Franklin County

*File #: 443265 - 2
PIN #:
Tax Lot #: 133
Tax Block #: 051025

WELL CONSTRUCTION RECORD

Owner:

,

Directions
195 Purslane Dr

Drilling Contractor: So Well Drilling
Driller Registration: 3104
Date Drilled: 10/02/2025
Use of Well: SINGLE FAMILY

Total Depth: 380 Ft.
Static Water Level: 20 Ft.
Replacement Well: NO
Yield: 10 gpm

Water Zone: 1) Ft. 2) Ft.
3) Ft. 4) Ft.

Disinfection Type: GRANULAR Amount:

WELL HEAD CONSTRUCTION

Location: 195 Purslane Dr
Franklinton NC, 27525
Latitude:
Longitude:

Enclosure	☐ Yes	☐ No	☒ N/A
Enclosure Floor	☐ Yes	☐ No	☒ N/A
Access Port	☒ Yes	☐ No	☐ N/A
Vent:	☒ Yes	☐ No	☐ N/A
Sample Tap	☒ Yes	☐ No	☐ N/A
Back Flow	☒ Yes	☐ No	☐ N/A
Tee (jet)	☐ Yes	☐ No	☒ N/A
Suction Line	☐ Yes	☐ No	☐ N/A
Temporary	☐ Yes	☐ No	☒ N/A
Well ID Plate	☒ Yes	☐ No	☐ N/A
Pump ID Plate	☒ Yes	☐ No	☐ N/A

EHS: Jones, Lori

Issue Date: 11/25/2025

Casing: Depth: Ft. Thickness: In. Comments:
Diameter: In. Top of Casing: In.
Material: PVC SCH 40

Grout:

	Depth			Material	Method
From	0	To	Ft.	N/A	N/A
From	0	To	Ft.	N/A	N/A

*** Liner Date:** From 0 To Ft.

Grout:

	Depth			Material	Method
From	0	To	Ft.	N/A	N/A

Issued by: Jones, Lori
Date of Issue: 11/25/2025

This well was constructed, repaired or abandoned in compliance with the well permit and in accordance with 15 A NCAC 02C .0100, .0300. The well owner shall not place potential sources of groundwater contamination closer to the well than the separation distances specified in 15A NCAC 02C .0100, .0300.

Franklin County
NORTH CAROLINA
A Research Triangle Region Community

File# 443265 PIN# _____
Lot 133
Property Address: 195 Purslane Dr

Applicant Or Owner Name: Jake Curtis

Environmental Health Septic/Well Permit Diagram

Building permits cannot be issued nor should construction begin without Construction Authorization issuance.

✓ Septic Improvement Permit ✓ Septic Construction Authorization (CA) ○ CA Reissue** ✓ As Built
✓ Well Construction Authorization ○ Additional Diagram/Specifications Attached

Diagram Date:** 1-7-2025 **EHS:** [signature]

****Any previously dated CA diagram is revoked and/or invalid. Confirm this is the valid diagram for the site before beginning any construction.**

Installation inspections may be scheduled the day before or the day of installation by 9am. Contact the Environmental Health office at 919 496-8100. A revisit fee may apply if installation is not ready for inspection at the time requested. SEPTIC OPERATIONS PERMITS will be issued after installation is approved, all permit conditions are met, and any outstanding fees are paid. WELL CERTIFICATE OF COMPLETION will be issued after well head approval, all permit conditions are met, and any outstanding fees are paid.

Septic Tank 1000 Pump Tank maybe 1000 Drain field 3'x300' Type System Accepter Max trench depth 24"

Septic Contractor Phillip Blackley Septic/Pump tank dates mills 1000 858 PUMP FEE PAID _____

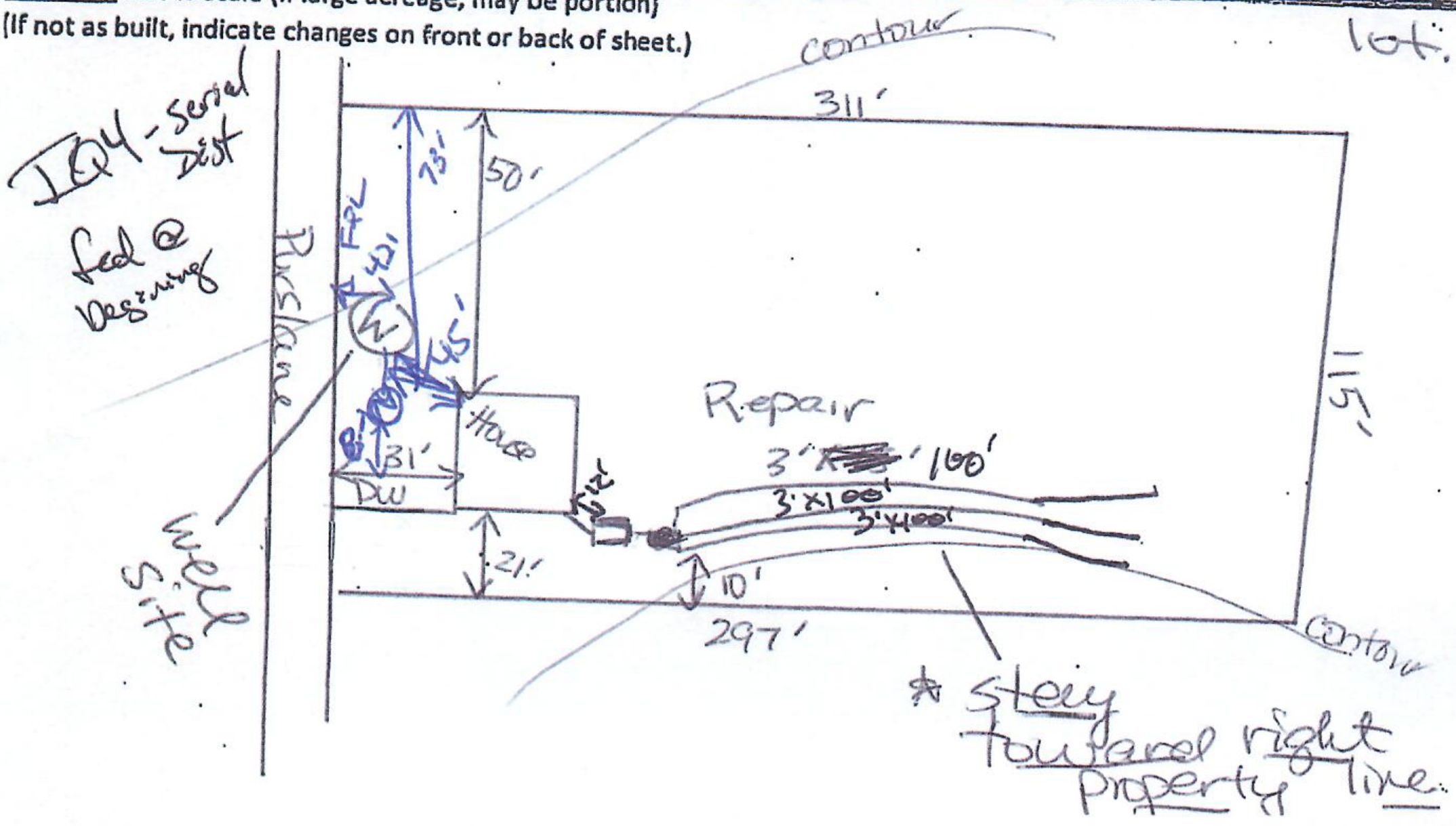
Well Contractor So Well Well Head Date: 11-25-25 PUMP FINAL: _____ N/A (CIRCLE)

Bedrooms: 3 Acreage: _____

If Repair: na Parcel ID: 051025

* House BOX NOT marked on lot.

*Drawing not to scale (if large acreage, may be portion)
(If not as built, indicate changes on front or back of sheet.)



WELL CONSTRUCTION RECORD (GW-1)

1. Well Contractor Information:

Van Elliot

Well Contractor Name

3104

NC Well Contractor Certification Number

Southern Well Drilling LLC

Company Name

2. Well Construction Permit #: 443265

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: 10-2-25 **Well ID#** _____

5a. Well Location:

Jake Curtis — Emerson Homes

Facility/Owner Name — Facility ID# (if applicable)

195 Purslane Dr.

Physical Address, City, and Zip

Franklin

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: 380 **(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: Air

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

FOR WATER SUPPLY WELLS ONLY:

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

13b. Disinfection type: HTH **Amount:** _____

For Internal Use Only:

14. WATER ZONES

FROM	TO	DESCRIPTION
320 ft.	ft.	
360 ft.	ft.	

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

FROM	TO	DIAMETER	THICKNESS	MATERIAL
+1 ft.	-120 ft.	6 in.		PVC

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

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

21. REMARKS

22. Certification:

_____ 10-22-25

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.