

Granville - Vance District Health Department

00460

Environmental Health

Well Construction Permit

Owner/Applicant: Roger & Tiffany Moss Date: 9/15/11
Address or Location of Property: 2118 Nutbush Road 0600 02002

Subdivision & Lot #: _____ Septic Permit #: _____
Zoning Permit #: NA Environmental Health Specialist: _____

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:

Conditions: Abandon dry well.
Keep new well out of
road right-of-way.
call 492-5263, if there are questions.

Authorized Agent: Suzanne Knott
Date: 9/15/11

1 Well Grout: (Circle or write in)

Witnessed: Yes or No Yes EHS Agent: MDS
Date: 9-22-11 Annular Space Open: Yes or No
Over reamed: Yes or No Depth Grouted: _____
Method: _____ Pump _____ Poured _____ Pressure
Well Log received: Yes or No Yes (EHS to Attach to Permit)
Driller Name: Kevin Hensley Cert. # 2459
Depth: 210' Casing Depth: 53' GPM: 7

2 Well Final: (Place a check mark when finalized)

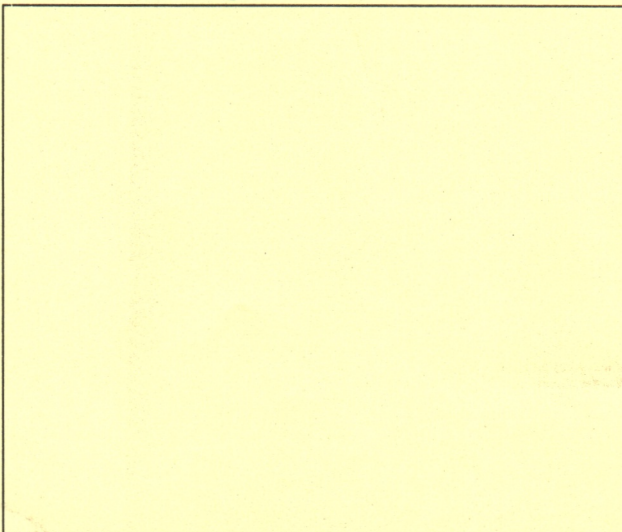
Seal Present and Intact: / Air Vent: /
Hose Spigot: / Electrical Box: /
Pump Installer Tag: / Well Installer Tag: /
All holes sealed: / 12" above grade: /

Comments: _____

3 Well Completion Permit: SKnott EHS
Date Completed: 10/5/11

4 Water Samples Taken: Date: 10/5/11
EHS: SKnott Results: _____
Retest: _____ Results: _____

Follow
Attached
Site
Sketch

As Built Drawing:

Granville-Vance Dist. Health Department
Environmental Health

Pin _____

____ Improvement Permit

well Permit Number 460
____ Construction Authorization

SITE SKETCH

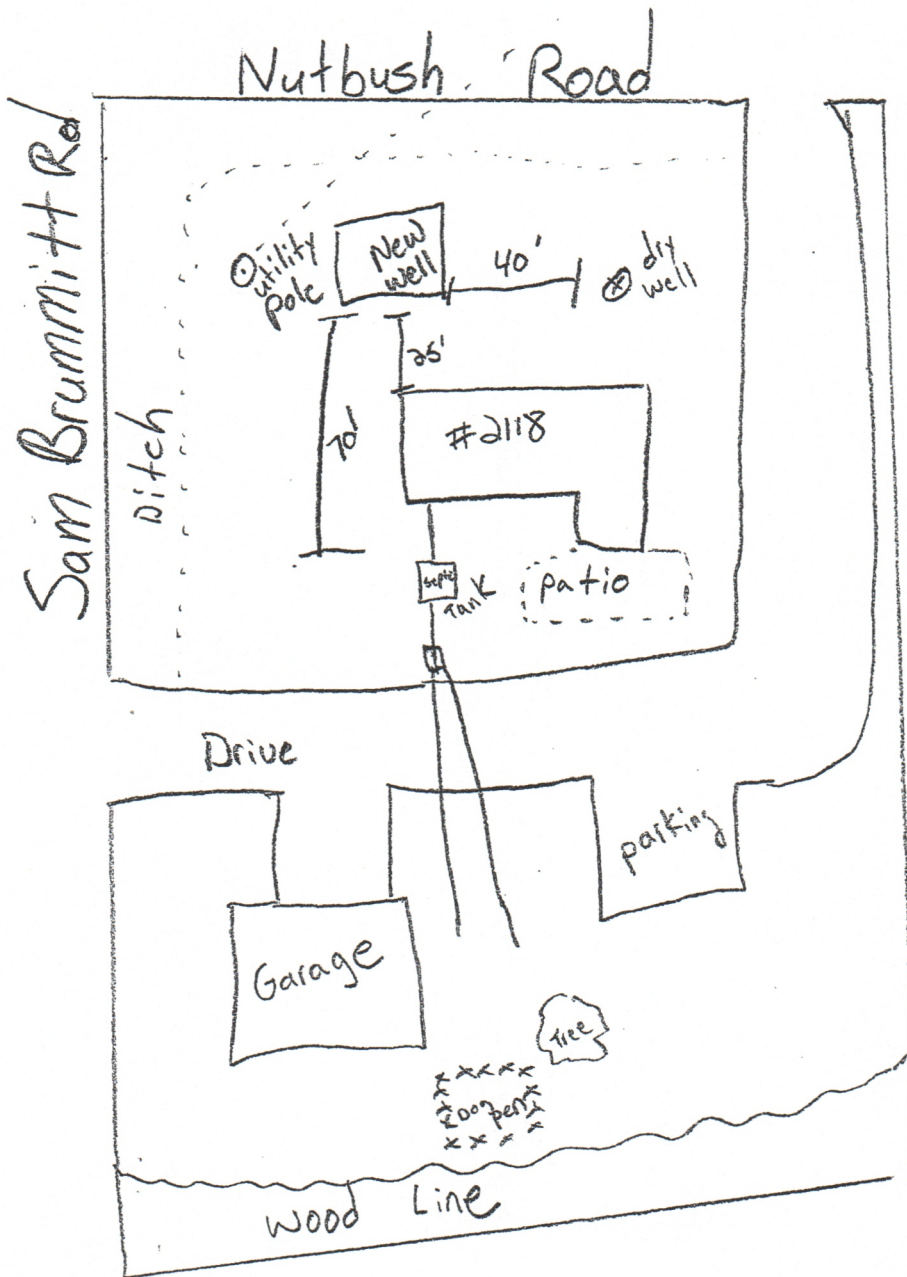
Roger & Tiffany Moss
Applicants Name

Sybil Knott
Authorized State Agent

Subdivision - Section - Lot

9/15/11

Date



* Abandon dry well *

* do not *
drill well in 60'
road right-of-way



RESIDENTIAL WELL CONSTRUCTION RECORD

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

WELL CONTRACTOR CERTIFICATION # 2459

1. WELL CONTRACTOR:-

Kevin N. Hensley
Well Contractor (Individual) Name
Hensley's Well Drilling
Well Contractor Company Name
11865 HWY 15
Street Address
Clarksville, VA 23927
City or Town
State
Zip Code
(434) 374-5212
Area code Phone number

2. WELL INFORMATION:

WELL CONSTRUCTION PERMIT# 460
OTHER ASSOCIATED PERMIT#(if applicable) _____
SITE WELL ID #(if applicable) _____

3. WELL USE (Check Applicable Box): Residential Water Supply ☒

DATE DRILLED 9-22-11
TIME COMPLETED 4:30 AM ☐ PM ☒

4. WELL LOCATION:

CITY: 2118 Henderson COUNTY Vance
2118 Nutbush Rd., Henderson, NC 27537
 (Street Name, Numbers, Community, Subdivision, Lot No., Parcel, Zip Code)

TOPOGRAPHIC / LAND SETTING: (check appropriate box)

☐ Slope ☐ Valley ☒ Flat ☐ Ridge ☐ Other

LATITUDE 36 40.768 " DMS OR 3x.xxxxxxxxxx DD

LONGITUDE 78 38.498 " DMS OR 7x.xxxxxxxx DD

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)

5. WELL OWNER

Roger and Tiffany Moss
Owner Name
2118 Notbush Rd.,
Street Address
Henderson, N.C. 27537
City or Town State Zip Code
(252) 572-2244
Area code Phone number

8. WELL DETAILS:

a. TOTAL DEPTH: 210'

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): 7 METHOD OF TEST Rig

f. DISINFECTION: Type hypochlorite Amount 600

g. **WATER ZONES** (depth):

Top 185 Bottom 190 Top _____ Bottom _____
 Top _____ Bottom _____ Top _____ Bottom _____
 Top _____ Bottom _____ Top _____ Bottom _____

7. CASING: Depth

Top 14 Bottom 52 Ft. 6 1/4" Weight .0210 Material PVC
Top _____ Bottom _____ Ft. _____ Weight _____ Material _____
Top _____ Bottom _____ Ft. _____ Weight _____ Material _____

8. GROUT: Depth

Top <u>0</u>	Bottom <u>3</u>	Ft. <u>Cement</u>	<u>pumped</u>
Top <u>3</u>	Bottom <u>20</u>	Ft. <u> Bentonite</u>	<u>pumped</u>
Top _____	Bottom _____	Ft. _____	_____

9. SCREEN: Depth

Top N/A Bottom _____ Ft. _____ in. _____ in. _____
 Top _____ Bottom _____ Ft. _____ in. _____ in. _____
 Top _____ Bottom _____ Ft. _____ in. _____ in. _____

10. SAND/GRAVEL PACK:

N/A		Depth	Size	Material
Top	Bottom	Ft.		
Top	Bottom	Ft.		
Top	Bottom	Ft.		

11. DRILLING LOG

[illegible]

12. 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.

SIGNATURE OF CERTIFIED WELL CONTRACTOR 10-4-11
DATE
PRINTED NAME OF PERSON CONSTRUCTING THE WELL
Kevin W. Hensley

**Submit within 30 days of completion to: Division of Water Quality - Information Processing,
1617 Mail Service Center, Raleigh, NC 27699-161, Phone : (919) 807-8300**



North Carolina State Laboratory Public Health
Environmental Sciences
Microbiology
Certificate of Analysis

P.O. Box 28047
306 N. Wilmington St.
Raleigh, NC 27611-8047
<http://slph.ncpublichealth.com>
Phone: 919-733-7834
Fax: 919-733-8695

Report To:

VANCE CO ENVIRONMENTAL HEALTH

125 CHARLES ROLLINS RD
HENDERSON, NC 27536
EIN:561060453E

Name of System:

ROGER & TIFFANY MOSS

2118 NUTBUSH ROAD

StarLiMS Sample ID: **ES100611-0131001**



Collected: 10/05/2011 14:25

Received: 10/06/2011 09:36

Suzanne Knott

Angela Heybroek

ES Microbiology ID: **31039**

GPS Number:

Sample Source: **New Well**

Sampling Point: **Well head**

Well Permit Number:

460

Sample Description:

Comment:

Environmental Microbiology - Colilert Profile

Method: SM 9223B

Test Name: Colilert

Analyte	Test Result	Analyst	Date
Total Coliform, Colilert	Absent	Darneice Lyons	10/07/2011
<i>E. coli</i> , Colilert	Absent	Darneice Lyons	10/07/2011

RECEIVED

OCT 11 2011

Report Date: 10/07/2011

Reported By: **Susan Beasley**

VANCE CO. HEALTH DEPT

Susan Beasley

Explanations of Coliform Analysis:

If coliform bacteria are **Absent**, the water is considered safe for drinking purpose. If coliform bacteria are **Present**, the water is considered unsafe for drinking purpose. Presence of *E. coli* (bacteria) generally indicates that the water has been contaminated with fecal material. It must be remembered that a water analysis refers only to the sample received and should not be regarded as a complete report on the water supply.



North Carolina State Laboratory of Public Health
Environmental Sciences
Inorganic Chemistry
Certificate of Analysis

P.O. Box 28047
306 N. Wilmington St.
Raleigh, NC 27611-8047
<http://slph.ncpublichealth.com>
Phone: 919-733-7834
Fax: 919-733-8695

Report To: SUZANNE KNOTT

Name of System:

VANCE CO ENVIRONMENTAL HEALTH

ROGER & TIFFANY MOSS

125 CHARLES ROLLINS RD
HENDERSON, NC 27536
EIN: 561060453E

2118 NUTBUSH ROAD

StarLiMS ID: ES100611-0081001

Date Collected: 10/05/11

Time Collected: 2:25 PM

Date Received: 10/06/11

Collected By: Suzanne Knott

Sample Type:
Sample Source: New Well

Sampling Point: Well head
Temp. at Receipt: 6.0

Well Permit #: 460
GPS #:

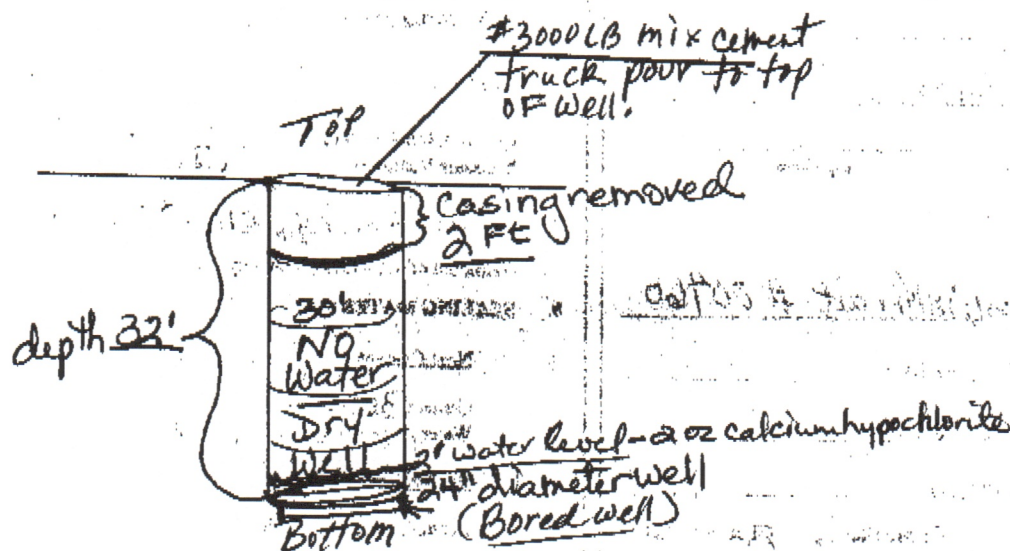
Sample Description:
Comment:

New Well I (Profile)

Analyte	Result	Allowable Limit	Unit	Qualifier(s)
Arsenic	< 0.005	0.010	mg/L	
Barium	0.1	2.00	mg/L	
Cadmium	< 0.001	0.005	mg/L	
Calcium	43		mg/L	
Chloride	17.00	250	mg/L	
Chromium	< 0.01	0.10	mg/L	
Copper	< 0.05	1.3	mg/L	
Fluoride	< 0.20	2.00	mg/L	
Iron	< 0.10	0.30	mg/L	
Lead	< 0.005	0.015	mg/L	
Magnesium	10		mg/L	
Manganese	0.18	0.05	mg/L	
Mercury	< 0.0005	0.002	mg/L	
Nitrate	< 1.00	10.00	mg/L	
Nitrite	< 0.10	1.00	mg/L	
pH	7.7		N/A	
Selenium	< 0.005	0.05	mg/L	
Silver	< 0.05	0.10	mg/L	
Sodium	21.00		mg/L	
Sulfate	6.10	250	mg/L	
Total Alkalinity	180		mg/L	
Total Hardness	150		mg/L	
Zinc	< 0.05	5.00	mg/L	

Report Date: 10/21/2011

Reported By: Debbie Moncol



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Handwritten notes and stamps in the bottom right section of the page, including a rectangular stamp with the word 'PERCE' visible.



WELL ABANDONMENT RECORD

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

WELL CONTRACTOR CERTIFICATION

1. WELL CONTRACTOR:

Adam R. Hensley
Well Contractor (Individual) Name
Hensley's Well Drilling
Well Contractor Company Name
STREET ADDRESS 11865 Hwy 15
Clarksville, VA 23927
City or Town State Zip Code
(434) 374-5212
Area code - Phone number

2. WELL INFORMATION:

SITE WELL ID # (if applicable) Well Permit # 00460
STATE WELL PERMIT # (if applicable) _____
COUNTY WELL PERMIT # (if applicable) _____
DWQ or OTHER PERMIT # (if applicable) _____
WELL USE (Check applicable use): ☐ Monitoring ☒ Residential
☐ Municipal/Public ☐ Industrial/Commercial ☐ Agricultural
☐ Recovery ☐ Injection ☐ Irrigation
☐ Other (list use) _____

3. WELL LOCATION:

COUNTY Vance QUADRANGLE NAME _____
NEAREST TOWN: Henderson
2118 Nutbush Rd.
(Street/Road Name, Number, Community, Subdivision, Lot No., Parcel, Zip Code)

TOPOGRAPHIC / LAND SETTING:

☐ Slope ☐ Valley ☒ Flat ☐ Ridge ☐ Other _____

(Check appropriate setting)

LATITUDE 36.40.770

LONGITUDE 78.38.492

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.)

4a. FACILITY- The name of the business where the well is located. Complete 4a and 4b.
(If a residential well, skip 4a; complete 4b, well owner information only.)

FACILITY ID # (if applicable) _____

NAME OF FACILITY _____

STREET ADDRESS 2118 Nutbush Rd.
Henderson, NC 27537
City or Town State Zip Code

4b. CONTACT PERSON/WELL OWNER:

NAME Roger & Tiffany Moss

STREET ADDRESS 2118 Nutbush Rd.
Henderson, NC 27537

5. WELL DETAILS:

a. Total Depth: 32 ft. Diameter: 24 in.
b. Water Level (Below Measuring Point): 30 ft.
Measuring point is 0 ft. above land surface.

6. CASING:

a. Casing Depth (if known): 32 ft. 24 in.
b. Casing Removed: 3 ft. 24 in.

7. DISINFECTION: hypochlorite 202.

(Amount of 65%-75% calcium hypochlorite used)

8. SEALING MATERIAL:

Neat Cement

Cement 3000 lb.
Water pre-mix gal.

Sand Cement

Cement _____ lb.
Water _____ gal.

Bentonite

Bentonite _____ lb.
Type: ☐ Slurry ☐ Pellets
Water _____ gal.

Other

Type material _____

Amount _____

9. EXPLAIN METHOD OF EMPLACEMENT OF MATERIAL:

poured by cement truck

10. WELL DIAGRAM: Draw a detailed sketch of the well on the back of this form showing total depth, depth and diameter of screens (if any) remaining in the well, gravel interval, intervals of casing perforations, and depths and types of fill materials used.

11. DATE WELL ABANDONED 10/03/2011

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

Adam R. Hensley
SIGNATURE OF CERTIFIED WELL CONTRACTOR

10/04/11
DATE

SIGNATURE OF PRIVATE WELL OWNER ABANDONING THE WELL DATE
(The private well owner must be an individual who personally abandons his/her residential well in accordance with 15A NCAC 2C .0113.)

Adam R. Hensley
PRINTED NAME OF PERSON ABANDONING THE WELL