RESIDENTIAL WELL CONSTRUCTION RECORD

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

WELL CONTRACTOR CERTIFICATION # 2113

1. WELL CONTRACTOR:

Rex Meadows
Well Contractor (Individual) Name

Clearwater Well Drilling
Well Contractor Company Name

PO Box 71
Street Address

Hot Springs NC 28743
City or Town State Zip Code

(828) 622-7241
Area code Phone number

2. WELL INFORMATION:

WELL CONSTRUCTION PERMIT#

OTHER ASSOCIATED PERMIT#(if applicable)

SITE WELL ID #(if applicable)

3. WELL USE (Check Applicable Box): Residential Water Supply ☐

DATE DRILLED 12-22-11

TIME COMPLETED AM ☐ PM ☐

4. WELL LOCATION:

CITY Weaverville COUNTY Buncombe

(Street Name, Numbers, Community, Subdivision, Lot No., Parcel, Zip Code)

TOPOGRAPHIC / LAND SETTING: (check appropriate box)

☐ Slope ☐ Valley ☐ Flat ☐ Ridge ☐ Other

LATITUDE 36°35'45.3374N DMS OR 3x.xxxxxxxx DD

LONGITUDE 82°32'56.9880W DMS OR 7x.xxxxxxxx DD

Latitude/longitude source: ☐ GPS ☐ Topographic map

(location of well must be shown on a USGS topo map endattached to this form if not using GPS)

5. WELL OWNER

Echo View Community Mill
Owner Name

Jupiter Rd
Street Address

Weaverville NC
City or Town State Zip Code

( )
Area code Phone number

6. WELL DETAILS:

a. TOTAL DEPTH: 405

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): 10 METHOD OF TEST Rig

f. DISINFECTION: Type _____ Amount _____

g. WATER ZONES (depth):

Top	Bottom	Top	Bottom
Top	Bottom	Top	Bottom
Top	Bottom	Top	Bottom

7. CASING:

Depth		Diameter	Thickness/ Weight	Material
Top 1	Bottom 90 Ft.	6 1/4		plastic
Top	Bottom Ft.			
Top	Bottom Ft.			

8. GROUT:

Depth		Material	Method
Top 1	Bottom 20 Ft.	cement	
Top	Bottom Ft.		
Top	Bottom Ft.		

9. SCREEN:

Depth		Diameter	Slot Size	Material
Top	Bottom Ft.	in.	in.	
Top	Bottom Ft.	in.	in.	
Top	Bottom Ft.	in.	in.	

10. SAND/GRAVEL PACK:

Depth		Size	Material
Top	Bottom Ft.		
Top	Bottom Ft.		
Top	Bottom Ft.		

11. DRILLING LOG

Top	Bottom	Formation Description
1	90	sand + dirt
90	239	granite
239	240	clay
240	405	granite

12. 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.

SIGNATURE OF CERTIFIED WELL CONTRACTOR 12/26/11 DATE

PRINTED NAME OF PERSON CONSTRUCTING THE WELL

Submit within 30 days of completion to: Division of Water Quality - Information Processing, 1617 Mail Service Center, Raleigh, NC 27699-1617, Phone: (919) 807-6300

Form GW-1a
Rev. 2/09