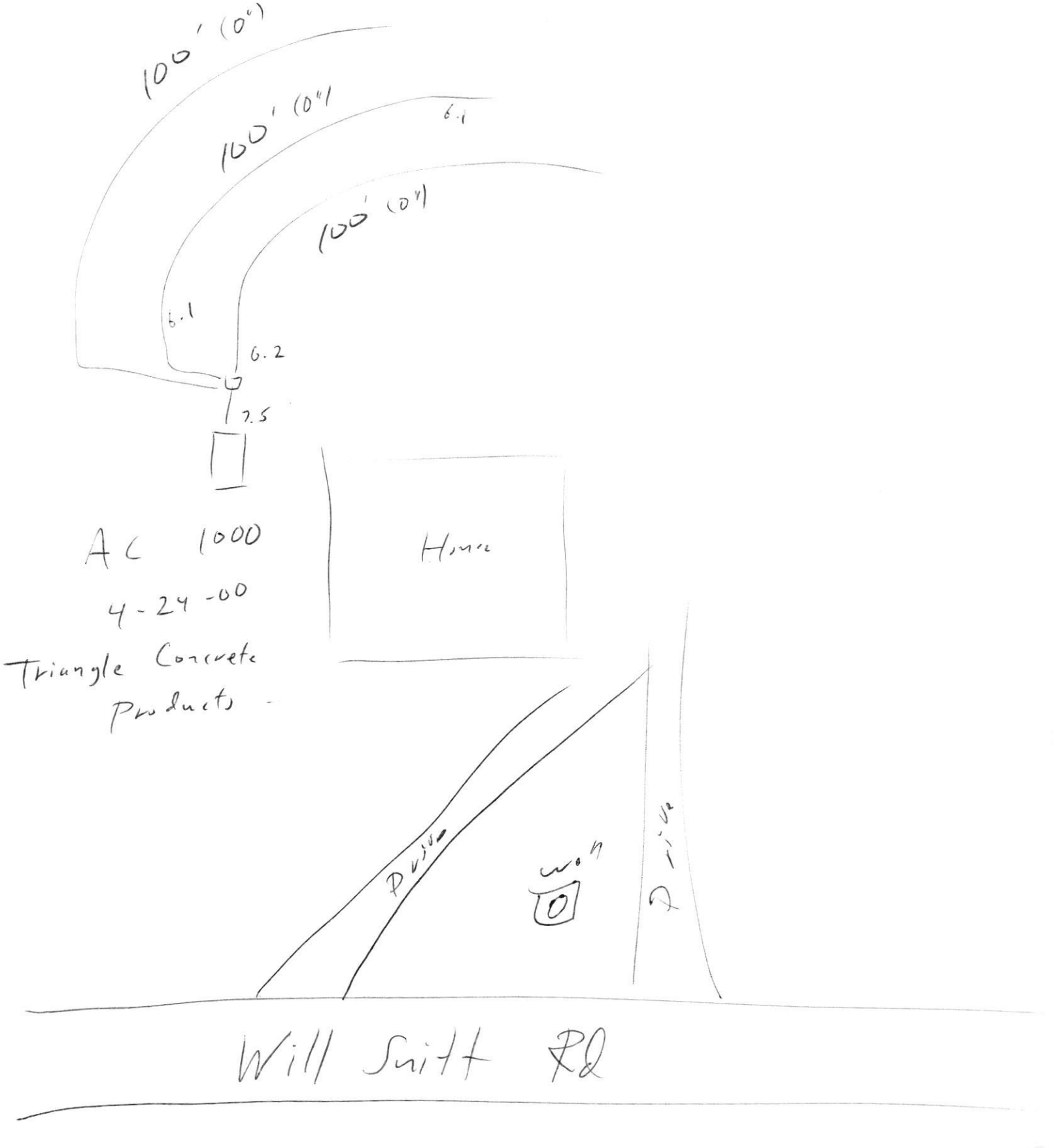
100' (0")
100' (0")
6.1
100' (0")
6.1
6.2
7.5
AC 1000
4-24-00
Triangle Concrete
Products
Home
Will Smith Rd

SEWAGE DISPOSAL SYSTEM INSTALLATION REVIEW

OWNER John Thompson PERMIT NUMBER 2061

DATE 5-4-00 CONTRACTOR Leonard O' Briant

WEATHER CONDITIONS Sunny Hot SOIL WETNESS CONDITIONS Moist

SEPTIC AND PUMP TANK INSPECTION

		INITIAL	DATE
SEPTIC TANK			
MANUFACTURER	Triangle Concrete Products	MCG	5-4-00
DATE OF MANUFACTURE	4-24-00		
STAMP	yes		
CAPACITY	1000		
TEE	yes		
BAFFLE	yes		
SEALANT	yes		
	Air Gap yes, Filter, yes Riser yes		
PUMP TANK			
MANUFACTURER			
DATE OF MANUFACTURE			
STAMP			
CAPACITY			
SEALANT			
MANHOLE			
DRAW DOWN TEST			

MECHANICAL INSPECTION

PUMP			
MANUFACTURER AND MODEL NUMBER			
CONTROL PANEL			
ALARM			
ELECTRICAL CONNECTION			

NITRIFICATION DISTRIBUTION AND DRAINFIELD INSPECTION

		INITIAL	DATE
DISTRIBUTION BOX			
LEVEL	yes	MCG	5-4-00
EQUAL DISTRIBUTION	yes		
OTHER			
DISTRIBUTION MANIFOLD			
PIPE SIZE			
GATE VALVES			
OTHER			
OTHER DISTRIBUTION			
TYPE			

NITRIFICATION LINES	LINE 1	LINE 2	LINE 3	INITIAL	DATE
TRENCH WIDTH	3'	3'	3'	MCG	5-4-00
TRENCH LENGTH	100'	100'	100'		
TRENCH GRADE	0%	0%	0%		
STONE DEPTH	12"	12"	12"		

COMMENTS:

GVDHD/92

Large Layout on Back 2:00 P.M. 11:30 A.M. Thursday May 4th

PERMIT NUMBER 2061

File

GRANVILLE - VANCE DISTRICT HEALTH DEPARTMENT
IMPROVEMENT AND OPERATION PERMITS

COUNTY: Granville	TAX NO. 08740 1452167	TYPE OF ESTABLISHMENT		
	SR NO. 1726	RESIDENCE ✓ BUSINESS — OTHER —	NUMBER OF BEDROOMS: 3	NUMBER OF OCCUPANTS:
OWNER: John Thompson				
APPLICANT: John Thompson		WATER SUPPLY		
APPLICANT'S ADDRESS: 3207 Rado Drive Durham, NC 27703		PUBLIC —	WELL ✓	OTHER —
PROPERTY ADDRESS/LOCATION: Will Suitt Rd.		TYPE OF WASTEWATER SYSTEM		
		DESCRIPTION	INITIAL INSTALLATION ✓	REPAIR
SUBDIVISION:		DESIGN FLOW:	360 gal/day	
LOT NUMBER:		LTAR:	.4	
REFERENCE SKETCH (SEE PLAT FOR DETAILS) See sketch on back Dig trenches 18"-24" deep level on contour. Stay at least 5' from house, 10' from property line & 100' from any well. Do not install or call for inspection in rain		ABSORPTION AREA:	900 sq. ft.	
		TRENCH WIDTH:	3'	
		TRENCH SPACING:	9' on contour	
		TOTAL TRENCH LENGTH:	300 ft	
		NUMBER OF TRENCHES:	3	
		GRAVEL DEPTH:	12"	
		TANK SIZE:	1000 gal	
		CONDITIONS:		

*THIS PERMIT SHALL BE ACCOMPANIED BY A LAYOUT SHOWN ON A PLAT, INCLUDING SYSTEM REQUIREMENTS.

*THE IMPROVEMENTS PERMIT MUST BE ATTACHED TO A CONSTRUCTION AUTHORIZATION BEFORE OBTAINING BUILDING PERMIT OR OTHER CONSTRUCTION PERMITS AND BEFORE A WASTEWATER SYSTEM IS INSTALLED.

*THIS IMPROVEMENT PERMIT IS SUBJECT TO REVOCATION IF THE INTENDED USE CHANGE FROM THOSE SHOWN ON THE IMPROVEMENT PERMIT. CHANGES SHALL REQUIRE HEALTH DEPARTMENT APPROVAL.

IMPROVEMENT PERMIT

FOR: John Thompson — DATE: 8-12-99

ISSUED BY: M-E Yount R.S.

OPERATION PERMIT

SYSTEM INSTALLED BY: Leonard O'Briant — DATE: 5-4-00

ISSUED BY: M.E. Yount

WELL CONSTRUCTION RECORD (GW-1)

For Internal Use Only:

1. Well Contractor Information:

Felton Jacobs
Well Contractor Name

2765-A
NC Well Contractor Certification Number

Up Front
Company Name

2. Well Construction Permit #: 3822113
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	☐Wells > 100,000 GPD
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: 4-15-23 **Well ID#** _____

5a. Well Location:

Rebecca Davis
Facility/Owner Name

Facility ID# (if applicable)

1115 Will Smith Rd
Physical Address, City, and Zip

Granville
County

Parcel Identification No. (PIN)

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

_____ N _____ W

6. Is(are) the well(s): ☑**Permanent** or ☐**Temporary**

7. 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: _____

9. Total well depth below land surface: 304 (ft.)
For multiple wells list all depths if different (example- 3@200' and 2@100')

10. Static water level below top of casing: 20 (ft.)
If water level is above casing, use "+"

11. Borehole diameter: 6 (in.)

12. Well construction method: Rotary
(i.e. auger, rotary, cable, direct push, etc.)

FOR WATER SUPPLY WELLS ONLY:

13a. Yield (gpm) 10 **Method of test:** Blow

13b. Disinfection type: HTH **Amount:** 1lb

14. WATER ZONES

FROM	TO	DESCRIPTION
ft.	260 ft.	10 Gpm
ft.	ft.	

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

FROM	TO	DIAMETER	THICKNESS	MATERIAL
1 ft.	60 ft.	6 in.	188	Galv

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

FROM	TO	DIAMETER	THICKNESS	MATERIAL
ft.	ft.	in.		
ft.	ft.	in.		

17. SCREEN

FROM	TO	DIAMETER	SLOT SIZE	THICKNESS	MATERIAL
ft.	ft.	in.			
ft.	ft.	in.			

18. GROUT

FROM	TO	MATERIAL	EMPLACEMENT METHOD & AMOUNT
0 ft.	20 ft.	Hole plug	poured
ft.	ft.		
ft.	ft.		

19. SAND/GRAVEL PACK (if applicable)

FROM	TO	MATERIAL	EMPLACEMENT METHOD
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.	3 ft.	Top Soil
3 ft.	20 ft.	clay
20 ft.	50 ft.	sand
50 ft.	285 ft.	Granite
ft.	ft.	
ft.	ft.	
ft.	ft.	

21. REMARKS

Steel Harden Drive Shoe

22. Certification:

Felton Jacobs 4-15-23
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 construction info (add 'See Over' in Remarks Box). You may also attach additional pages if necessary.

24. SUBMITTAL INSTRUCTIONS

Submit this GW-1 within 30 days of well completion per the following:

24a. For All Wells: Original form to Division of Water Resources (DWR), Information Processing Unit, 1617 MSC, Raleigh, NC 27699-1617

24b. For Injection Wells: Copy to DWR, Underground Injection Control (IUC) Program, 1636 MSC, Raleigh, NC 27699-1636

24c. For Water Supply and Open-Loop Geothermal Return Wells: Copy to the county environmental health department of the county where installed

24d. For Water Wells producing over 100,000 GPD: Copy to DWR, CCPCUA Permit Program, 1611 MSC, Raleigh, NC 27699-1611