

WELL CONSTRUCTION RECORD

WELL CONTRACTOR: Dewe, Wright Well Pump Co., Inc
 WELL CONTRACTOR CERTIFICATION #: 2691
 STATE WELL CONSTRUCTION PERMIT#: Steve Pett

040219

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: BOONE County: AVERY

Phillips Rd. off Buckeye Rd. off Hwy 321 off H
Road Name and Numbers, Community or Subdivision and Lot No.

DRILLING LOG		DEPTH
From	To	Formation Description
0	25	DIRT
25	47	GRANITE
47	49	SHALE
49	260	GRANITE
260	282	SHALE
282	305	GRANITE

4. DATE DRILLED 7/15/2004
 5. TOTAL DEPTH 305
 6. CUTTINGS COLLECTED YES NO
 7. DOES WELL REPLACE EXISTING WELL? YES NO
 8. STATIC WATER LEVEL Below Top of Casing: 10 FT.
(Use "+" if Above Top of Casing)

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): 1.5 METHOD OF TEST 3
 11. WATER ZONES (depth): 0-50 gpm 07-08 1.00 gpm 260-265
0.00 gpm 0.00 gpm

12. CHLORINATION Type HTH Amount 59

13. CASING

From	To	Depth	Diameter	Wall Thickness or Weight Ft.	Material
0	20	20 Ft.	6.100	350	PVC
20	305				

14. GROUT:

From	To	Depth	Material	Method
0	20	20 Ft.	Cement	Grout Flow

15. SCREEN:

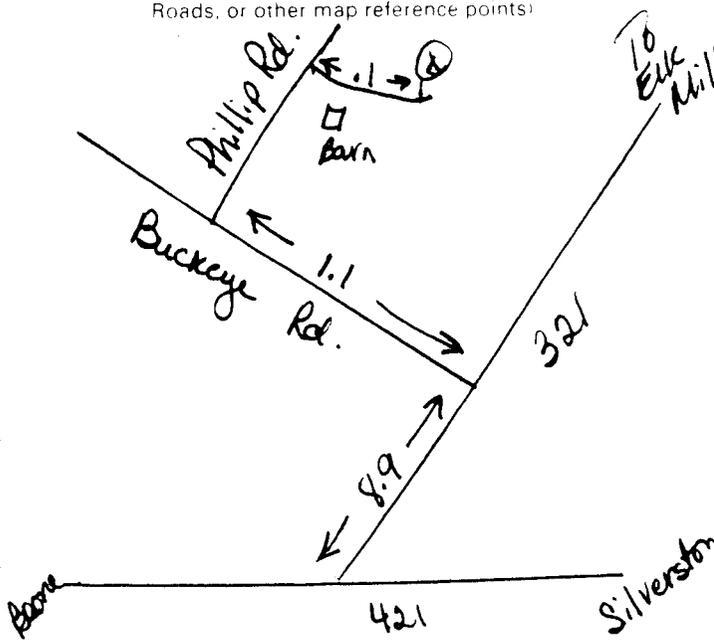
From	To	Depth	Diameter	Slot Size	Material

16. SAND GRAVEL PACK:

From	To	Depth	Size	Material

17. REMARKS: _____

LOCATION SKETCH
 (Show direction and distance from at least two state Roads, or other map reference points)



RECEIVED / FURNISHED
 DWD GROUNDWATER SECTION
 04 AUG 24 PM 2:46

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.

Steve Pett 8-16-04
 SIGNATURE OF PERSON CONSTRUCTING THE WELL DATE

Submit original to Division of Water Quality, Groundwater Section within 30 days

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