Attention: Justin

Faxed 8/25/14

WELL CONSTRUCTION RECORD

This form can be used for single or multiple wells

1. Well Contractor Information:

Robert E Teague
Well Contractor Name

2857-A
NC Well Contractor Certification Number

B & K Well Drilling Inc.
Company Name

2. Well Construction Permit #: 201673
List all applicable well construction permits (i.e. County, State, Variance, etc.)

3. Well Use (check well use):

Water Supply Well:
- ☐Agricultural
- ☐Municipal/Public
- ☐Geothermal (Heating/Cooling Supply)
- ☐Residential Water Supply (single)
- ☐Industrial/Commercial
- ☐Residential Water Supply (shared)
- ☐Irrigation

Non-Water Supply Well:
- ☐Monitoring
- ☐Recovery

Injection Well:
- ☐Aquifer Recharge
- ☐Groundwater Remediation
- ☐Aquifer Storage and Recovery
- ☐Salinity Barrier
- ☐Aquifer Test
- ☐Stormwater Drainage
- ☐Experimental Technology
- ☐Subsidence Control
- ☐Geothermal (Closed Loop)
- ☐Tracer
- ☐Geothermal (Heating/Cooling Return)
- ☐Other (explain under #21 Remarks)

4. Date Well(s) Completed: 8-21-14 **Well ID#**

5a. Well Location:

Gary Driggs
Facility/Owner Name

Facility ID# (if applicable)

259 Stewart Rd Rd
Physical Address, City, and Zip

Stony Point 28678

Iredell
County

3774719494
Parcel Identification No. (PIN)

5b. Latitude and Longitude in degrees/minutes/seconds or decimal degrees:
(if well field, one lat/long is sufficient)

_____ N _____ W

6. Is (are) the well(s): ☑Permanent or ☐Temporary

7. Is this a repair to an existing well: ☐Yes or ☐No
If this is a repair, fill out known well construction information and explain the nature of the repair under #21 remarks section or on the back of this form.

8. Number of wells constructed: 2
For multiple injection or non-water supply wells ONLY with the same construction, you can submit one form.

9. Total well depth below land surface: 245 (ft.)
For multiple wells list all depths if different (example- 3@200' and 2@100')

10. Static water level below top of casing: 50 (ft.)
If water level is above casing, use "+"

11. Borehole diameter: 6 (in.)

12. Well construction method: Rotary
(i.e. auger, rotary, cable, direct push, etc.)

FOR WATER SUPPLY WELLS ONLY:

13a. Yield (gpm): 30 **Method of test:** Open Flow

13b. Disinfection type: Chlor Tabs **Amount:** 1 1/2 Lbs

For Internal Use ONLY:

14. WATER ZONES

FROM	TO	DESCRIPTION
ft.	ft.	
ft.	ft.	

15. OUTER CASING (for multi-cased wells OR LINER (if applicable))

FROM	TO	DIAMETER	THICKNESS	MATERIAL
0 ft.	64 ft.	6 1/8 in.	SDR-21	PVC

16. INNER CASING OR TUBING (if different than #15)

FROM	TO	DIAMETER	THICKNESS	MATERIAL
ft.	ft.	in.		
ft.	ft.	in.		

17. SCREEN

FROM	TO	DIAMETER	SLOT SIZE	THICKNESS	MATERIAL
ft.	ft.	in.			
ft.	ft.	in.			

18. GROUT

FROM	TO	MATERIAL	EMPLACEMENT METHOD & AMOUNT
0 ft.	20 ft.	Hole Plug	Pour/Hydrate
ft.	ft.		
ft.	ft.		

19. SAND/GRAVEL PACK (if applicable)

FROM	TO	MATERIAL	EMPLACEMENT METHOD
ft.	ft.		
ft.	ft.		

20. DRILLING LOG (Attach additional sheets if necessary)

FROM	TO	DESCRIPTION (color, hardness, soil/rock type, grain size, etc.)
0 ft.	64 ft.	Red Shale
64 ft.	225 ft.	Hard Blue
225 ft.	245 ft.	Soft Blue Granite
ft.	ft.	
ft.	ft.	
ft.	ft.	
ft.	ft.	

21. REMARKS

22. Certification:

Signature of Certified Well Contractor

8-21-14
Date

By signing this form, I hereby certify that the well(s) was (were) constructed in accordance with 15A NCAC 02C .0100 or 15A NCAC 02C .0200 Well Construction Standards and that a copy of this record has been provided to the well owner.

23. Site diagram or additional well details:
You may use the back of this page to provide additional well site details or well construction details. You may also attach additional pages if necessary.

SUBMITTAL INSTUCTIONS

24a. For All Wells: Submit this form within 30 days of completion of well construction to the following:

Division of Water Quality, Information Processing Unit,
1617 Mail Service Center, Raleigh, NC 27699-1617

24b. For Injection Wells: In addition to sending the form to the address in 24a above, also submit a copy of this form within 30 days of completion of well construction to the following:

Division of Water Quality, Underground Injection Control Program,
1636 Mail Service Center, Raleigh, NC 27699-1636

24c. For Water Supply & Injection Wells: In addition to sending the form to the address(es) above, also submit one copy of this form within 30 days of completion of well construction to the county health department of the county where constructed.