

248924

WELL CONSTRUCTION RECORD

WELL CONTRACTOR: Stewart 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: ELK PARK County: AVERY  
Turkey Knob  
 (Road Name and Numbers, Community, or Subdivision and Lot No.)

3. \_\_\_\_\_  
 City or Town \_\_\_\_\_ State \_\_\_\_\_  
 4. DATE DRILLED 12-19-01  
 5. TOTAL DEPTH 320  
 6. CUTTINGS COLLECTED YES  NO   
 7. DOES WELL REPLACE EXISTING WELL? YES  NO   
 8. STATIC WATER LEVEL Below Top of Casing: 100 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 METHOD OF TEST BLOW  
 11. WATER ZONES (depth): 120

DRILLING LOG		DEPTH
From	To	Formation Description
0	12	DIRT
12	30	SHALE
30	140	BLUE SLATE
140	142	SHALE
142	320	BLUE SLATE

12. CHLORINATION: Type HTH Amount 2 TABLETS  
 13. CASING:

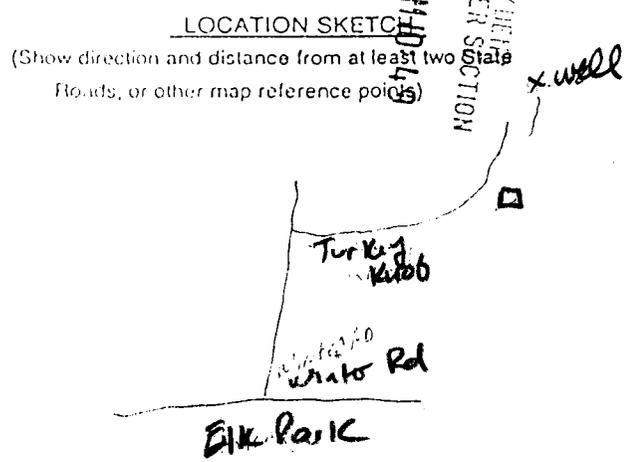
From	Depth	To	Diameter	Wall Thickness	Material
				or Weight/ft.	
0		40	6 1/4	0.188	SC 17.80
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

14. GROUT:  
 From 0 To 20 Ft. 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: [Signature] DATE: 12-19-01  
 SIGNATURE OF PERSON CONSTRUCTING THE WELL  
 Submit original to Division of Water Quality, Groundwater Section within 30 days

GROUNDWATER SECTION  
 ASHEVILLE REGIONAL OFFICE