

WS
 319188

WELL CONSTRUCTION RECORD

WELL CONTRACTOR: Dewey Wright Well Pump Co., Inc.
 WELL CONTRACTOR CERTIFICATION #: 2586
 STATE WELL CONSTRUCTION PERMIT#: Leslie Keece

050333

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: WATAUGA
LESLIE LAKE OFF JULIA PEARSON OFF DUTCH CREEK
(Road Name and Numbers, Community, or Subdivision and Lot No.)

DRILLING LOG

DEPTH

From	To	Formation Description
0	38	MUD GRAVEL
38	241	GRANITE
241	242	SHALE
242	300	GRANITE

3. DATE DRILLED 10/4/2005
 4. TOTAL DEPTH 300
 5. CUTTINGS COLLECTED YES NO
 6. DOES WELL REPLACE EXISTING WELL? YES NO
 7. STATIC WATER LEVEL Below Top of Casing: 30 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): 3 METHOD OF TEST Air
 11. WATER ZONES (depth): 3.00 gpm 241-242 0.00 gpm
0.00 gpm 0.00 gpm

12. CHLORINATION: Type HTH Amount 55

If additional space is needed use back of form

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13. CASING:

From	Depth	To	Diameter	Wall Thickness or Weight/Ft.	Material
0	0	42 Ft.	8 1/8	138	GALV
42	42				

14. GROUT:

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

15. SCREEN:

From	Depth	To	Ft.	Diameter	Slot Size	Material

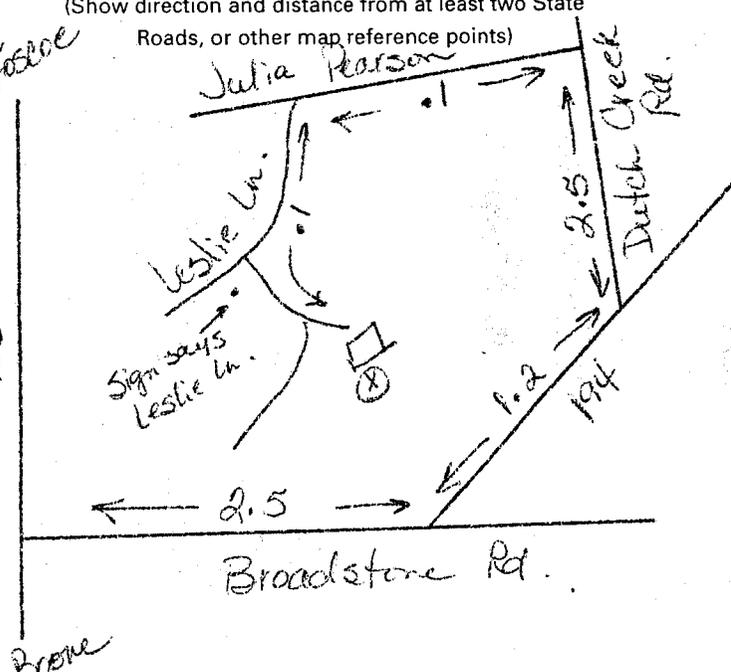
16. SAND/GRAVEL PACK:

From	Depth	To	Ft.	Size	Material

17. REMARKS:

LOCATION SKETCH

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



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.

Wayne Reese

11-4-05

SIGNATURE OF PERSON CONSTRUCTING THE WELL

DATE

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

GW-1 REV. 12/99

FOR OFFICE USE ONLY

Quad No: _____

Serial No. _____