

WELL CONSTRUCTION RECORD (GW-1)**1. Well Contractor Information:**Blake Sanford

Well Contractor Name

44586

NC Well Contractor Certification Number

Water Wizards Inc.

Company Name

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: 3-22-19 Well ID# _____**5a. Well Location:**Cathy Hines

Facility/Owner Name

Facility ID# (if applicable)

1006 Canterbury Court Youngville NC

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)36.061784 N -76.563300 W6. Is(are) the well(s) ☒ Permanent or ☐ Temporary7. 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: 19. Total well depth below land surface: 200 (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 1/4 (in.)12. Well construction method: Rotary
(i.e. auger, rotary, cable, direct push, etc.)**FOR WATER SUPPLY WELLS ONLY:**13a. Yield (gpm) 20 Method of test: pump13b. Disinfection type: H+H Amount: 6 ounces

For Internal Use Only:

14. WATER ZONES

FROM	TO	DESCRIPTION
94 ft.	112 ft.	20gpm
ft.	ft.	

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

FROM	TO	DIAMETER	THICKNESS	MATERIAL
0 ft.	80 ft.	4 in.	50R26	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.	80 ft.	neat	Poured 300lb 50lb benite clay
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. REMARKSInstalled liner to stop Leaking casing**22. Certification:**Blake Sanford

Signature of Certified Well Contractor

3-22-19

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.

GRANVILLE VANCE

public health

HEALTH DEPARTMENT RELEASE

Granville County Health Department
Environmental Health Section
Environmental Health
Oxford, NC 27565
Phone: (252) 492-5263 Fax: (252) 492-2361

For Office Use Only

*CDP File Number:
337880

County ID Number:
182400910580

Evaluated For:
EXISTING

Permit Valid Until:

Applicant: Daves Home Improvement
Address: 110 Saddlevue Ln
City: Franklinton
State/Zip: NC / 27525
Phone #:

Property Owner: Catherine Hines
Address: 1006 Canterbury Ct
City: Youngsville
State/Zip: NC / 27596
Phone #:

Property Location & Site Information

Address: 1006 Canterbury Ct Subdivision: Merriweather Phase: Lot: 5
Road#: Youngsville NC 27596 Township:
*Structure: OTHER
of Bedrooms: # of People: Directions:
*Water Supply: EXISTING WELL Type of business: 12x12 Deck
Basement: ☐ Yes ☒ No Total sq. Footage: No. Of Employees:

*Proposed Improvement: 12x12 Deck

*Release Conditions: All setbacks met at time of inspection.

This release in no way expresses or implies that the existing subsurface sewage treatment and disposal system serving the site will continue to function for any period of time.

Applicant/Legal Reps. Signature Required? ☐ Yes ☒ No

Applicant/Legal Reps. Signature: Date:

*Issued By: Currin, Adam *Date of Issue: 02/03/2021

Authorized State Agent: Adam Currin, REHS

Site Plan/Drawing attached.

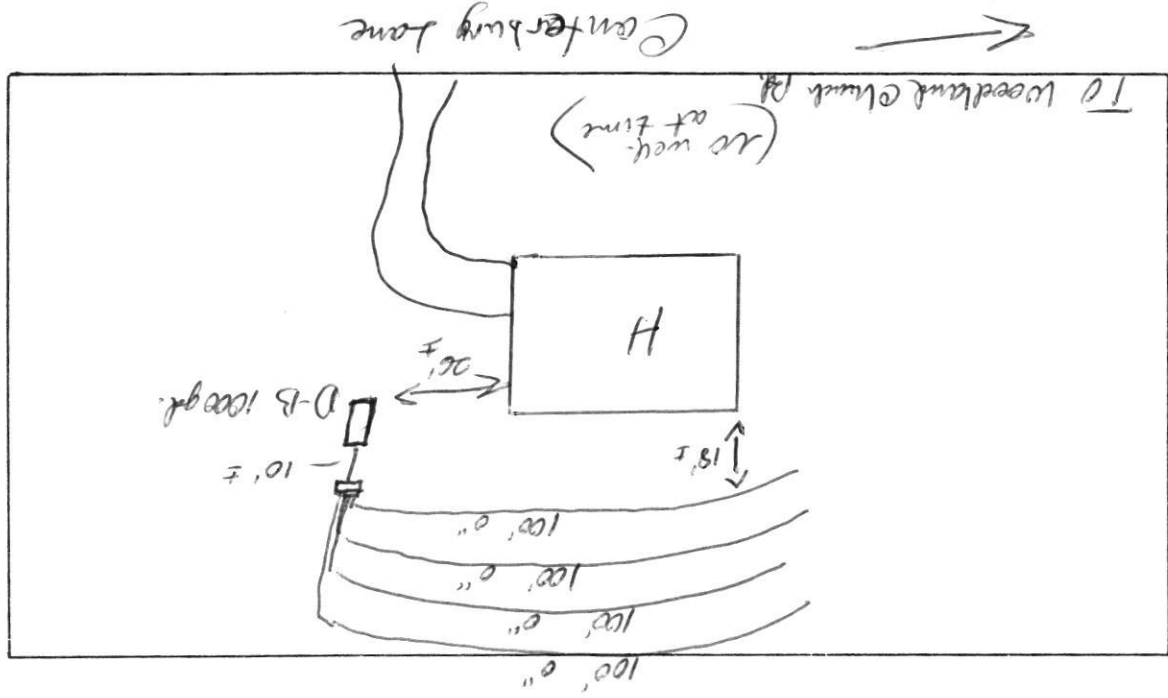
☐ Hand Drawing ☐ Import Drawing

Activity Code: -

Total Time: (HH:MM)

Hours Minutes

(NOTE: Make sketch of installation showing location of house, septic tanks, privies, water supplies on adjacent property, etc. Write in measurements in order that installations may be located at later date.



GRANVILLE-VANCE HEALTH DEPARTMENT—Sewage Disposal Record

Owner or Contractor Mike McVally Date 2-6-06 S.R. No. 1714
 Location/Address Canterbury Court
 Subdivision/Mobile Home Park Name Merrivether Lot Size _____
 Permit No. # 05429 Lot No. 5

New System ☒ Repair _____
 House ☒ Mobile Home _____ Business _____
 No. Bedrooms 4 No. People _____ No. Toilets _____
 Water Supply: Private ☒ Approved _____
 Semi-Public _____ Unapproved _____
 Public _____ None _____

Nitrification System:

Tank Size 1000 gal gal.
 Distribution Box yes No. Lines 4
 Nitrification Field 1600 → 1200 Sq. Ft.
 Lines: 1 2 3 4 5 6
 Width 3' 3' 3' 3' _____
 Length 100' 100' 100' 100' _____
 Grade 0" 0" 0" 0" _____
 Stone Depth E-Z Flow _____

Layout to be followed by installer:

** Sketch on back*

Improvements Permit By M.E. Yount Installer Truewaks
 Certificate of Completion By David Cumber Date of Inspection 3-23-07

* Construction must comply with all other applicable state and local regulations, but the permit is not a guarantee that the system will not malfunction and the Granville-Vance Health District will not be held responsible for a malfunctioning system.