Franklin County

*File #: 391795 - 2
PIN #:
Tax Lot #:
Tax Block #: 049205

WELL CONSTRUCTION RECORD

Owner:

Directions
45 WATER WILLOW LN

Drilling Contractor: NICK YOUNG
Driller Registration:
Date Drilled: 07/19/2023
Use of Well: SINGLE FAMILY

Total Depth: 405 Ft.
Static Water Level: 20 Ft.
Replacement Well: NO
Yield: 3 gpm

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

Disinfection Type: N/A 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: N/A

Issue Date:

Casing: Depth: Ft. Thickness: In.
Diameter: In. Top of Casing: In.
Material: N/A

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

Comments:
REFER TO ATTACHED GW1 FOR MORE WELL DRILLING DETAILS

Issued by: Bendel, Joel
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)

1. Well Contractor Information:
Nick Young
Well Contractor Name

4605-A
NC Well Contractor Certification Number

N.W. Poole Well and Pump Co.
Company Name

2. Well Construction Permit #: 391795
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: 7-19-23 **Well ID#** _____

5a. Well Location:
Satterwhite Const.
Facility/Owner Name — Facility ID# (if applicable)

45 Water Willow Ln Zebulon, NC 27597
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)
35.92296 N -78.28699 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: 405 **(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) 3 **Method of test:** Blow
13b. Disinfection type: HTH **Amount:** _____

For Internal Use Only:

14. WATER ZONES

FROM	TO	DESCRIPTION
150 ft.	155 ft.	2
375 ft.	380 ft.	1

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

FROM	TO	DIAMETER	THICKNESS	MATERIAL
+1 ft.	29 ft.	6 in.	.187	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.	30 ft.	Bentonite	Pour
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.	2 ft.	Top Soil
2 ft.	18 ft.	Sand
18 ft.	405 ft.	Granite
ft.	ft.	
ft.	ft.	
ft.	ft.	
ft.	ft.	

21. REMARKS
Used steel hardened drive shoe

22. Certification:
Nicholas Young
Signature of Certified Well Contractor — Date: 7-19-23

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

OPERATION PERMIT

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

For Office Use Only

*CDP File Number: 391795 - 1
County ID Number:
Evaluated For: NEW

Property Owner:
Owner Address:

City:
State/Zip: /
Phone #:
Address: 45 WATER WILLOW LN
ZEBULON, NC 27597
Road #:
Township:
Subdivision:
Phase : NEW Lot:

Structure: SINGLE FAMILY
# of Bedrooms: 4
# of People: 4
Water Supply: NEW WELL
Saprolite System?: [ ] Yes [X] No
Pump Required?: [ ] Yes [X] No
Design Flow: 480
System Classification/Description: TYPE II A. CONV SYSTEM
(SINGLE-FAMILY OR 480 GPD OR LESS)

Installer: True Works
Certification #:

Specific System Installed: UNKNOWN

Septic Tank Date: 05/23/2023

STB: 1000

Pump Tank Date:

PT:

Comments:

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 [X] No

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

Operation:

Other:

Authorized State Agent: Bendel, Joel

Date of Issue: 07/07/2023

Owner/Applicant: _____

Franklin County
NORTH CAROLINA

File # 391795 PIN# _____

Property Address: 45 Water Willow Ln

Applicant or Owner Name: Jesse Satterwhite

Environmental Health Septic/Well Permit Diagram

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

(X) Septic Improvement Permit (X) Septic Construction Authorization (CA) ( ) CA Reissue** (X) As Built
(X) Well Construction Authorization ( ) Additional Diagram/Specifications Attached

Diagram Date:** 3-30-23 **EHS:** Crystal Evans

****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 3x450' Type System Acc Max Trench Depth 24"

Septic Contractor True Works Septic/Pump tank dates 5-23-23 Pump fee? NO YES pd _____

Well Contractor _____ Well Grout date: _____

* See attached layout designed by CCSC*

FCEH FORM 165 9/19, 10/19