GRANVILLE VANCE
public health

*File #: 335281 - 2
PIN #: 096800580472
Tax Lot #: 3
Tax Block #:

WELL CONSTRUCTION RECORD

Owner: Carla Gibson-Majors
8415 Charlie Stovall Rd

Oxford, NC 27565

Directions

Drilling Contractor: Caroline Virginia Well and Pump
Driller Registration: 2839-A
Date Drilled: 07/02/2021
Use of Well: SINGLE FAMILY

Total Depth: 420 Ft.
Static Water Level: 50 Ft.
Replacement Well: NO
Yield: 100 gpm

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

Disinfection Type: GRANULAR Amount: 16oz

WELL HEAD CONSTRUCTION

Location:
Latitude:
Longitude:

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

EHS: Currin, Adam

Issue Date: 07/29/2021

Casing: Depth: 35 Ft. Thickness: In. Comments:
Diameter: 6 In. Top of Casing: 12 In.
Material: PVC SCH 40

Grout:

	Depth			Material	Method
From	0	To	20 Ft.	BENTONITE	POUR
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: Hedrick, Chris
Date of Issue: 07/28/2021

Chris Hedrick

GRANVILLE VANCE public health

OPERATION PERMIT

Granville County Health Dept
Environmental Health
101 Hunt Drive
Oxford, NC 27565
Phone: (252) 492-5263 Fax: (252) 492-2361

For Office Use Only

*CDP File Number: 335281 - 1
County ID Number: 096800580472
Evaluated For: NEW

Property Owner: Carla Gibson-Majors
Address: 8415 Charlie Stovall Rd
Road #:
City: Oxford
State/Zip: NC/ 27565
Phone #:
Township:
Subdivision: Brookhaven
Phase : NEW Lot: 3

Structure: SINGLE FAMILY
# of Bedrooms: 3
# of People:
Water Supply: NEW WELL
Saprolite System?: ☐ Yes ☒ No
Pump Required?: ☐ Yes ☒ No
Design Flow: 360
System Classification/Description: TYPE III G. OTHER NON-CONV. TRENCH SYSTEMS

Installer: Retrac Lewis
Certification #: 1224
Specific System Installed: EZFLOW EZ 1203H-GEO
Septic Tank Date: 03/26/2021
STB: 324
Pump Tank Date:
PT:
Comments: Inspected by Jimmy Clayton on 6-9-2021

This system has been installed in compliance with applicable NC General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.

PERMIT CONDITIONS:

I. **Performance: System shall perform in accordance with Rule .1961.**

II. **Monitoring: As required by Rule .1961.**

III. **Maintenance: Ground absorption sewage treatment and disposal systems shall be checked, and the contents of the septic tank removed, periodically from all compartments, to ensure proper operation of the system. The contents shall be pumped whenever the solids level is found to be more than 1/3 of the liquid depth in any compartment.**

Other:

Subsurface Operator Required: ☐ Yes ☒ No

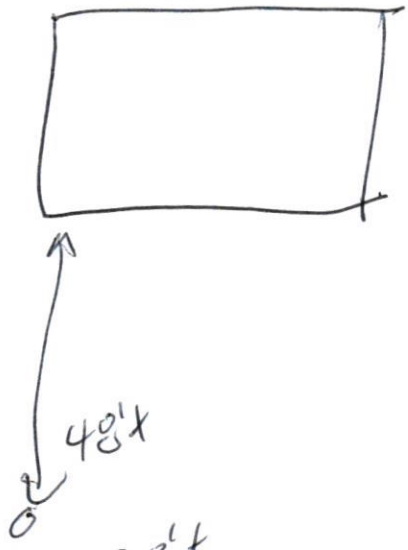
If yes, see attached sheet for additional operation conditions, maintenance and reporting.

Operation:

Other: Inspected by Jimmy Clayton on 6-9-2021

Authorized State Agent: Currin, Adam – Adam Currin Date of Issue: 06/09/2021

Owner/Applicant: _____



PATRICK SMITH

20'+

Carolina V& well pump

2692 A

Bentonite Hole plug

4/20 55 ft

35 Cap

100 GPM

WELL CONSTRUCTION RECORD (GW-1)

For Internal Use Only:

1. Well Contractor Information:

BRIAN LILLEY
Well Contractor Name

2839-A
NC Well Contractor Certification Number

CAROLINA VIRGINIA WELL & PUMP LLC
Company Name

2. Well Construction Permit #: W-235252
List all applicable well construction permits (i.e. UIC, County, State, Variance, etc.)

3. Well Use (check well use):

Water Supply Well:
- ☐ Agricultural
- ☐ Geothermal (Heating/Cooling Supply)
- ☐ Industrial/Commercial
- ☐ Irrigation
- ☐ Municipal/Public
- ☒ Residential Water Supply (single)
- ☐ Residential Water Supply (shared)

Non-Water Supply Well:
- ☐ Monitoring
- ☐ Recovery

Injection Well:
- ☐ Aquifer Recharge
- ☐ Aquifer Storage and Recovery
- ☐ Aquifer Test
- ☐ Experimental Technology
- ☐ Geothermal (Closed Loop)
- ☐ Geothermal (Heating/Cooling Return)
- ☐ Groundwater Remediation
- ☐ Salinity Barrier
- ☐ Stormwater Drainage
- ☐ Subsidence Control
- ☐ Tracer
- ☐ Other (explain under #21 Remarks)

4. Date Well(s) Completed: 7-2-21 **Well ID#** _____

5a. Well Location:

CEICLEY LYNCH
Facility/Owner Name

Facility ID# (if applicable)

8415 CHARLIE STOVALL RD. OXFORD, NC 27565
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)

_____ 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: 420 (ft.)
For multiple wells list all depths if different (example- 3@200' and 2@100')

10. Static water level below top of casing: 50 (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) 100 **Method of test:** AIR BLOWING

13b. Disinfection type: HTH **Amount:** 16OZ

14. WATER ZONES

FROM	TO	DESCRIPTION
409 ft.	ft.	100 GPM
ft.	ft.	

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

FROM	TO	DIAMETER	THICKNESS	MATERIAL
+1 ft.	35 ft.	6 1/4 in.	SDR21	PLASTIC

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

FROM	TO	DIAMETER	THICKNESS	MATERIAL
+1 ft.	35 ft.	6 1/4 in.	SDR21	PLASTIC
ft.	ft.	in.		

17. SCREEN

FROM	TO	DIAMETER	SLOT SIZE	THICKNESS	MATERIAL
0 ft.	ft.	in.			
ft.	ft.	in.			

18. GROUT

FROM	TO	MATERIAL	EMPLACEMENT METHOD & AMOUNT
0 ft.	20 ft.	BENTONITE CHIPS	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.	11 ft.	BROWN DIRT
12 ft.	420 ft.	GRANITE
ft.	ft.	
ft.	ft.	
ft.	ft.	
ft.	ft.	
ft.	ft.	

21. REMARKS

22. Certification:

BRIAN LILLEY 7-2-21
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.