



*File #: 458944 - 2

PIN #:

Tax Lot #:

Tax Block #: 008075

WELL CONSTRUCTION RECORD

Owner: Leroy Goldsmith
718 Franklin St

Coatesville, PA 19320

Directions

20 Aggie Way

Drilling Contractor: Clearwater Drilling

Driller Registration: 4420A

Date Drilled: 11/14/2025

Use of Well: SINGLE FAMILY

Total Depth: 205 Ft.

Static Water Level: 60 Ft.

Replacement Well: NO

Yield: 20 gpm

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

Disinfection Type: GRANULAR Amount:

WELL HEAD CONSTRUCTION

Location: 20 Aggie Way
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: 04/02/2026

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: 04/02/2026

This well was constructed, repaired or abandoned in compliance with the well permit and in accordance with 15A 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.



File # 458944 PIN# _____

Property Address: 20 Assie Way

Applicant or Owner Name: Brad Haverman

Well Joe Guckavan

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**: 9/2/25 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.

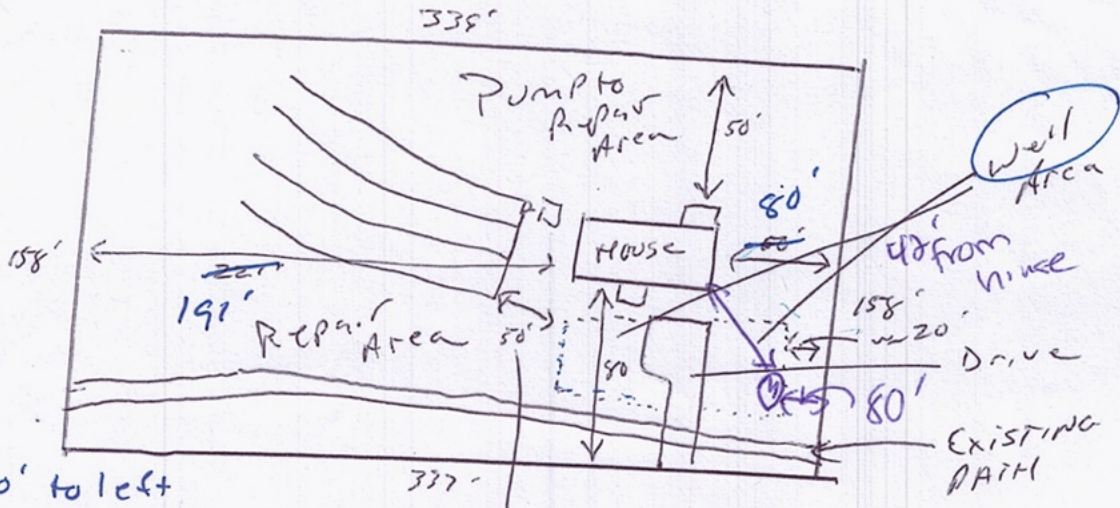
Installation/grouting inspections may be scheduled the day before, or, the day of installation until 9am by contacting the Environmental Health office at 919 496 8100. A revisit fee may apply if installation is not ready for inspection at the time requested. Septic Operations Permits will be issued after installation is approved, all permits 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 — Drainfield 3x350' Type System A Max Trench Depth 30"

Septic Contractor _____ Septic/Pump tank dates _____ Pump Fee Paid _____

Well Contractor Clearwater Well Head Date: 4-2-26 Pump Final: _____ N/A (circle)

350' Accepted drainline 30" max trench depth
Grout: 11-14-25 1 bags
no 2nd port/bib



moved house 30' to left
included well permit
/10/25 JTRW

50' minimum setback between well/septic

Joe Guckavan

Print Form

WELL CONSTRUCTION RECORD (GW-1)

1. Well Contractor Information:

CODY ELLIOTT

Well Contractor Name

4420-A

NC Well Contractor Certification Number

CLEAR WATER DRILLING LLC

Company Name

458 944

2. Well Construction Permit #:

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: 11-14-25

Well ID#

5a. Well Location:

Leroy Goldsmith

Facility/Owner Name

Facility ID# (if applicable)

20 Aggie Way Franklinton, NC

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: 1

9. Total well depth below land surface: 205 (ft.)
For multiple wells list all depths if different (example: 3@200' and 2@100')

10. Static water level below top of casing: 60 (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) 20 Method of test: Air

13b. Disinfection type: HTH Amount: 1/2 lb

For Internal Use Only:

14. WATER ZONES

FROM	TO	DESCRIPTION
165 ft.	ft.	20 gpm
ft.	ft.	

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

FROM	TO	DIAMETER	THICKNESS	MATERIAL
+ 1 ft.	-24 ft.	6 in.	.210	PVC

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.	Bentonite	8 bags 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.	5 ft.	Soil
5 ft.	25 ft.	Rock
25 ft.	205 ft.	Rock
ft.	ft.	
ft.	ft.	
ft.	ft.	
ft.	ft.	

21. REMARKS

22. Certification:

Signature of Certified Well Contractor

Date

11-14-25

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.