RESIDENTIAL WELL CONSTRUCTION RECORD

North Carolina Department of Environment and Natural Resources – Division of Water Quality

WELL CONTRACTOR CERTIFICATION # 3104

1. WELL CONTRACTOR:
Van Elliott
Well Contractor (Individual) Name
SOUTHERN WELL DRILLING
Well Contractor Company Name
STREET ADDRESS 1530 Beaver Dam Road
Creedmoor NC 27522
City or Town State Zip Code
(919) 603-7165
Area code- Phone number

2. WELL INFORMATION:
SITE WELL ID #(if applicable) 919
STATE WELL PERMIT#(if applicable)
DWQ or OTHER PERMIT #(if applicable)
WELL USE (Check Applicable Box): Residential Water Supply ☐
DATE DRILLED 1-29-13
TIME COMPLETED AM ☐ PM ☐

3. WELL LOCATION:
CITY: Tonyasville COUNTY Granville
New Forest Lot 122
(Street Name, Numbers, Community, Subdivision, Lot No., Parcel, Zip Code)
TOPOGRAPHIC / LAND SETTING:
☐ Slope ☐ Valley ☒ Flat ☐ Ridge ☐ Other
(check appropriate box)
LATITUDE 3
LONGITUDE
May be in degrees, minutes, seconds or in a decimal format
Latitude/longitude source: ☐ GPS ☐ Topographic map
(location of well must be shown on a USGS topo map and attached to this form if not using GPS)

4. WELL OWNER
OWNER'S NAME Chadmoor Homes
STREET ADDRESS
City or Town State Zip Code
( ) -
Area code - Phone number

5. WELL DETAILS:
a. TOTAL DEPTH: 500
b. DOES WELL REPLACE EXISTING WELL? YES ☐ NO ☒
c. WATER LEVEL Below Top of Casing: 30 FT.
(Use "+" if Above Top of Casing)
d. TOP OF CASING IS + 1 FT. Above Land Surface*
*Top of casing terminated at/or below land surface may require a variance in accordance with 15A NCAC 2C .0118.
e. YIELD (gpm): 4 METHOD OF TEST Air

f. DISINFECTION: Type Amount
g. WATER ZONES (depth):
From 460 To 480 From To
From To From To
From To From To

6. CASING:

	Depth		Diameter	Thickness/ Weight	Material
From 1	To 110	Ft.	6		PVC
From	To	Ft.			
From	To	Ft.			

7. GROUT:

	Depth		Material	Method
From 0	To 20	Ft.	Portland	Poured
From	To	Ft.		
From	To	Ft.		

8. SCREEN:

	Depth		Diameter	Slot Size	Material
From	To	Ft.	in.	in.	
From	To	Ft.	in.	in.	
From	To	Ft.	in.	in.	

9. SAND/GRAVEL PACK:

	Depth		Size	Material
From	To	Ft.		
From	To	Ft.		
From	To	Ft.		

10. DRILLING LOG

From	To	Formation Description

11. REMARKS:

I DO HEREBY CERTIFY THAT THIS WELL WAS CONSTRUCTED IN ACCORDANCE WITH 15A NCAC 2C, WELL CONSTRUCTION STANDARDS, AND THAT A COPY OF THIS RECORD HAS BEEN PROVIDED TO THE WELL OWNER.

Van Elliott
SIGNATURE OF CERTIFIED WELL CONTRACTOR DATE

Nathaniel Burt
PRINTED NAME OF PERSON CONSTRUCTING THE WELL

Submit the original to the Division of Water Quality within 30 days. Attn: Information Mgt., 1617 Mail Service Center – Raleigh, NC 27699-1617 Phone No. (919) 733-7015 ext 568.

Form GW-1a
Rev. 7/05

Granville County Health Department
Environmental Health

Pin 1825005236 93 Permit Number 7311

✓ Improvement Permit ✓ Construction Authorization

Site Sketch

Chadmor Homes
Applicants Name

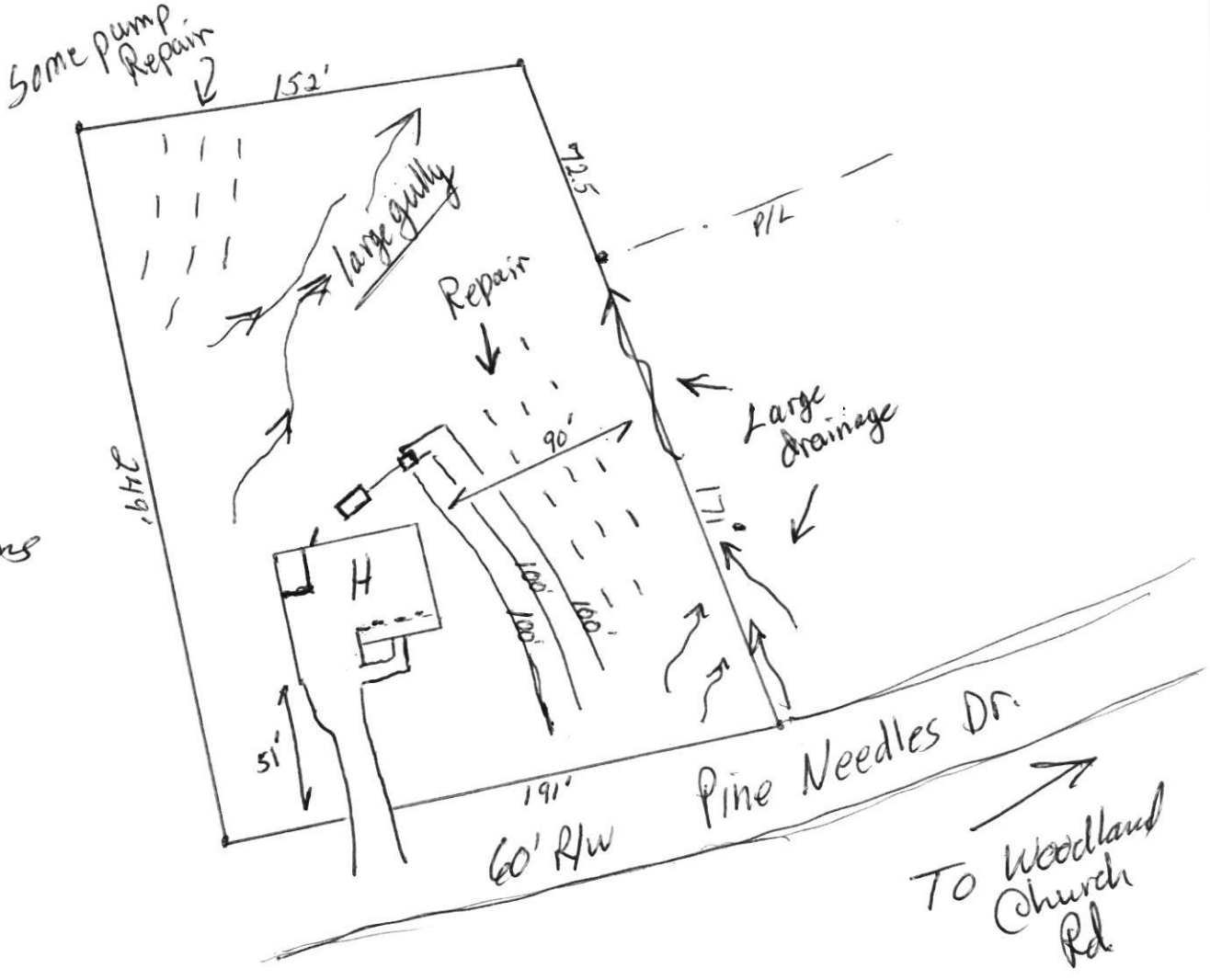
New Forest Ph 4A 122
Subdivision – Section – Lot

David Cauble
Authorized State Agent

9-17-12
Date

System components represent approximate contours only. The contractor must flag the system prior to beginning the installation to insure that proper grade is maintained.

Scale 1" = 60'



Call 693-2688 w/ questions

PERMIT NUMBER 07311

GRANVILLE-VANCE DISTRICT HEALTH DEPARTMENT
IMPROVEMENT AND OPERATION PERMITS

Zoning # 17561

COUNTY: Granville

TAX NO. 1875005236 93

SR. NO.

OWNER: Chadmar Homes Inc

APPLICANT'S ADDRESS: P.O. Box 98685 Raleigh 27624

PROPERTY ADDRESS/LOCATION: Pine Needles Dr.

SUBDIVISION: New Forest Phase 4A

LOT NUMBER: 122

REFERENCE SKETCH (SEE PLAT FOR DETAILS)

- Installer to establish contour
- stay away from gullies
- install in dry conditions
- gutters + foundation drain should be diverted

TYPE OF ESTABLISHMENTS

RESIDENCE ✓
BUSINESS —
OTHER —

NUMBER OF BEDROOMS: 3

NUMBER OF OCCUPANTS: 6 max

WATER SUPPLY: WELL ✓ PUBLIC —

OTHER —

	INITIAL INSTALLATION	REPAIR (Pump)
TYPE OF WASTEWATER SYSTEM	Type III a	Type III b
DESIGN FLOW:	360 gpd	
LTAR:	.3 gpd	
ABSORPTION AREA:	1200 ft²	
TRENCH WIDTH:	3'	
TRENCH DEPTH:	20"	
TRENCH SPACING:	9' O.C.	
TOTAL TRENCH LENGTH:	300'	
NUMBER OF TRENCHES:	3	
GRAVEL DEPTH:	Accepted Status	N/A Low
TANK SIZE:	1000 gal	
PUMP TANK SIZE:	N/A	
DISTRIBUTION DEVICE:	Distribution Box	

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

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

PERMIT VALID FOR: 5 YEARS
YES (✓) NO

NO EXPIRATION
YES NO (✓)

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IMPROVEMENT PERMIT DATE: 9-18-2012

FOR: Chadmar Homes

ISSUED BY: Dan Cumbee

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CONSTRUCTION AUTHORIZATION FOR IMPROVEMENT PERMIT# 7311

Unless otherwise indicated, the same conditions above apply regarding system type, layout, location and installation requirements.
(The wastewater system cannot be installed until authorization is signed)

Comments: Call 693-2655 w/ questions

Date: 9-18-12 Environmental Health Specialist: Dan Cumbee

Construction Authorization Addendum ❑ Yes ❑ No

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OPERATION PERMIT DATE: 11-21-12

SYSTEM INSTALLED BY: True Work

ISSUED BY: Dan Cumbee

PERFORMANCE, MONITORING, MAINTENANCE AND OPERATION AS REQUIRED BY RULE .1961

Granville - Vance District Health Department

Environmental Health

Well Construction Permit

00919

Owner/Applicant: Chadmor Homes Inc. Date: 9-18-12

Address or Location of Property: Pine Needles Dr.

Subdivision & Lot #: New Forest Phase 4A Lot 22 Septic Permit #: 7311

Zoning Permit #: 17561 Environmental Health Specialist: David Rumbee

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)

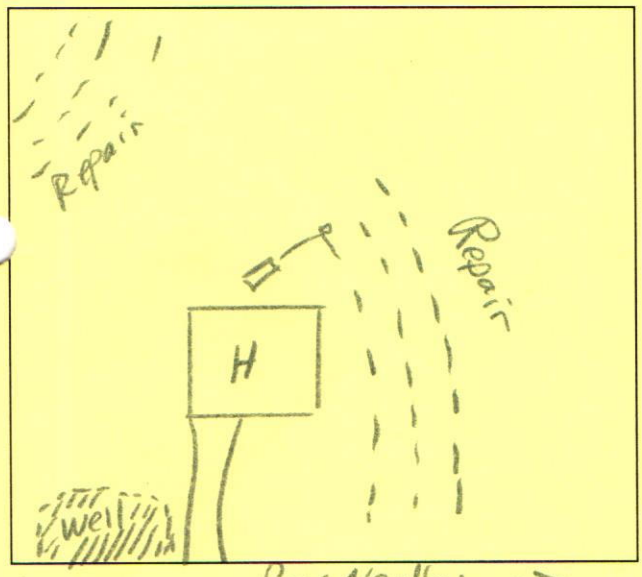
Setback from property lines – 10 ft

Setback from septic tank and drain field, including repair area – 100 ft

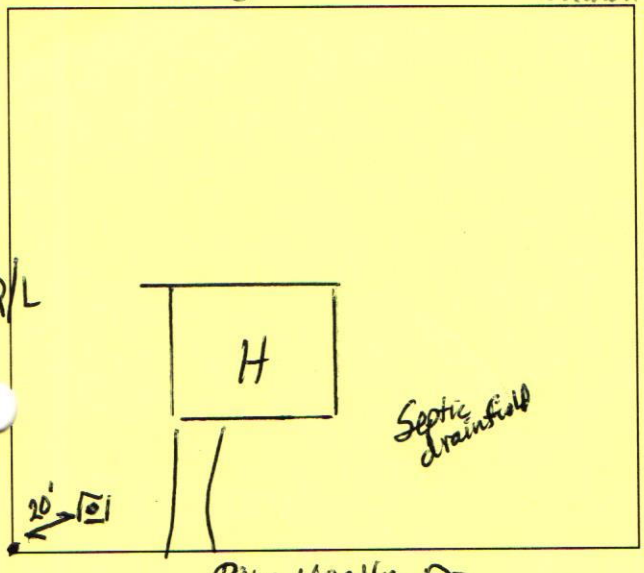
Setback from structural foundations – 25 ft

Setback from ponds, lakes or other bodies of water – 50 ft

Site Sketch:



As Built Drawing:



Conditions: Call 693-2688

Authorized Agent: David Rumbee

Date: 9-18-2012

 # 1 Well Grout: (Circle or write in)

Witnessed: Yes or No EHS Agent: David Rumbee

Date: 2-1-13 Annular Space Open: Yes or No

Over reamed: Yes or No Depth Grouted: +20'

Method: ____ Pump X Poured ____ Pressure

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

Driller Name: Southern Well Cert. # ____

Depth: ____ Casing Depth: ____ GPM: 4

Bentonite

 # 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: David Rumbee ~~EHS~~

Date Completed: 3-27-13

 # 4 Water Samples Taken: Date: 3-27-13

EHS: OC **Results:** ____

Retest: ____ **Results:** ____