NON RESIDENTIAL WELL CONSTRUCTION RECORD

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

WELL CONTRACTOR CERTIFICATION # 4174-B

1. WELL CONTRACTOR:
Cory Robison
Well Contractor (Individual) Name
Mid-Atlantic Drilling Inc.
Well Contractor Company Name
PO Box 315
Street Address
Carolina Beach NC 28428
City or Town State Zip Code
(910) 458-5020
Area code Phone number

2. WELL INFORMATION:
WELL CONSTRUCTION PERMIT# N/A
OTHER ASSOCIATED PERMIT#(if applicable) N/A
SITE WELL ID #(if applicable) MW-2

3. WELL USE (Check One Box) Monitoring ☑ Municipal/Public ☐
Industrial/Commercial ☐ Agricultural ☐ Recovery ☐ Injection ☐
Irrigation ☐ Other ☐ (list use) _____
DATE DRILLED 04-24-12

4. WELL LOCATION:
_____
(Street Name, Numbers, Community, Subdivision, Lot No., Parcel, Zip Code)
CITY: Jacksonville COUNTY Onslow
TOPOGRAPHIC / LAND SETTING: (check appropriate box)
☐ Slope ☐ Valley ☑ Flat ☐ Ridge ☐ Other citv
LATITUDE 34 Á 21 ' 6,973.0000 " DMS **OR** 3x.xxxxxxxxx DD
LONGITUDE 77 Á 89 ' 6,193.0000 " DMS **OR** 7x.xxxxxxxxx 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. FACILITY (Name of the business where the well is located.)
_____
Facility Name Facility ID# (if applicable)
_____
Street Address
_____
City or Town State Zip Code
_____
Contact Name
_____
Mailing Address
_____
City or Town State Zip Code
(_____) _____
Area code Phone number

6. WELL DETAILS:
a. TOTAL DEPTH: 18
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 3.00 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): _____ **METHOD OF TEST**_____
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_____	Bottom_____	Ft._____	_____	_____	_____
Top_____	Bottom_____	Ft._____	_____	_____	_____
Top_____	Bottom_____	Ft._____	_____	_____	_____

8. GROUT:	Depth		Material	Method
Top 1	Bottom 4	Ft.	Cement	_____
Top 4	Bottom 6	Ft.	Bentonite	_____
Top_____	Bottom_____	Ft._____		_____

9. SCREEN:	**Depth**		**Diameter**	**Slot Size**	**Material**
Top 8	Bottom 18	Ft. 2	in. _____	in.	_____
Top_____	Bottom_____	Ft._____	in. _____	in.	_____
Top_____	Bottom_____	Ft._____	in. _____	in.	_____

10. SAND/GRAVEL PACK:

	Depth		**Size**	**Material**
Top 6	Bottom 18	Ft._____		_____
Top_____	Bottom_____	Ft._____		_____
Top_____	Bottom_____	Ft._____		_____

11. DRILLING LOG

Top	Bottom	Formation Description
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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.

_____ 4-24-12
SIGNATURE OF CERTIFIED WELL CONTRACTOR DATE

Cory Robison
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-1b
Rev. 2/09