



CHECK-OUT SHEET

Water Supply Well or Stream Protection Well



COOPERATOR INFORMATION

First Name

Last name

County

Tract - Field

Contract Number

WELL/PUMP INSTALLATION CHECK-OUT

Well Site Coordinates (decimal degrees):

LAT

LONG

Please check each box to confirm that the following items were field-verified and that the water well/pump installation has been installed at the planned location, properly tagged with ID plate(s) as required by NC Well Construction Standards (15A NCAC 02C).

- Copy of Well Construction Record (GW-1 or applicable county form)
- Well driller found on NC Certified Well Contractor list:
<http://www.wellcontractors.nc.gov/web/eh/find-contractor>
- Copy of state and/or any required county permit, if applicable N/A
- Adequate wellhead protection measures installed
- Berm and/or diversion completed (if required) N/A
- Covering over well head and pressure tank adequate to prevent freezing
- Plumbing connected to a suitable pressure tank (if applicable) N/A
- Wiring from pressure switch to pump completed (if applicable) N/A
- Casing is a minimum of 1 foot above the ground surface
- A method for distributing the water from the well is available

WELL CONTRACTOR IDENTIFICATION PLATE INFORMATION

Drilling Contractor's name:

Drilling Contractor's certification number:

Certification Expiration:

Total depth of well:

Casing depth:

Inside diameter of casing:

Yield (GPM)

Screened Intervals
(if applicable)

Gravel/Sand Pack
(if applicable)

Static Water Level:

Date Level Measured:

Outer diameter of casing (If available):

Date well was completed:

State Permit Number (if applicable)

PUMP INSTALLER IDENTIFICATION PLATE INFORMATION

Pump Installation Contractor's name:

Pump Installation Contractor's certification number:

Date pump was installed:

Depth of pump intake:

Pump horsepower:

TECHNICAL REPRESENTATIVE

Name

Agency

Signature

Date

*Please upload this form, GW-1 and receipts into CS2 prior to submitting a request for payment.