RESIDENTIAL WELL CONSTRUCTION RECORD

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

WELL CONTRACTOR CERTIFICATION # 3042

1. WELL CONTRACTOR:
Robert A. Ray Jr
Well Contractor (Individual) Name
Rays
Well Contractor Company Name
315 N. Lincoln St P.O. Box 53
Street Address
Hot Springs NC 28743
City or Town State Zip Code
(704) 748-9595
Area code Phone number

2. WELL INFORMATION:
WELL CONSTRUCTION PERMIT# 171832
OTHER ASSOCIATED PERMIT#(if applicable)
SITE WELL ID #(if applicable)

3. WELL USE (Check Applicable Box): Residential Water Supply ☐
DATE DRILLED 1/28/13
TIME COMPLETED 5:00 AM ☐ PM ☑

4. WELL LOCATION:
CITY: Statesville COUNTY: Iredell
159 Clark Cove Rd
(Street Name, Numbers, Community, Subdivision, Lot No., Parcel, Zip Code)
TOPOGRAPHIC / LAND SETTING: (check appropriate box)
☐ Slope ☐ Valley ☐ Flat ☐ Ridge ☐ Other
LATITUDE 36 ° ' " 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 andattached to this form if not using GPS)

5. WELL OWNER
Compass Building
Owner Name
3535 N. Hwy 16
Street Address
Denver NC 28037
City or Town State Zip Code
(704) 483-3033
Area code Phone number

6. WELL DETAILS:
a. TOTAL DEPTH: 285
b. DOES WELL REPLACE EXISTING WELL? YES ☐ NO ☑
c. WATER LEVEL Below Top of Casing: 40 FT.
(Use "+" if Above Top of Casing)
d. TOP OF CASING IS 1½ 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 Eye
f. DISINFECTION: Type HTH Amount 4oz

g. WATER ZONES (depth):
Top 280 Bottom ____ Top ____ Bottom ____
Top ____ Bottom ____ Top ____ Bottom ____
Top ____ Bottom ____ Top ____ Bottom ____

7. CASING:

	Depth		Diameter	Thickness/ Weight	Material
Top	120 Bottom	Ft.	6	22.5	PVC
Top	Bottom	Ft.			
Top	Bottom	Ft.			

8. GROUT:

	Depth		Material	Method
Top	20+ Bottom	Ft.	Chips	down Hole
Top	Bottom	Ft.		
Top	Bottom	Ft.		

9. SCREEN:

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

10. SAND/GRAVEL PACK:

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

11. DRILLING LOG

Top	Bottom	Formation Description
0	115	Quartz
115	285	Rock

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.

R Ray 1/30/13
SIGNATURE OF CERTIFIED WELL CONTRACTOR DATE

Robert A. Ray
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 27699-161, Phone : (919) 807-6300

Form GW-1a
Rev. 2/09