

243823

WELL CONSTRUCTION RECORD

WELL CONTRACTOR: ISRA Well Well Drilling
 WELL CONTRACTOR CERTIFICATION #: 2133
 STATE WELL CONSTRUCTION PERMIT#: _____

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
Old Montezuma Rd - Bear Den
 (Road Name and Numbers, Community, or Subdivision and Lot No)

DRILLING LOG

DEPTH

From	To	Formation Description
0	5	dent
5	160	white limestone
160	320	granite with streaks of white

3. City or Town / State / Zip Code _____
 4. DATE DRILLED 8-23-01
 5. TOTAL DEPTH 320 ft.
 6. CUTTINGS COLLECTED YES NO
 7. DOES WELL REPLACE EXISTING WELL? YES NO
 8. STATIC WATER LEVEL Below Top of Casing: 20 FT.
 (Use "*" if Above Top of Casing)

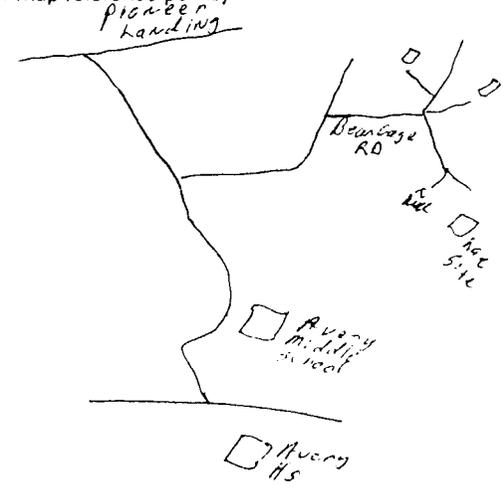
9. TOP OF CASING IS 1 FT. Above Land Surface*
 *Top of casing terminated at/ or below land surface requires a variance in accordance with 15A NCAC 2C .0118
 10. YIELD (gpm): 10 METHOD OF TEST AIR
 11. WATER ZONES (depth): 90, 160, 300

12. CHLORINATION: Type chlorine Amount 300
 13. CASING: _____

RECEIVED / DIVISION OF GROUNDWATER SECTION
 01 DEC 10 PM 3:16
 If additional space is needed use back of form

LOCATION SKETCH

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



From	To	Depth	Diameter	Wall Thickness or Weigh/VFt.	Material
0	60	Ft.	6 1/4	50R21	PVC
60	63	Ft.	6 5/8	.188	galv.

14. GROUT:
 From 0 To 20 Ft. Material cement Method poured
 From _____ To _____ Ft. _____

15. SCREEN:
 From _____ To _____ Ft. _____ in. _____ in. _____
 From _____ To _____ Ft. _____ in. _____ in. _____
 From _____ To _____ Ft. _____ in. _____ in. _____

16. SAND/GRAVEL PACK:
 From _____ To _____ Ft. _____
 From _____ To _____ Ft. _____

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.

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

Signature of Person Constructing the Well: _____
 DATE: 8-23-01
 Submit original to Division of Water Quality, Groundwater Section within 30 days

GROUNDWATER SECTION
 ASHEVILLE REGIONAL OFFICE