

## RESIDENTIAL WELL CONSTRUCTION RECORD

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

## WELL CONTRACTOR CERTIFICATION # N.C. N.C. 2404 A

Melicontractor (Individual) Name  Well Contractor (Individual) Name  Well Contractor (Individual) Name  Well Contractor (Individual) Name  STREET ADDRESS 500 Wilson Rd.  BRASSTON N.C. 28 90.2  City or Town State Zip Code  (\$23 \) 5.37 - ORLS  Area code - Phone number  2. Well. INFORMATION:  Well CONSTRUCTION PERMITY 0.22 - OT(0.0)  OTHER ASSOCIATED PERMITY (Individual)  3. Well. LOSE (Check Applicable) Boy: Residential Water Supply Name To Pion To Pi In In In Pion To Pi In In In Pion To Pi In	1. WELL CONTRACTOR:	f. DISINFECTION: Type htth Pellets Amount 30
Well Contractor (Individual) Name    STREET ADDRESS   SAD   Wilson Rd	JAMES R WILSON	
Well contactor Company Mane  STREET ADDRESS 580 Wilson Rd.  DRASSTOWN State Zip Code  City of Your State Zip Code  Well the Food To 35 Pt. (1, 25 Str.)  Well Use (Check Applicable)  Well Construction Permitting O22 - O7(o)  OTHER ASSOCIATED PERMITTING O22 - O7(o)  The Company of Your State State of Other City State State Other Ot	Well Contractor (Individual) Name	
STREET ADDRESS 580 Wilson Rd.  DPASTON N.C 25002 City or Town State Zip Code  2823 - 337 - 041.3 Anea code - Phone number  2. Well, INFORMATION: SITE WELL ID diff applicable Well, CONSTRUCTION PERMITT diff applicable OTHER ASSOCIATED PERMITT	Wilson Well doilling inc	
STREET ADDRESS 580 Wilson Rd.  Depth To State Zip Code  To State Zip Code  From To Ft.  In.  In.  In.  From To Ft.  From To Ft.  In.  In.  From To Ft.  In.  In.  In.  In.  In.  In.  In.  I	Well Contractor Company Name	
Department of the part of the	STREET ADDRESS FORD LILISAND Dd	
Area code- Phone number  2. WELL INFORMATION: SITE WELL Did did applicable) WELL CONSTRUCTION PERMIT# (If applicable) WELL USE (Check Applicable Box): Residential Water Supply) TO ATTO PRICE OF COUNTY (IA) TIME COMPLETED 3.00 AMB PNA  4. WELL LOCATION: CITY: HALPEN III COUNTY (IA) TIME COMPLETED 3.00 AMB PNA  4. WELL LOCATION: CITY: HALPEN III COUNTY (IA) TIDEOGRAPHIC / LANCE ROLLING (LANCE) FOR TO PRICE STORY (Inc. of the indepression of the indepression in a decimal format (Inc. of the indepression of well must be shown on a USCS topo map and stacched to this form in or using GPS)  5. WELL DETAILS: a. TOTAL DEPTH: 226 b. DOES WELL REPLACE EDISTING WELL? YESK NOX C. WATER LEVEL Below Top Of Casing:  d. TOP OF CASING IS  FT. Above Land Surfaces Top Of casing terminated allow below had surface may require a variance in accordance with 15A NCAC 2C. 0.118.  SITE WELL ON TO DATE  TOP OF CASING IS  FT. Above Land Surfaces Top Of casing terminated allow below and surface may require a variance in accordance with 15A NCAC 2C. 0.118.  SITE WELL OF TOP OF CASING IS  TAND OF CERTIFIED WELL CONTRACTOR DATE  TOP OF CASING IS  FT. Above Land Surfaces Top Of casing terminated allow below and surface may require a variance in accordance with 15A NCAC 2C. 0.118.  SITE WELL OF TOP OF CASING IS  TOP OF CASING IS  The Contraction of Top Of Casing Contraction of the Well CONTRACTOR DATE  TOP OF CASING IS  FT. Above Land Surfaces Top Of casing terminated allow below had surface may require a variance in accordance with 15A NCAC 2C. 0.118.  SOMMIURE OF CERTIFIED WELL CONTRACTOR  DATE  TOTAL DEPTH: 200  SOMMIURE OF CERTIFIED WELL CONTRACTOR  DATE  SOMMIURE OF CERTIFIED WELL CONTRACTOR  DATE  TO DATE  SOMMIURE OF CERTIFIED WELL CONTRACTOR  DATE  TO DATE  SOMMIURE OF CERTIFIED WELL CONTRACTOR  DATE  TO DATE  TO DATE  TO DE SOMMIURE OF CERTIFIED WELL CONTRACTOR  DATE  TO DATE  TO DE SOMMIURE OF CERTIFIED WELL CONTRACTOR  DATE  TO DATE  TO DE SOMMIURE OF CERTIFIED WELL CONTRACTOR  DATE  TO DE SOMMIURE OF CERTIFIED WELL CONTRACTOR  TO DE		
Avea code - Phone number  2. WELL DETAILS:  Avea LOSE - Phone number  2. WELL DETAILS:  Avea Code - Phone number  2. WELL DETAILS:  a. TOTAL DEPTH:  C. WATER LEVEL Below Top of Casing:  D. DES J. D.	DRASSTOWN N.C. 28902 City or Town State Zip Code	From 0 To 35 Ft (1, 25 SDF21 PYC
SITE WELL ID #(if applicable)  WELL CONSTRUCTION PERMIT# 022 - 07(p0  OTHER ASSOCIATED PERMIT#(if applicable)  3. WELL USE (Check Applicable Box): Residential Water Supply)  DATE DRILLED U - 11-18  TIME COMPLETED 3: 00 AMI PAYA  4. WELL LOCATION:  CITY: HALPSY:    COUNTY [	(828)-837-0963 Area code- Phone number	From To Ft.
SITE WELL ID #(if applicable)  WELL CONSTRUCTION PERMIT# 022 - 07(o) OTHER ASSOCIATED PERMIT#(if applicable)  3. WELL USE (Check Applicable Box): Residential Water Supply) DATE PRELED 4 - 11 - 15 TIME COMPLETED 3:00 AMI PANA  4. WELL LOCATION: CITY: HALPESY:     COUNTY [	2. WELL INFORMATION:	increase a market and a
WELL CONSTRUCTION PERMIT# 022 - 07(00  OTHER ASSOCIATED PERMIT# (if applicable)  3. WELL USE (Check Applicable Box): Residential Water Supply)  DATE DRILLED 4 - 11 - 13  TIME COMPLETED 3:00 AMIL PANA  4. WELL-LOCATION: CITY: HALPSY': R COUNTY [NAI LOFF   1 In. i	SITE WELL ID #fit applicable)	From 0' To 20' FLEDRHAND Gravito
OTHER ASSOCIATED PERMITTI(II applicable)  3. WELL USE (Check Applicable Box): Residential Water Supply)  DATE DRILLED 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		From To R.
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TIME COMPLETED 3:00 AMB PNW  4. WELL LOCATION:  CITY: HALESY:    C COUNTY    NAIL  LISQUITTEE   RACE   ROLING    NAIL PROJECT  (Sueediblame, Numbers, Community, Subdivision) Alt No., Parcet 2p Code)  TOPOGRAPHIC / LAND SETTING:  E Slope & Valley AFIAt    Ridge    Other  (check shpropriate box)  LATITUDE   May be in degrees, minutes, seconds or in a decimal format  LONGITUDE   Lotinde/longitude source:    GPS    Topographic map (location of well must be shown on a USGS topo map and attached to this form it not using GPS)  5. WELL OWNERS  OWNER'S NAME    AHC    LC    DON Johnston  STREET ADDRESS  City or Town   State    Zip Code  Area code - Phone number  6. WELL DETAILS:  a. TOTAL DEPTH: 226  b. DOES WELL REPLACE EXISTING WELL? YES    NOW C. WATER LEVEL Below Top of Casing: 20    FT. (Use "*" If Above Top of Casing: 20    FT. (Use "*" If Above Top of Casing: 30    FT. Above Land Surface ""Top of casing terminated atfor below land surface may require a variance in accordance with 15A NCAC 2C .0.118.		From To Pt. in. in.
WELL-LOCATION:  CITY: HALPSY I P COUNTY [ ] AD Depth Size Material  From To FL  From To FL		From To Ft. in. in.
CITY: HALESVILLE COUNTY [ IA] Depth Size Material    Depth Description   Description   Description   Description   Description   Description	TIME COMPLETED S. DO AMI PANY	From 10 Ft. in. in.
Constitute   Race   Rolling   Laters   Some   State   Rolling   Laters   Some   State   Rolling   Laters   Some   State   Rolling   Laters   Some   State   Rolling		
Common   C	CITY: HAURSVILLE COUNTY CLAD	110000000
TOPOGRAPHIC / LAND SETTING:  © Slope © Valley X, Flat © Ridge © Other (check appropriate box)  LATITUDE  LONGITUDE  LATITUDE  LONGITUDE  LATITUDE  LATITUDE  LONGITUDE  LATITUDE  LATITUDE	Lusquittee TRACE Rolling WATERS 15	
E Slope E Valley A Flat E Ridge E Other (check appropriate box)  LATITUDE  L		
May be in degrees, minutes, seconds or in a decimal format	TOPOGRAPHIC / LAND SETTING:    Slope   Valley   Flat   Flat   Pidge   Cother	
LATITUDE   minutes, seconds or in a decimal format   Latinude/longitude source: E GPS E 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 OWNER'S NAME   All   L L   Don Johnston   STREET ADDRESS    City or Town   State   Zip Code    Area code - Phone number   5. WELL DETAILS: a. TOTAL DEPTH: 22 (6) b. DOES WELL REPLACE EXISTING WELL? YES I NOX (Use "-" if Above Top of Casing)   d. TOP OF CASING IS	(check appropriate box)	
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 OWNER'S NAME MAHC LLC Don Johnston STREET ADDRESS  City or Town State Zip Code  Area code - Phone number  6. WELL DETAILS: a. TOTAL DEPTH: 22 6 b b. DOES WELL REPLACE EXISTING WELL? YES! NOX c. WATER LEVEL Below Top of Casing: 20 FT. (Use "+" if Above Top of Casing) d. TOP OF CASING IS FT. Above Land Surface " "Top of casing terminated allor below land surface may require a variance in accordance with 15A NCAC 2C. 0118.  TIME IS AND A STATUTE OF CERTIFIED WELL CONTRACTOR DATE  SINATURE OF CERTIFIED WELL CONTRACTOR DATE	LATITUDE May be in degrees, minutes seconds or	OF To Formation Description
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(location of well must be shown on a USGS topo map and attached to this form if not using GPS)  5. WELL OWNER  OWNER'S NAME MAHC, LUC DON Johnston  STREET ADDRESS  City or Town State Zip Code  Area code - Phone number  6. WELL DETAILS: a. TOTAL DEPTH: 226 b. DOES WELL REPLACE EXISTING WELL? YESE NOW  c. WATER LEVEL Below Top of Casing: 20 FT.  (Use "+" if Above Top of Casing)  d. TOP OF CASING IS FT. Above Land Surface "Top of casing terminated attor below land surface may require a variance in accordance with 15A NCAC 2C .0118.  SIGNATURE OF CERTIFIED WELL CONTRACTOR DATE  12. REMARKS:  15D HEREBY CERTIFY THAT THIS WELL WAS CONSTRUCTED IN ACCORDANCE WITH ISA NCAC 2C. WELL CONSTRUCTED IN ACCORDANCE WITH ISA NCAC 2C. WITH ISA NCAC 2C. WELL CONSTRUCTED IN ACCORDANCE WITH ISA NCAC 2C. WELL CONSTRUCTED IN ACCORDANCE WITH ISA NCAC 2C. WELL CONSTRUCTED WELL CONTRACTOR DATE  2. WELL DETAILS:  a. TOTAL DEPTH: 226  b. DOES WELL REPLACE EXISTING WELL? YESE NOW IDEA NOW IN ACCORDANCE WITH ISA NCAC 2C. WELL CONSTRUCTED WELL CONTRACTOR DATE  3. SIGNATURE OF CERTIFIED WELL CONTRACTOR DATE		25' 226' Granite
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OWNER'S NAME MAHC LLC Don Johnston  STREET ADDRESS  Gity or Town State Zip Code  Area code - Phone number  6. WELL DETAILS: a. TOTAL DEPTH: 226 b. DOES WELL REPLACE EXISTING WELL? YES! NOX c. WATER LEVEL Below Top of Casing: 26 FT.  (Use "+" if Above Top of Casing: 56 FT. Above Land Surface"  "Top of casing terminated at/or below land surface may require a variance in accordance with 15A NCAC 2C. 0118.  TOP OF CASING IS FT. Above Land Surface"  SIGNATURE OF CERTIFIED WELL CONTRACTOR DATE		
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THE WELL	e. YIELD (gpm): 12 METHOD OF TEST AIR	PRINTED NAME OF PERSON CONSTRUCTING THE WELL
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