

WELL CONSTRUCTION RECORD (GW-1)

719-603-0106

For Internal Use Only:

1. Well Contractor Information:

James D. Stephenson Sr.

Well Contractor Name

2423-A

NC Well Contractor Certification Number

Stephenson's Well Drilling, Inc.

Company Name

2. Well Construction Permit #:

1976

List all applicable well construction permits (i.e. UIC, County, State, Variance, 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: 3-29-17 Well ID#

5a. Well Location:

Traditions Builders, LLC

Facility/Owner Name

Facility ID# (if applicable)

Montgomery Dr., Montgomery Place Sub

Physical Address, City, and Zip

Granville

Lot #1

County

Parcel Identification No. (PIN)

5b. Latitude and longitude in degrees/minutes/seconds or decimal degrees:
(if well field, one lat/long is sufficient)

36° 06.468' N 78° 33.006' W

6. Is (are) the well(s) ☒ Permanent or ☐ Temporary7. 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. For Geoprobe/DPT or Closed-Loop Geothermal Wells having the same construction, only 1 GW-1 is needed. Indicate TOTAL NUMBER of wells drilled: 1

9. Total well depth below land surface: 345 (ft.)

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

10. Static water level below top of casing: 25 (ft.)

If water level is above casing, use "+"

11. Borehole diameter: 6 (in.)

12. Well construction method: Air Rotary

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

FOR WATER SUPPLY WELLS ONLY:

13a. Yield (gpm): 6 Method of test: Gauge

13b. Disinfection type: HTH Amount: 126

14. WATER ZONES

FROM	TO	DESCRIPTION
160 ft.	160 ft.	2-9 AM
310 ft.	310 ft.	4-9 PM

15. OUTER CASING (for multi-cased wells) OR LINER (if applicable)

FROM	TO	DIAMETER	THICKNESS	MATERIAL
0 ft.	96 ft.	6" in.	50R21	PVC

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

FROM	TO	DIAMETER	THICKNESS	MATERIAL
N/A ft.	ft.	in.		
ft.	ft.	in.		

17. SCREEN

FROM	TO	DIAMETER	SLOT SIZE	THICKNESS	MATERIAL
N/A ft.	ft.	in.			
ft.	ft.	in.			

18. GROUT

FROM	TO	MATERIAL	EMPLACEMENT METHOD & AMOUNT
0 ft.	20 ft.	Bentonite	Pour - 10 bags
ft.	ft.		
ft.	ft.		

19. SAND/GRAVEL PACK (if applicable)

FROM	TO	MATERIAL	EMPLACEMENT METHOD
N/A ft.	ft.		
ft.	ft.		

20. DRILLING LOG (attach additional sheets if necessary)

FROM	TO	DESCRIPTION (color, hardness, soil/rock type, grain size, etc.)
0 ft.	1 ft.	Top Soil
1 ft.	25 ft.	Red Soil
25 ft.	345 ft.	Rock
ft.	ft.	
ft.	ft.	
ft.	ft.	
ft.	ft.	

21. REMARKS

22. Certification:

James D. Stephenson Sr. 3-29-17

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: In addition to sending the form to the address in 24a above, also submit one 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

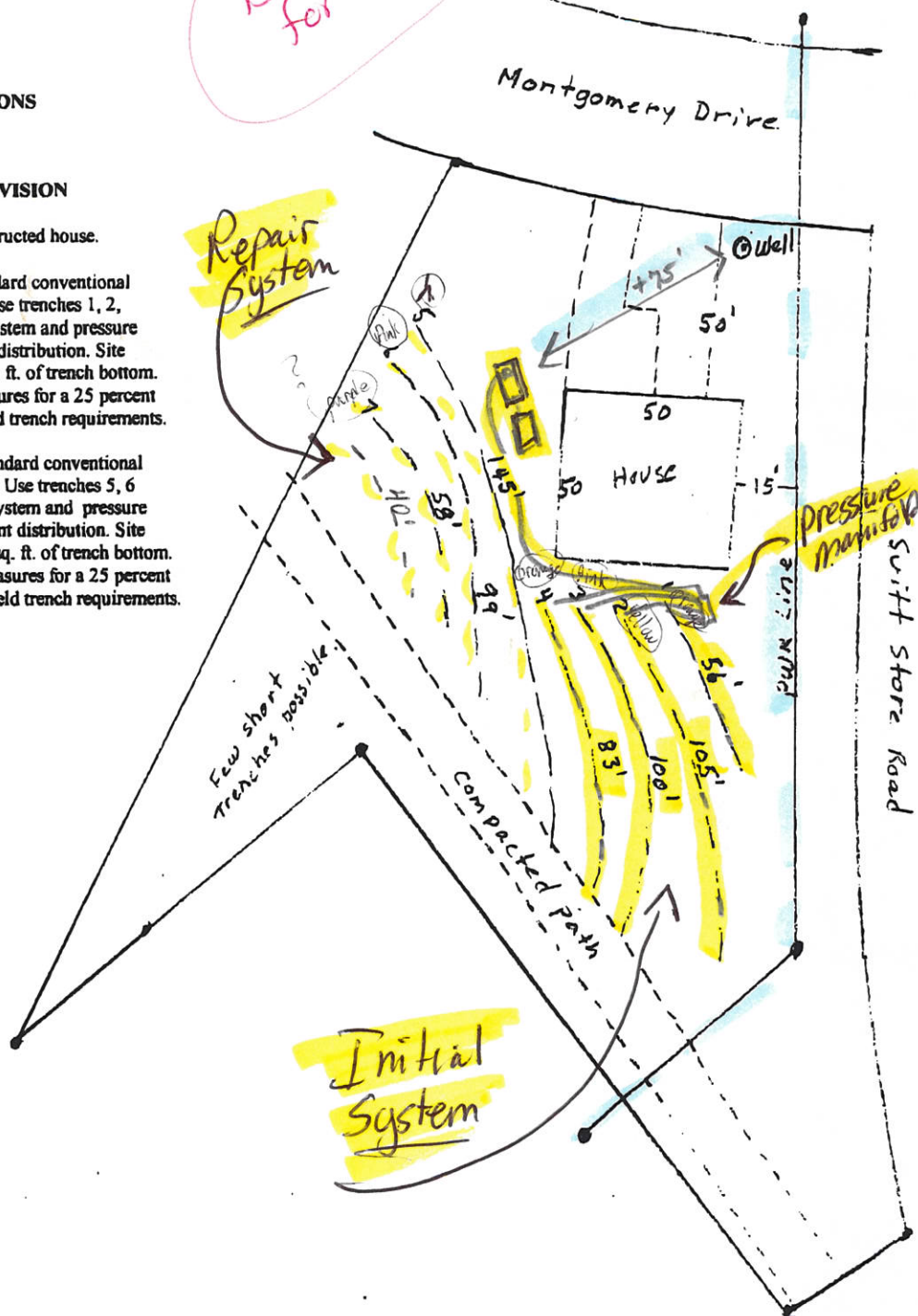
24c. For Water Supply & Injection Wells: In addition to sending the form to the address(es) above, also submit one copy of this form within 30 days of completion of well construction to the county health department of the county where constructed.

DRAINFIELD SPECIFICATIONS**LOT 1****MONTGOMERY PLACE SUBDIVISION**

Dwelling - Three bedroom constructed house.

Initial System - 344 linear ft. of standard conventional drainfield trenches. Use trenches 1, 2, 3 & 4 with a pump system and pressure manifold for effluent distribution. Site LTAR = 0.30 gal./sq. ft. of trench bottom. Use proprietary measures for a 25 percent reduction in drainfield trench requirements.

Repair System - 302 linear ft. of standard conventional drainfield trenches. Use trenches 5, 6 & 7 with a pump system and pressure manifold for effluent distribution. Site LTAR = 0.30 gal./sq. ft. of trench bottom. Use proprietary measures for a 25 percent reduction in drainfield trench requirements.



Project: Montgomery place

Client: Tarheel Land Co.

CAD File:

Scale: 1" = 50'

Date: 7/7/07

Daniel J. Bliley
Soils and Land Use Consultant

614 South Second Street - Smithfield NC 27577

Phone/Fax: (919) 934-8610 - Email: dbliley@earthlink.net

Granville - Vance District Health Department

Environmental Health

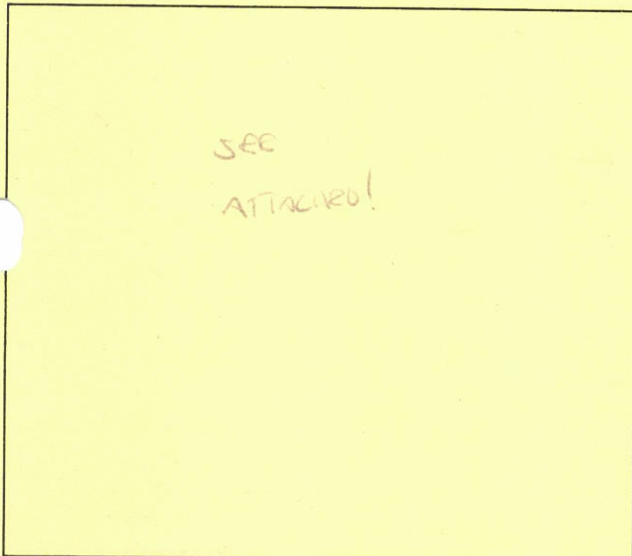
Well Construction Permit

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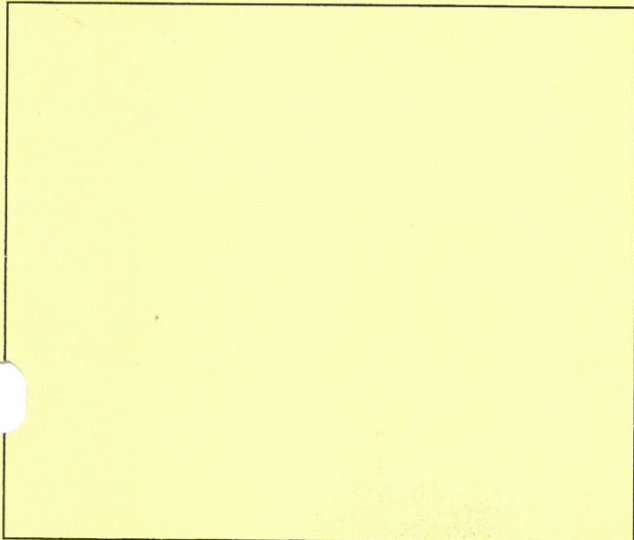
Owner/Applicant: Steven HayesDate: 10/27/16Address or Location of Property: MONTGOMERY DRIVESubdivision & Lot #: MONTGOMERY PLATS #1Septic Permit #: 06459Zoning Permit #: 15348Environmental Health Specialist: William Bulluck

This well permit is to locate and site the area that a private groundwater well may be established on the property listed above by the Environmental Health Specialists of Granville County. If one does not locate the well in the approved area and complete the well as specified by the 15A NCAC .02C rules, then permits may be revoked. At completion of drilling of the well, grout must be witnessed by EHS and a well log turned into Environmental Health.

Minimum Setbacks: (these are the main setbacks, but not all required setbacks)

Setback from property lines – 10 ftSetback from septic tank and drain field, including repair area – 100 ftSetback from structural foundations – 25 ftSetback from ponds, lakes or other bodies of water – 50 ft**Site Sketch:****Conditions:** MINIMUM SETBACKS!**Authorized Agent:** William BulluckDate: 10/26/16**# 1 Well Grout: (Circle or write in)**Witnessed: Yes or No EHS Agent: William BulluckDate: 3-29-17 Annular Space Open: Yes or NoOver reamed: Yes or No Depth Grouted: 2 ftMethod: Pump ☒ Poured ☐ Pressure

Well Log received: Yes or No (EHS to Attach to Permit)

Driller Name: SETHENSON Cert. # Depth: 34.5 Casing Depth: 40 GPM: 6**As Built Drawing:****# 2 Well Final: (Place a check mark when finalized)**Seal Present and Intact: ☒ Air Vent: ☒Hose Spigot: ☒ Electrical Box: ☒Pump Installer Tag: ☒ Well Installer Tag: ☒All holes sealed: ☒ 12" above grade: ☒**Comments:** **# 3 Well Completion Permit:** William Bulluck EHSDate Completed: 2/15/18**# 4 Water Samples Taken:** Date: 2/15/18EHS: WTS Results: Retest: Results: