

Well for Livestock Watering Site Evaluation Sheet

Landowners Name _____

Program _____

Contact Number _____

Wells may be sited by a North Carolina licensed well driller, well permitting agency representative and/or other qualified persons. **For all cost shared wells** – The site **MUST** be concurred with / approved by a NRCS or District representative having proper job approval authority. The following criteria shall be observed by the individual making the well site recommendation:

- 1) Minimum distances from sources of contamination [the greater of NRCS Standard 642 or N.C. State Law] – Enter actual distance or N/A if distance is greater than 1000 feet. Note: Some county reg.s are more restrictive, you must use the most restrictive rule which applies to your well.

	Actual Distance
a. 500 Feet	
i. Sanitary landfills	_____
b. 300 Feet	
i. Waste disposal lagoon or holding pond	_____
c. 150 Feet	
i. Pit silo	_____
d. 100 Feet	
i. Septic tank and disposal field	_____
ii. Permanent Livestock feeding area (conc. pads or HUAP, etc.)	_____
iii. Livestock Barn	_____
iv. Manure pile	_____
v. Waste irrigation sites	_____
vi. Fertilize, pesticide or other chemical storage areas	_____
vii. Non-hazardous / Inert Debris landfills (stump dumps)	_____
viii. Gravity sewer line or transfer station (non-water tight)	_____
ix. Regulated fuel or chemical storage tanks (without secondary containment)	_____
e. 50 Feet	
i. Regulated fuel or chemical storage tanks (with secondary containment)	_____
ii. Gravity sewer line or transfer station (water tight)	_____
iii. Heating fuel storage tanks – above and below ground	_____
iv. Ponds, lakes, reservoirs	_____
v. Other possible sources of contamination (i.e. Livestock watering tank, equipment wash areas, etc.)	_____
f. 25 Feet	
i. Streams, Creeks, Rivers, etc.	_____
ii. Building foundations	_____

- 2) If possible, wells shall be located in ground that is higher in elevation than any source of contamination.
- 3) Wells shall NOT be located in an area generally flooded or where surface flow of any volume should be expected. Areas to be avoided include – concave slope, alluvial or colluvial soils, gullies, depressions and drainage ways.
- 4) Surface runoff that might reach the well from any area used by livestock shall be diverted away from the well head.
- 5) Areas with overhead and/or underground utilities should be avoided.
- 6) Wells must be readily accessible for maintenance and repair.

All wells (constructed after 7/1/08) must be permitted, inspected and sampled by the county health department.

NRCS/District Representative _____

Date _____

Well for Livestock Watering Check-out Sheet

Landowners Name

Program

Contact Number

Two copies of this check list should be provided to the landowner prior to well construction. One copy may be retained by the landowner and one copy should be supplied to the well driller. The official copy of the check list (to be filed with the conservation plan) shall be completed by a NRCS or District person have proper job approval authority.

- Copy of County Health Department approval (note mark X if county does not yet inspect wells)
- 2' x 2' x 4" concrete pad around casing – sloped to provide drainage away from casing
- Plumbing connected to a suitable pressure tank
- Wiring from pressure switch to pump completed
- Covering over well head and pressure tank adequate to prevent freezing
- Berm and/or diversion completed (if required)
- Copy of Well Construction Record (GW-1 or applicable county form)
- Well driller found on NC Certified Well Contractor list (list can be found at the following URL)

<http://www.newelldriller.org/FindaCertifiedWellContractor.htm>

Well Contractor Identification Plate Information

Drilling Contractor' name / certification number _____ / _____

Total depth of well _____

Casing depth / Inside diameter of casing _____ / _____

Screened intervals of screened wells _____

Packing intervals of gravel or sand packed wells _____

Yield (in gpm) or Specific capacity (in gals/ft of draw down) _____

Static water level / Date measured _____ / _____

Date well was completed _____

Pump Installer Identification Plate Information

Pump Installation Contractor' name / certification number _____ / _____

Date pump was installed _____

Depth of pump intake _____

Pump horsepower _____

NRCS/District Representative

Date