	ON OF WATE		1	Fraction				1	ion Number	Town	Township Number		Range Number		
County:	Wyaı	ndotte		SW	1/4 S	SW 1	4 SW	1/4	17	T	11 s	R	25	Е	
Distance an	nd direction from	m nearest	town or	city stree	et address	s of well i	if located w	thin city?							
	banks Ave.								v	10.00					
2 WATER	WELL OWNE	R: SPX	Corp	oratio	n										
RR#, St. Ad	tdress, Box#	: 1351	15 Ra	llantyr	ne Corp	orate	Place			Board o	of Agriculture,	Division of \	Nater Resou	rces	
City, State,	ZIP Code	: Cha	rlotte	, North	n Carol	ina 28	277				tion Number:				
2 LOCATE	WELL'S LOC	CATON WI	THI.												
AN "X" II	N SECTION B	OX:		DEPIR	OF COME	PLETED	WELL	65	ft. ELE	VATION:					
1			De	pth(s) Gr	oundwate	r Encour	ntered 1			ft. 2	f	ft. 3		ft.	
	NW	- NF	WE	ELL'S ST	ATIC WA	TER LEV	/EL	ft.	below land	surface mea	sured on mo/	day/yr		7	
		; I									hou			ıpm r	
≅ W		<u> </u>	E Fst								hou				
- I		į [Bo	ro Holo F	liamatar	8 25	in to	61	: · · · · · · · · · · · · · · · · · · ·	# and		in to		, p	
	sw	- SE	WE	ELI. WAT	rametei FR TO BI	F USED	AS: 5 Pi	blic water si	innly	R Air c	onditioning ratering	11 Injecti	ion well	ft.	
	ğ.:	i		1 Dom	nestic 3	Feed lo	t 6 Oi	field water	supply	9 Dew	atering	12 Other	(Specify bel	ow)	
\ ×		1	- 1											·	
	2 Irrigation 4 Industrial 7 Lawn and garden (domestic) 10 Monitoring well Was a chemical/bacteriological sample submitted to Department? Yes No X If yes, mo/day/yr sample was														
submitted Water Well Disinfected? Yes No X 5 TYPE OF BLANK CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued Clamped															
							nt Iron				IG JOINTS: C	Slued	Clamped		
	eel	_)	6	Asbesto	os-Cement	9 Other	(specify bel	ow)	V	Velded			
2 PV	′C	4 AB	s		7	Fibergla	ass				Th	readed	Flush		
Blank casin	g diameter	2	in.	. to	55	ft Dia	3	in. t	0	ft Dia		in. to		ft.	
Casing heig	t above land	surface	F	lush	in v	veiaht	0	703	lhe /ft	Wall thicks	2000 01 021100	No.	SCH. 40		
TYPE OF S	CREEN OR P	EREORAT	TION M	ATEDIAL	""", '	woigint			DVC	. Wall linck!	0 Asbestos-c	omont			
1 Ste			ainless s			Eibosale	ass								
2 Bra			ilvanize		ວ ຄ	Concret	dos to tilo	0	ADC	1	1 Other (spec 2 None used	(open bela)		-	
	R PERFORAT				U			d wrapped			cut			(0)	
1	ntinuous slot	-		slot			6 Wire w			9 Drille		11 140	me (open noi	٠,	
1	uvered shutter	-													
1							7 Torch			- 10 Other	r (specify)		• • • • • • • • • • • • • • • • • • • •		
SCREEN-P	ERFORATED	INTERVA	LS:												
				From		f	t. to		ft.	From		. ft. to		^{ft.} =	
GR	AVEL PACK II	NTERVAL	S:	From	52	f	t. to	65	ft.	From		ft. to		ft.	
				From		f	t. to		ft.	From		ft. to		ft.	
6 GROUT	MATERIAL:	1 Ne	eat cem	ent	2 Cer	ment gro	ut	3 Ben	tonite	4 Other	Bentonite	e Pellets			
Grout Interv	als From	52	ft. te	0	48	ft. From		3 ft.	o 20) ft.	From 2	O ft to	1.5	ft.	
What is the	nearest sourc	e of possit	ble cont	amination	u.			"		stock pens		Abandone		'-	
1	ptic tank	o o possii		Lateral I		7	Pit privy			l storage		Oil well/ Ga			
1							Sewage			ilizer storage		Other (spe			
	atertight sewer			Seepage			Feedyard	•		cticide stora		Other (spe	City Delow)		
Direction fro	-	11103	Ü	ocepage	e pit	3	Gedyard	1							
FROM	TO	CODE		1 17	THOLOGI	CLOG		FROM	How man	y leet?	PLUCCIN	IG INTERVA	ALS.		
0	11		Sand		, brown			111011	10		LUGUIN	U III LINV			
11	43.5				brown,			 	1						
43.5	53.5				gray b		fine	1							
53.5	65						-coarse	1	1	†					
				, 3											
														$\neg \neg$	
				J					1	1					
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				,											
														\neg	
· "														\neg	
								-	1	 					
								1							
7 CONTR	ACTOR'S OR	LANDOW	NER'S	CERTIFI	CATION:	This wa	ter well was	(1) constru	ted (2) rec	constructed (or (3) plugged	under my iu	risdiction and	was	
														- 1	
Completed	on (mo/day/yr)				. 120100	21		and th	is record is	true to the b	est of my kno	wiedge and	Deliet. Kans	as	
1	Contractor's L		· · <u>-</u>			31					completed on		9/14/(10	
	usiness name						es Inc.	by	(signature	1/200	of tin	serry			
Jackso	RUCTIONS:. Ple on St., Ste. 420,	rase iii in bi Topeka, Ka	iatiks an ansas 66	ia circle th 612-1367	e correct a '. Telephor	inswers. 3 ne: 913-2	send three d 296-5545. S	opies to Kans end one to W	as Departmo ATER WELL	ent of Health? OWNER and	ano ⊵nvironme I retain one for	nt, Bureau of your records.	vvater, 1000 S	, ,,	