.



OCT 10 2000
 3:05
 RECEIVED



Leslie Wayne Reece 11-16-00
 SIGNATURE OF PERSON CONSTRUCTING THE WELL DATE

FOR OFFICE USE ONLY
 Quad No: _____
 Serial No: _____