

# WELL CONSTRUCTION RECORD

This form can be used for single or multiple wells

## 1. Well Contractor Information:

Well Contractor Name \_\_\_\_\_

NC Well Contractor Certification Number \_\_\_\_\_

Company Name \_\_\_\_\_

## 2. Well Construction Permit #:

List all applicable well permits (i.e. County, State, Variance, *fp/gev/kp*, 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: \_\_\_\_\_ Well ID# \_\_\_\_\_

## 5a. Well Location:

Facility/Owner Name \_\_\_\_\_

Facility ID# (if applicable) \_\_\_\_\_

Physical Address, City, and Zip \_\_\_\_\_

County \_\_\_\_\_

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: \_\_\_\_\_

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: \_\_\_\_\_ (ft.)

For multiple wells list all depths if different (example- 3@200' and 2@100')

10. Static water level below top of casing: \_\_\_\_\_ (ft.)

If water level is above casing, use "+"

11. Borehole diameter: \_\_\_\_\_ (in.)

12. Well construction method: \_\_\_\_\_

(i.e. auger, rotary, cable, direct push, etc.)

### FOR WATER SUPPLY WELLS ONLY:

13a. Yield (gpm) \_\_\_\_\_ Method of test: \_\_\_\_\_

13b. Disinfection type: \_\_\_\_\_ Amount: \_\_\_\_\_

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
ft.	ft.	in.		

## 16. INNER CASING OR TUBING (geothermal closed-loop)

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
ft.	ft.		
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.)
ft.	ft.	

## 21. REMARKS

## 22. Certification:

Signature of Certified Well Contractor \_\_\_\_\_

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 INSTRUCTIONS

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

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

24b. **For Injection Wells ONLY:** 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 Resources, Underground Injection Control Program,  
1636 Mail Service Center, Raleigh, NC 27699-1636

## 24c. For Water Supply & Injection Wells:

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.