



# RESIDENTIAL WELL CONSTRUCTION RECORD

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

WELL CONTRACTOR CERTIFICATION # 2878

060412-2

335981

### 1. WELL CONTRACTOR:

**STEVE PRICE**

Well Contractor (Individual Name)

**DEWEY WRIGHT WELL & PUMP CO., INC.**

Well Contractor Company Name

STREET ADDRESS **P. O. BOX 308**

**BOONE NC 28607**

City or Town State Zip Code

( **828** ) - **264-2651**

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): Residential Water Supply  X

DATE DRILLED **10/27/2006**

TIME COMPLETED **3:00** AM  PM  X

### 3. WELL LOCATION:

CITY: **NEWLAND** COUNTY: **AVERY**

**SKYVIEW OFF GLENVIEW DR. OFF 194 OFF 181**

(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)

### 5. WELL DETAILS:

a. TOTAL DEPTH: **705**

b. DOES WELL REPLACE EXISTING WELL? YES  NO  X

c. WATER LEVEL Below Top of Casing: \_\_\_\_\_ FT.  
(Use "+" if Above Top of Casing)

d. TOP OF CASING IS **1** 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): **1** METHOD OF TEST **Air**

f. DISINFECTION: Type **HTH** Amount \_\_\_\_\_

g. WATER ZONES (depth):

From **560** To **581** From **607** To **608**

From \_\_\_\_\_ To \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

### 6. CASING:

Depth Diameter Weight Material

From **0** To \_\_\_\_\_ Ft. \_\_\_\_\_

From **0** To **0** Ft. \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Ft. \_\_\_\_\_

### 7. GROUT:

Depth Material Method

From **0** To **20** Ft. **Cement** **Gravity Flow**

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
0	405	OLD WELL
0	0	DRILLED DEEPER
405	580	GRANITE
580	581	GRANITE QUARTZ
581	607	GRANITE
607	608	GRANITE QUARTZ
608	705	GRANITE

RECEIVED  
DIV. OF WATER QUALITY

DEC 14 2006

### 11. REMARKS:

**0.5 GPM 580 - 581 0.5 GPM 607 - 608**

**0 GPM - 0 GPM -**

**0 GPM - 0 GPM -**

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 Price*  
SIGNATURE OF CERTIFIED WELL CONTRACTOR DATE

**STEVE PRICE**

PRINTED NAME OF PERSON CONSTRUCTING THE WELL

Submit the original to the Division of Water Quality within 30 days. Attn: Information Mgt., 1617 Mail Service Center - Raleigh, NC 27699-1617 Phone No. (919) 733-7015 ext 568.

Form GW-1a Rev. 7/05