Franklin County

*File #: 392974 - 2
PIN #:
Tax Lot #: 40
Tax Block #: 047264

WELL CONSTRUCTION RECORD

Owner: FIDELIS CONSTRUCTION INC.
115 EGRET CT

LOUISBURG, NC 27549

Directions
245 WHITSLERS

Drilling Contractor: Upfront
Driller Registration: 2765A
Date Drilled: 06/14/2023
Use of Well: SINGLE FAMILY

Total Depth: 304 Ft.
Static Water Level: 20 Ft.
Replacement Well: NO
Yield: 2 gpm

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

Disinfection Type: GRANULAR Amount:

WELL HEAD CONSTRUCTION

Location:
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: 01/18/2024

Casing: Depth: Ft. Thickness: In. Comments:
Diameter: In. Top of Casing: In.
Material: GALVANIZED STEEL

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: 01/18/2024

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.

WELL CONSTRUCTION RECORD (GW-1)

For Internal Use Only:

1. Well Contractor Information:

Felton Jacobs
Well Contractor Name

2765-A
NC Well Contractor Certification Number

UpFront
Company Name

2. Well Construction Permit #: 392474
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	☐Wells > 100,000 GPD
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: 6-14-23 **Well ID#**

5a. Well Location:

Fidelis const.
Facility/Owner Name

Facility ID# (if applicable)

245- Whistlers Cove
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: ~~305~~ 304 (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: Rotary
(i.e. auger, rotary, cable, direct push, etc.)

FOR WATER SUPPLY WELLS ONLY:

13a. Yield (gpm) 2 **Method of test:** Blow

13b. Disinfection type: HTH **Amount:** 1lb

14. WATER ZONES

FROM	TO	DESCRIPTION
ft.	240 ft.	1
ft.	285 ft.	1

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

FROM	TO	DIAMETER	THICKNESS	MATERIAL
1 ft.	119 ft.	6 in.	188	Galv

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.	Hole Plug	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.	3 ft.	Top Soil
3 ft.	20 ft.	Clay
20 ft.	50 ft.	Sand
50 ft.	~~305~~ 304 ft.	Granite
ft.	ft.	
ft.	ft.	

21. REMARKS

Steel Harden Drive Shoe

22. Certification:

Felton Jacobs
Signature of Certified Well Contractor

6-14-23
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 construction info (add 'See Over' in Remarks Box). You may also attach additional pages if necessary.

24. SUBMITTAL INSTRUCTIONS

Submit this GW-1 within 30 days of well completion per the following:

24a. For All Wells: Original form to Division of Water Resources (DWR), Information Processing Unit, 1617 MSC, Raleigh, NC 27699-1617

24b. For Injection Wells: Copy to DWR, Underground Injection Control (IUC) Program, 1636 MSC, Raleigh, NC 27699-1636

24c. For Water Supply and Open-Loop Geothermal Return Wells: Copy to the county environmental health department of the county where installed

24d. For Water Wells producing over 100,000 GPD: Copy to DWR, CCPCUA Permit Program, 1611 MSC, Raleigh, NC 27699-1611

OP 9/26 Uploaded 29th Lot 40 1:30

Franklin County NORTH CAROLINA well

File #: 392974 PIN#: _____

Property Address: 245 Whistlers Cove Lot 6

Applicant or Owner Name: Fidelis Const. Inc

Environmental Health Septic/Well Permit Diagram

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

(1) ✓ Septic Improvement Permit (2) Septic Construction Authorization (CA) (3) CA Reissue** (4) As Built

(5) ✓ Well Construction Authorization (6) Additional Diagram/Specifications Attached

below

Diagram Date**: 5-12-2023 EHS: Lori Jones

**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 na Drainfield 3'x400' Type System Gravity/Pbox Accepted Max Trench Depth 24"

Septic Contractor TrueWorks Septic/Pump tank dates 8-2-23 Pump fee? NO YES pd _____

Well Contractor _____ Well Grout date: 1-18-24 or self grout Well Head Date: _____

Leij grout head DB 10' sink - probed + detected filter 10' below surface

Bedrooms: 4

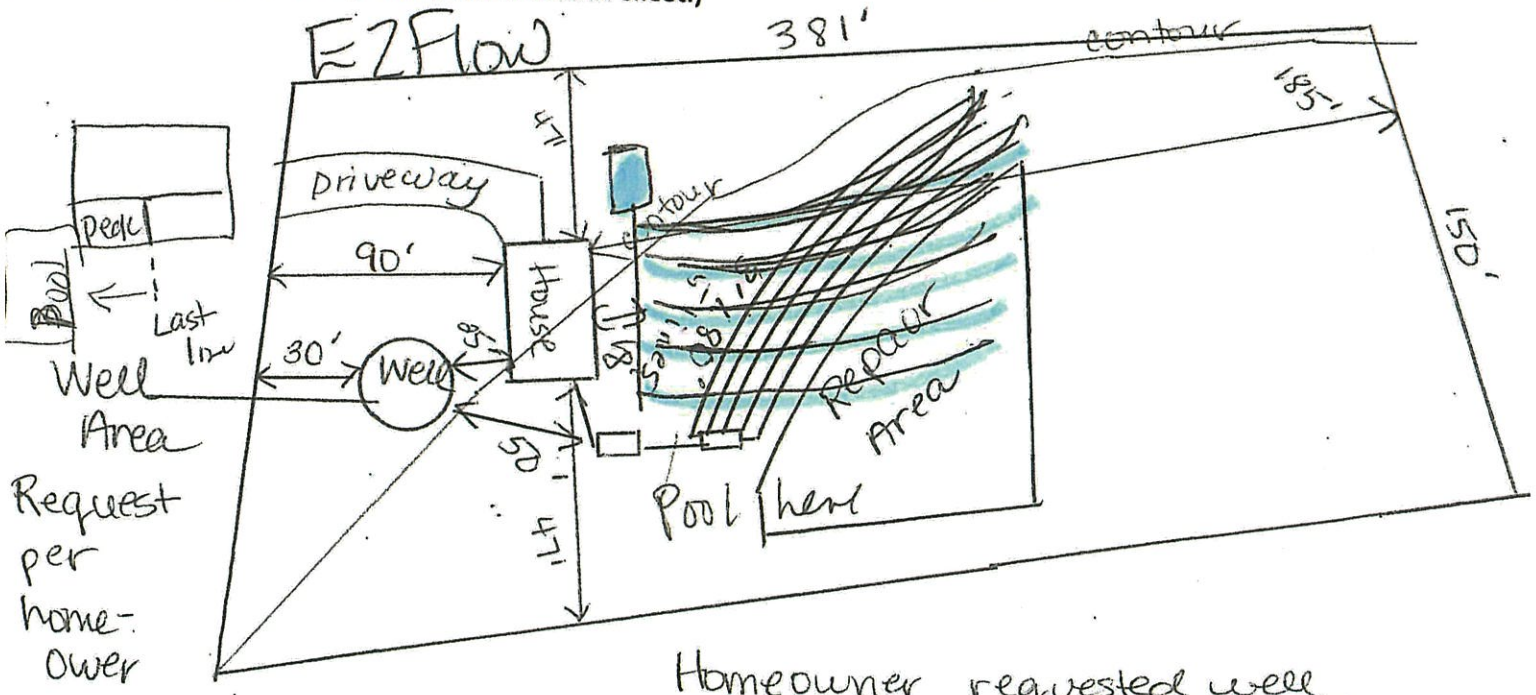
If Repair: na

Acreage: .98

Parcel ID: 0472164

*Drawing not to scale (if large acreage, may be portion)

(If not as built, indicate changes on front or back of sheet.)



Homeowner requested well and septic areas, according to submitted diagram.

Construction Authorization

Franklin County Health Department
107 Industrial Drive
Louisburg, NC 27549
Phone:

For Office Use Only

*CDP File Number: 392974 - 3
County ID Number:
Evaluated For: EXISTING

PERMIT VALID UNTIL: 10/09/2029

☐ Open Pump System Sheet

Applicant:	Fidelis Construction Inc
Address:	115 Egret Ct
City:	Louisburg
State/Zip:	NC 27549
Phone #:	

Property Owner:	Fidelis Construction
Address:	115 Egret Ct
City:	Louisburg
State/Zip:	NC. 27549
Phone #:	

Property Location & Site Information

Address/Road #: 245 WHISTLERS CV LOUISBURG, NC 27549
Subdivision: HUNTSBURG Phase: NEW Lot: 40
Directions: LOT
245 WHITSLERS

Structure: OTHER
# of Bedrooms: 0
# of People: 0
*Water Supply: NEW WELL

System Specifications

Usuable Soil Depth: 36
Design Flow: 480
Soil Application Rate: 0.3000
*System Classification/Description: TYPE II A. CONV SYSTEM (SINGLE-FAMILY OR 480 GPD OR LESS)
*Proposed System: 25% REDUCTION

Minimum Trench Depth: _____ Inches
Maximum Trench Depth: _____ Inches
Minimum Soil Cover: _____ Inches
Maximum Soil Cover: _____ Inches
*Distribution Type: GRAVITY - PARALLEL (eq. d-box)

Nitrification Field: _____ Sq. ft.
No. Drain Lines: 2
Total Trench Length: 60 ft.
Trench Spacing: _____ - 9
Trench Width: _____ - 3
Aggregate Depth: _____ inches

○ Inches O.C.
(X) Feet O.C.
○ Inches
(X) Feet

Septic Tank: 1,000 Gallons
Pump Required: ○ Yes (X) No ○ May Be Required
Pump Tank: _____ Gallons
Grease Trap: _____ Gallons
Septic Tank Installer Grade Level Required: ○ I ○ II ○ III ○ IV

The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements.

***Permit Conditions:**

Relocation of first 30 feet of last 2 lines to allow for a pool. The 30 feet each will be added to end of those bottom 2 lines and will wrap around with a possible step down.

The Authorization for Wastewater System Construction shall be valid for a period equal to the period of validity of the Improvement Permit and may be issued at the same time the Improvement Permit issued (NCGS 130A-336(b)). If the installation has not been completed during the period of validity of the Construction Permit, the information submitted in the application for a permit or Construction Authorization shall become invalid , and may be suspended or revoked (.0204(k)(1)). The person owning or controlling the system shall be responsible for assuring compliance with the laws, rules, and permit conditions regaurding system location, installation, operation, maintenance, monitoring, reporting and repair (per rule .0301((a)).

Authorized State Agent: Jones, Lori Date of Issue: 10/09/2024

(✓) Hand Drawing ○ Import Drawing

****Site Plan/Drawing attached.****

Total Time : (HH:MM) _____

Franklin County
NORTH CAROLINA
A Research Triangle Region Community

File# 392974 PIN# _____

Property Address: 245 Whistlers Cove Lsh

Applicant Or Owner Name: Fiddlis Const

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:** 10-9-2024 **EHS:** Toni Jones

****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 Existing 1000 Pump Tank na Drain field Reloc. 3'X60' Type System EZflow Accepted Max trench depth 24"

Septic Contractor _____ Septic/Pump tank dates _____ PUMP FEE PAID _____

Well Contractor _____ Well Head Date: _____ PUMP FINAL: _____ N/A (CIRCLE)

Bedrooms: 4, Acreage: .98

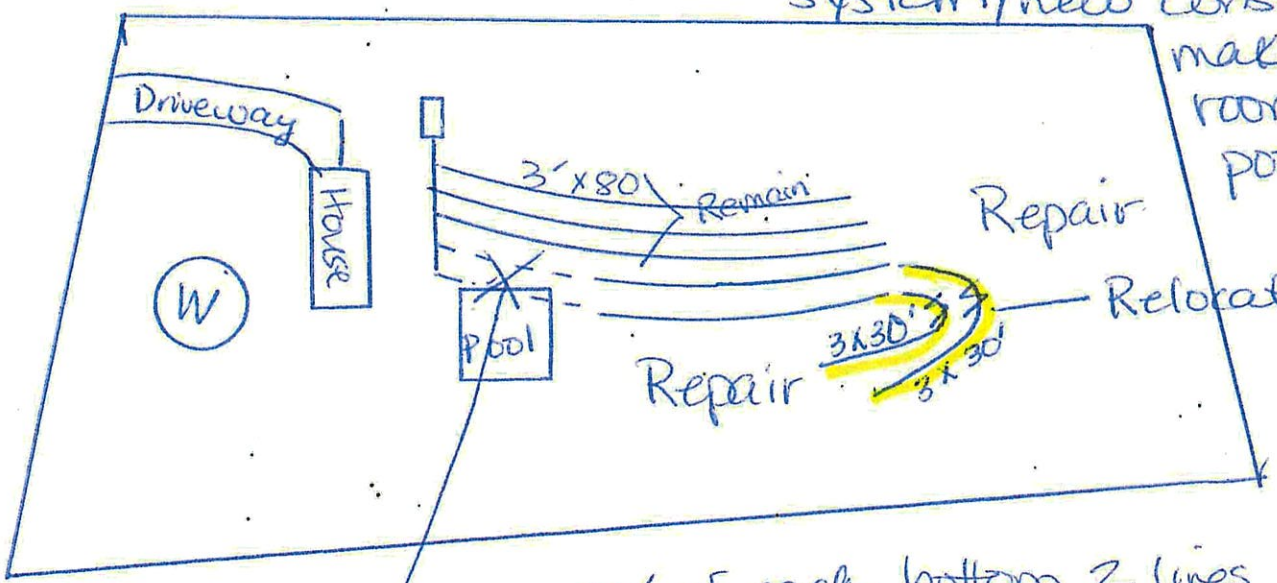
If Repair: na/Reloc Parcel ID: 047204

Relocation

*Drawing not to scale (if large acreage, may be portion)

(If not as built, indicate changes on front or back of sheet.)

Never-used system/new const. - making room for pool



Abandon 30' of each bottom 2 lines & add to end, wrapping w/ a possible stepdown (3)