



RESIDENTIAL WELL CONSTRUCTION RECORD

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

WELL CONTRACTOR CERTIFICATION # 2888

WS

325812
050257

1. WELL CONTRACTOR:

LESLIE REECE

Well Contractor (Individual Name)

DEWEY WRIGHT WELL & PUMP CO., INC.

Well Contractor Company Name

STREET ADDRESS P. O. BOX 308

BOONE

NC

28807

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

DATE DRILLED 8/20/2005

TIME COMPLETED _____ AM PM

3. WELL LOCATION:

CITY: BOONE COUNTY: WATAUGA

JUNALUSKA RD. OFF TATER HILL OFF 421

(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: 760

b. DOES WELL REPLACE EXISTING WELL? YES NO

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): 0 METHOD OF TEST Air

f. DISINFECTION: Type HTH Amount _____

g. WATER ZONES (depth):

FROM DRY HOLE To _____ From _____ To _____

From _____ To _____ From _____ To _____

From _____ To _____ From _____ To _____

6. CASING:

Thickness/

From 0 To 110 Ft. 6 1/8 350 PVC

From _____ To _____ Ft. _____

From _____ To _____ Ft. _____

7. GROUT:

From 0 To 20 Ft. Cement Gravity Flow

From _____ To _____ Ft. _____

From _____ To _____ Ft. Cement Gravity Flow

8. SCREEN:

From _____ To _____ Ft. _____ in. _____ in. _____

From _____ To _____ Ft. _____ in. _____ in. _____

From _____ To _____ Ft. _____ in. _____ in. _____

9. SAND/GRAVEL PACK:

From _____ To _____ Ft. _____

From _____ To _____ Ft. _____

From _____ To _____ Ft. _____

10. DRILLING LOG

From To

0 14

14 91

91 105

105 760

Formation Description

DIRT

GRANITE

SHALE & BAD WATER

GRANITE

APR 27 06

11. REMARKS:

0 GPM DRY HOLE - 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.

Leslie W. Reece 4-19-06
SIGNATURE OF CERTIFIED WELL CONTRACTOR DATE

LESLIE REECE
PRINTED NAME OF PERSON CONSTRUCTING THE WELL