

- WELL #2 -

SURRY COUNTY HEALTH & NUTRITION CENTER



Well Certificate of Completion

- Date: 12/15/2015

- Well Contractor: RAYMOND BROWN WELL CO. CHRIS KING

- Applicant Name: _____

- Address: 319 WHITE PINE TRAIL

- Directions to Site: HWY 268 WEST TOWARDS ELKIN -

R. WHITE PINE TRAIL - PROPERTY AT END ON LEFT.

2nd WELL AT SITE

- Permit Number: JRW110915-02

- Use of Well: AG - CHIX HOUSES

- Date Drilled: _____

- Total Depth: 325 AT GROUT (STILL DRILLING)

- Replacement Well Yes/No _____

- Static Water Level: _____

- Top of Casing is _____ in. above surface

- Yield: _____ gpm at _____ ft.

- Disinfection: Type _____ Amount _____

- Water Zone (depth):

From _____ To _____

From _____ To _____

From _____ To _____

- Casing:

From: SURFACE To 66 ft.

Diameter: 6" Material: PLASTIC Thickness: 50R21

- Grout:

From _____ To 20

Material: PORTLAND CEMENT Method: CUTTINGS + PORTLAND CEMENT

From SURFACE To 20 FT.

Material: CUTTINGS + PORTLAND CEMENT Method: POUR

EHS: BRYAN HUBBARD

Remarks: _____

PORTLAND CEMENT - 94# 11

On Hold Date: _____ Release Date: _____

WELL HEAD INFORMATION

Casing Height: _____ (above finished grade)

Access Port: _____ Vent Stack: _____

Well ID Tag: _____ Pump ID Tag: _____

Bib Cock: _____ Sample Taken: YES/NO

Properly sealed: _____ GW-1 Form: _____

EHS: _____ Date: _____

Remarks: 2/4/2016 SITE VISIT - CAPPED

WHITE PINE TRAIL
↑

CHIX House 1

W
20'
↓

132'

CHIX House 2

Certification of Completion

EHS: _____ Date: _____



NON RESIDENTIAL WELL CONSTRUCTION RECORD

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

WELL CONTRACTOR CERTIFICATION # 2312

1. WELL CONTRACTOR:

Chris Bullins
 Well Contractor (Individual) Name
raymond Brown Well Company, Inc.
 Well Contractor Company Name
 STREET ADDRESS 1109 N Main Street
Danbury NC 27016
 City or Town State Zip Code
 (336) 593-8239
 Area code- Phone number

2. WELL INFORMATION:

SITE WELL ID #(if applicable) _____
 WELL CONSTRUCTION PERMIT #(if applicable) BEH090315-01
 OTHER ASSOCIATED PERMIT #(if applicable) _____

3. WELL USE (Check Applicable Box) Monitoring Municipal/Public Industrial/Commercial Agricultural Recovery Injection Irrigation Other (list use) _____

DATE DRILLED 12-18-15
 TIME COMPLETED 3:00 AM PM

4. WELL LOCATION:

CITY: _____ COUNTY Surry
 (Street Name, Numbers, Community, Subdivision, Lot No., Parcel, Zip Code)

TOPOGRAPHIC / LAND SETTING:
 Slope Valley Flat Ridge Other
 (check appropriate box)

LATITUDE _____
 LONGITUDE _____

May be in degrees,
 minutes, seconds or
 in a decimal format

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. FACILITY: is the name of the business where the well is located.

FACILITY ID #(if applicable) _____
 NAME OF FACILITY _____
 STREET ADDRESS _____
 City or Town State Zip Code
 CONTACT PERSON Eddie Shumate
 MAILING ADDRESS _____
 City or Town State Zip Code
 () - _____
 Area code - Phone number

6. WELL DETAILS:

a. TOTAL DEPTH: 805
 b. DOES WELL REPLACE EXISTING WELL? YES NO
 c. WATER LEVEL Below Top of Casing: 60 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): 50 METHOD OF TEST sight

f. DISINFECTION: Type Hth Amount 16 oz

g. WATER ZONES (depth):

From 70 To 72 From _____ To _____
 From 350 To 351 From _____ To _____
 From 740 To 742 From _____ To _____

7. CASING: Depth Diameter Thickness/Weight Material

From 0 To 66 Ft. 6 1/4 sdr 21 pvc
 From _____ To _____ Ft. _____
 From _____ To _____ Ft. _____

8. GROUT: Depth Material Method

From 0 To 20 Ft. cement pour
 From _____ To _____ Ft. _____
 From _____ To _____ Ft. _____

9. SCREEN: Depth Diameter Slot Size Material

From _____ To _____ Ft. _____ in. _____ in.
 From _____ To _____ Ft. _____ in. _____ in.
 From _____ To _____ Ft. _____ in. _____ in.

10. SAND/GRAVEL PACK:

Depth Size Material
 From _____ To _____ Ft. _____
 From _____ To _____ Ft. _____
 From _____ To _____ Ft. _____

11. DRILLING LOG

From	To	Formation Description
0	25	Red Clay
25	60	Sand Rock
60	805	Blue 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.

Chris Bullins 12-18-15
 SIGNATURE OF CERTIFIED WELL CONTRACTOR DATE

Chris Bullins
 PRINTED NAME OF PERSON CONSTRUCTING THE WELL

Submit the original to the Division of Water Quality within 30 days. Attn: Information Mgt.,
 1617 Mail Service Center - Raleigh, NC 27699-1617 Phone No. (919) 733-7015 ext 568.

Form GW-1b
 Rev.12/07

