Attention: James

Fax 4/

RESIDENTIAL WELL CONSTRUCTION RECORD

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

WELL CONTRACTOR CERTIFICATION # 3265-A

1. WELL CONTRACTOR:
Ralph E Bailey
Well Contractor (Individual) Name
B & K Well Drilling Inc.
Well Contractor Company Name
132 Mt. Mourne Ln
Street Address
Mooresville NC 28117
City or Town State Zip Code
(704) 892-4696
Area code Phone number

2. WELL INFORMATION:
WELL CONSTRUCTION PERMIT# 174184
OTHER ASSOCIATED PERMIT#(if applicable)
SITE WELL ID #(if applicable)

3. WELL USE (Check Applicable Box): Residential Water Supply ☑
DATE DRILLED 4-18 & 19-13
TIME COMPLETED 11:30 AM ☐ PM ☑

4. WELL LOCATION:
CITY: Statesville COUNTY Iredell
107 Hunting Dr Hacker Water Lot 145
(Street Name, Numbers, Community, Subdivision, Lot No., Parcel, Zip Code)
TOPOGRAPHIC / LAND SETTING: (check appropriate box)
☑Slope ☐Valley ☐Flat ☐Ridge ☐Other
LATITUDE 35 ° ' " DMS OR 3x.xxxxxxxx DD
LONGITUDE 75 ° ' " DMS OR 7x.xxxxxxxx DD
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 OWNER
Andrew Chamra
Owner Name
1 Armstrong Circle
Street Address
Newtown PA
City or Town State Zip Code
(215) 529-2582
Area code Phone number

6. WELL DETAILS:
a. **TOTAL DEPTH:** 345'
b. **DOES WELL REPLACE EXISTING WELL?** YES ☐ NO ☑
c. **WATER LEVEL** Below Top of Casing: 50 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):** 6 **METHOD OF TEST** Open Flow
f. **DISINFECTION: Type** Chlor Tabs **Amount** 1 1/2 lbs

g. **WATER ZONES** (depth):
Top 145 Bottom 150 Top ____ Bottom ____
Top 210 Bottom 215 Top ____ Bottom ____
Top 280 Bottom 285 Top ____ Bottom ____

7. **CASING:**

	Depth		Diameter	Thickness/ Weight	Material
Top 0	Bottom 81	Ft.	6 1/8	SDR21	PVC
Top ____	Bottom ____	Ft.			
Top ____	Bottom ____	Ft.			

8. **GROUT:**

	Depth		Material	Method
Top 0	Bottom 20	Ft.	Hole Plug	Pour/Hydrate
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
0	20	Red Clay
20	75	Brown Sand
75	81	Grey Granite
81	345	Grey 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.

Ralph E. Bailey 4-19-13
SIGNATURE OF CERTIFIED WELL CONTRACTOR DATE

Ralph E Bailey
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