Franklin County
NORTH CAROLINA

*File #: 390013 - 2
PIN #:
Tax Lot #:
Tax Block #: 047176

WELL CONSTRUCTION RECORD

Owner: ASHTON RALEIGH RESIDENTIAL
900 RIDGEFIELD DR ST 335

RALEIGH, NC 27609

Directions
60 GADWALL CT

Drilling Contractor: NICK YOUNG
Driller Registration:
Date Drilled: 06/15/2023
Use of Well: SINGLE FAMILY

Total Depth: 405 Ft.
Static Water Level: 20 Ft.
Replacement Well: NO
Yield: 5 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 GW-1 FOR MORE WELL DRILLING DETAILS

Issued by: Bendel, Joel
Date of Issue: 07/19/2023

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.

OPERATION PERMIT

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

For Office Use Only

*CDP File Number: 390013 - 1
County ID Number:
Evaluated For: NEW

Property Owner: ASHTON RALEIGH RESIDENTIAL
Owner Address: 900 RIDGEFIELD DR ST 335

City: RALEIGH
State/Zip: NC/ 27609
Phone #:
Address: 60 GADWALL CT
ZEBULON, NC 27597
Road #:
Township:
Subdivision:
Phase : NEW Lot:

Structure: SINGLE FAMILY
# of Bedrooms: 3
# of People: 4
Water Supply: NEW WELL
Saprolite System?: [ ] Yes [X] No
Pump Required?: [X] Yes [ ] No
Design Flow: 360
System Classification/Description: TYPE III B. SYSTEM W/SINGLE EFFLUENT PUMP

Installer: C+M Plumbing
Certification #:
Specific System Installed: UNKNOWN
Septic Tank Date: 03/14/2023
STB: 1000
Pump Tank Date: 03/16/2023
PT: 1000
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: 07/19/2023

Owner/Applicant: _____

IMPROVEMENT PERMIT

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

For Office Use Only

*CDP File Number: 390013 - 1
County ID Number:
Evaluated For: NEW

PERMIT VALID UNTIL: 02/09/2028

***NOTE TO INSPECTIONS DIVISION:** Building Permits cannot be issued with this Improvement Permit.

Applicant:	ASHTON RALEIGH RESIDENTIAL
Address:	900 RIDGEFIELD DR ST 335
City:	RALEIGH
State/Zip:	NC 27609
Phone #:	

Property Owner:	ASHTON RALEIGH RESIDENTIAL
Address:	900 RIDGEFIELD DR ST 335
City:	RALEIGH
State/Zip:	NC. 27609
Phone #:	

Property Location & Site Information

Address: 60 GADWALL CT ZEBULON, NC 27597
Subdivision:
Block/Phase: NEW
Lot:
Road #:
Structure: SINGLE FAMILY
# of Bedrooms: 3
# of People: 4
*Water Supply: N/A

Directions

60 GADWALL CT

System Specifications

Initial System

*Site Classification:
Design Flow: 360
Soil Application Rate:

*System Classification/Description:
TYPE III G. OTHER NON-CONV. TRENCH SYSTEMS

*Proposed System:
25% REDUCTION

Minimum Trench Depth: ____ Inches
Maximum Trench Depth: 20 Inches

Septic Tank: 1000 Gallons
Pump Required: ◯ Yes (X) No ◯ May Be Required

Pump Tank: ____ Gallons

Repair System Required: (X) Yes ◯ No ◯ No, but has Available Space

Repair System

*Site Classification:
Soil Application Rate:

*System Classification/Description:
N/A

*Proposed System:

Minimum Trench Depth: ____ Inches
Maximum Trench Depth: ____ Inches

Pump Required: ◯ Yes ◯ No ◯ May Be Required

Pump Tank: ____ Gallons

No grading or construction activity is allowed in areas designated for system and repair without approval of Health Departmen

***Site Modifications**

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**

CDP File Number: 390013 County ID Number:

The Department and Local Health Department may impose conditions on the issurance and may revoke the permits for failure of the system to satisfy the conditions, the rules, or this article. This permit is subject to revocation it the site plan, plat, or intended use changes (NCGS 130A-335(f)). The person owning or controlling the system location, installing, operation, maintenance, monitoring, reporting, and repair (.1938(b)).

Authorized State Agent: Bendel, Joel Date of Issue: 02/09/2023

Total TIme: (HH:MM)

◯ Hand Drawing ◯ Import Drawing ****Site Plan/Drawing attached.****

____ : ____

Construction Authorization

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

For Office Use Only

*CDP File Number: 390013 - 1
County ID Number:
Evaluated For: NEW

PERMIT VALID UNTIL: 02/09/2028

☐ Open Pump System Sheet

Applicant:	ASHTON RALEIGH RESIDENTIAL
Address:	900 RIDGEFIELD DR ST 335
City:	RALEIGH
State/Zip:	NC 27609
Phone #:	

Property Owner:	ASHTON RALEIGH RESIDENTIAL
Address:	900 RIDGEFIELD DR ST 335
City:	RALEIGH
State/Zip:	NC. 27609
Phone #:	

Property Location & Site Information

Address/Road #: 60 GADWALL CT ZEBULON, NC 27597
Subdivision:
Phase: NEW Lot:

Directions:
60 GADWALL CT

Structure: SINGLE FAMILY
# of Bedrooms: 3
# of People: 4
*Water Supply:

System Specifications

*Site Classification:
Design Flow: 360
Soil Application Rate:
*System Classification/Description: TYPE III G. OTHER NON-CONV. TRENCH SYSTEMS
*Proposed System: 25% REDUCTION

Minimum Trench Depth: Inches
Maximum Trench Depth: 20 Inches
Minimum Soil Cover: Inches
Maximum Soil Cover: Inches
*Distribution Type: GRAVITY - SERIAL

Nitrification Field: Sq. ft.
No. Drain Lines:
Total Trench Length: 335 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:**

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 (.1937(g)). Ther 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

Authorized State Agent: Bendel, Joel
Date of Issue: 02/09/2023

◯ Hand Drawing ◯ Import Drawing

****Site Plan/Drawing attached.****
Total Time : (HH:MM)

Well Construction Permit

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

For Office Use Only

*CDP File Number 390013

PIN Number:

Tax Lot #: Tax Block #: 047176

Evaluated For:

PERMIT VALID UNTIL: 02/10/2028

Property Owner:	ASHTON RALEIGH RESIDENTIAL
Address:	900 RIDGEFIELD DR ST 335
City:	RALEIGH
State/Zip:	NC / 27609
Phone #:	

Applicant:	ASHTON RALEIGH RESIDENTIAL
Address:	900 RIDGEFIELD DR ST 335
City:	RALEIGH
State/Zip:	NC / 27609
Phone #:	

Property Location & Site Information

Address/Road #: 60 GADWALL CT
ZEBULON NC, 27597

Subdivision: Phase: Lot:

*Proposed use of Well:

If Other:

Applicant Email:

Owner Email:

Directions: 60 GADWALL CT

Well Contractor Information

Drilling Contractor:

Driller Registration:

Permit Conditions

*Permit Conditions

Well location, construction and protection must meet all state and local regulations and must be inspected and approved by an authorized representative of the Local Health Department. The permit may be revoked at any time for failure to comply with existing regulations. The siting of approved well construction area(s) by the Health Department is to provide protection from the known possible sources of contamination. The approved well area(s) may not be changed without permission from an authorized representative of the Local Health Department. Issuance of this well permit does not guarantee water quality or adequate water production from the well once it is installed or repaired.

*Issued By: Bendel, Joel

*Date of Issue: 02/09/2023

Authorized State Agent:

Owner/Applicant:

○ Hand Drawing ○ Import Drawing

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

Franklin County
NORTH CAROLINA

File # 390013 PIN# _____

Property Address: 60 Gadwall CT

Applicant or Owner Name: Ashton Raleigh Res.

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:** 2-9-23 **EHS:** Joel Bendel

****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 N/A Drainfield 3'x33S' Type System Acc/Serial Max Trench Depth 20"

Septic Contractor _____ Septic/Pump tank dates _____ Pump fee? (NO) YES pd _____

Well Contractor _____ Well Grout date: _____

* hefer to attached CCSC septic/soil documentation *

Franklin County
NORTH CAROLINA

CDP# 390013

Franklin County Environmental Health
127 S Bickett Blvd.
Louisburg, NC 27549
Phone (919) 496-8100
www.franklincountync.gov

Lot 18

Issued to: Ashton Raleigh Residential

Location: 60 GADWALL CT ZEBULON , NC 27597

NEW SEPTIC APPLICATION
NEW WELL APPLICATION

Application Type: NEW SEPTIC NEW WELL
Application Number: E-23-86
Building Type:
Project Type: New Construction Single Family Dwelling
# of Bedrooms: 3
Residential Project Type: Single Family Dwelling
Building Foundation: Crawlspace
Water Source: New Well

Preferred Type of Septic System: (2) Accepted (polystyrene, chamber)
Parcel ID #: 047176

Date: February 1, 2023
Acreage:
Zoning: R-30
# of Occupants: 4
Commercial Project Type:
Square Footage of Facility:
Number of Employees:
Number of Seats:
Notes:
Subdivsion: NULL

Applicant Information

Applicant Name: Ashton Raleigh Residential
Address: 900 Ridgefield Drive Suite 335 Raleigh , NC 27609
Phone: 919-892-4573
Email: nichoal.enright@ashtonwoods.com

Property Owner Information

Owner Name: NULL
Address: 900 Ridgefield Dr Ste 335 Raleigh , NC 27609
Phone: 919-892-4573
Email: nichoal.enright@ashtonwoods.com

General Contractor Information

Contractor Name: Ashton Raleigh Residential L.L.C.
Address: 900 Ridgefield Drive, Suite 335 RALEIGH , NC 27609
Phone: (919) 235-0128
Email: nichoal.enright@ashtonwoods.com

Zoning

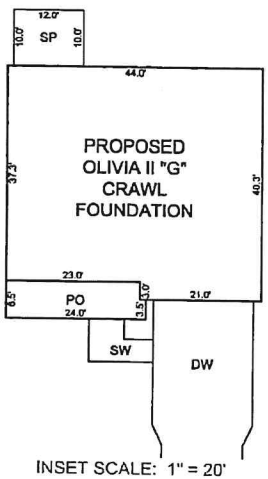
Zoning Permit #:
Front Setback:
Left Setback:
County Water:
Right Setback:
Rear Setback:

The applicant shall notify the Environmental Health Department upon submittal of this application if any of the following apply to the property/site in question. If this answer is "Yes" the applicant must attach supporting documentation and/or show their location on the plot/site plan.

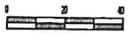
Does the site contain any jurisdictional wetlands? Yes
Does the site contain, or have within 100 feet, any existing wells and/or septic systems? Yes
Is any wastewater going to be generate other than domestic sewage? No
Is the site subject to approval by an other public agency? No
Are there any easements or right-of-ways on this site? Yes
Are there any underground utilities on the site? Yes

Call Environmental Health (919-496-8100) between 8:00 - 9:00 a.m. Monday - Friday in order to schedule an appointment with and environmental Health Specialist for your lot evaluation. Please contact the Environmental Health Department at 919-496-8100 to determine the status of your application prior to visiting the Planning & Inspections Department to obtain a building permit.

IF THE INFORMATION IN THE APPLICATION FOR A SEPTIC PERMIT IS FALSIFIED, CHANGED, OR THE STIE IS ALETERED, THEN ANY RELATED PERMITS AND CONSTRUCTION AUTHORIZATIONS SHALL BECOME INVALID. This application is valid for one year from the date of application payment. The septic system approval (permit) is valid for five years from the date of Improvement Permit issuance, or without expiration by



INSET SCALE: 1" = 20'

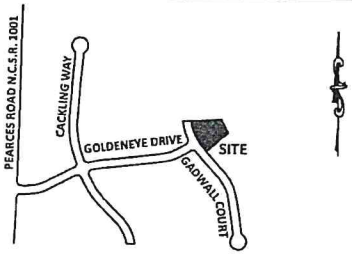


SCALE:
1" = 40 ft.

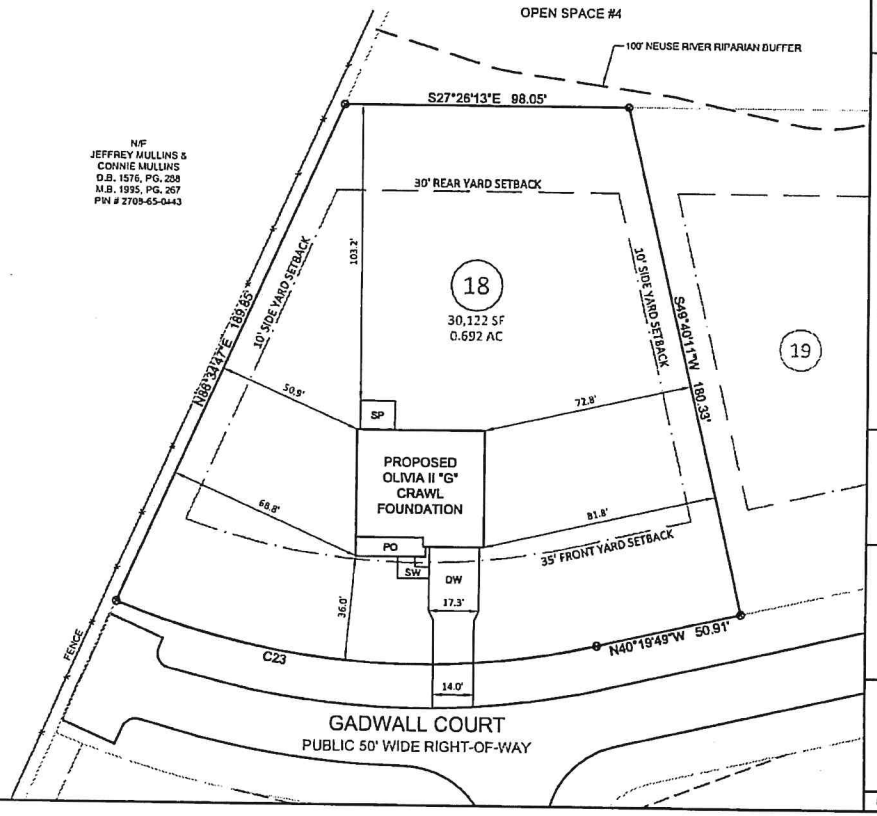
LOT INFORMATION:

PIN: 2708-54-8842
LOT AREA = 0.692 AC = 30,122 SF
PROPOSED IMPERVIOUS = 2,686 SF
BLDG = 1,706 SF
SP = 120 SF
PO = 153 SF
SW = 65 SF
DW = 642 SF
PERCENT IMPERVIOUS = 8.92%

Bateman Civil Survey Company
Engineers • Surveyors • Planners
2524 Reliance Avenue, Apex, NC 27539 Ph: 919.577.1080 Fax: 919.577.1081
www.batemancivilsurvey.com info@batemancivilsurvey.com
NCBELS Firm No. C-2378



VICINITY MAP
(Not to Scale)



NOTES:

1. THIS SURVEY WAS PREPARED BY BATEMAN CIVIL SURVEY CO., UNDER THE SUPERVISION OF STEVEN P. CARSON, PLS.
2. THIS PLAN HAS BEEN PREPARED FOR LAYOUT AND PERMITTING PURPOSES ONLY.
3. PROPERTY LINES SHOWN WERE TAKEN FROM EXISTING FIELD EVIDENCE, EXISTING DEEDS AND PLATS OF PUBLIC RECORD, AND INFORMATION SUPPLIED TO THE SURVEYOR BY THE CLIENT.
4. ALL DISTANCES ARE HORIZONTAL GROUND DISTANCES AND ALL BEARINGS ARE NORTH CAROLINA STATE PLANE COORDINATE SYSTEM UNLESS OTHERWISE SHOWN.
5. THIS MAP IS NOT FOR RECORDATION AND SHOULD BE REVIEWED BY A LOCAL GOVERNMENT AGENCY FOR COMPLIANCE WITH ANY APPLICABLE LAND DEVELOPMENT REGULATIONS.
6. THE BASIS OF NORTH AND ALL EASEMENTS, RIGHTS-OF-WAYS, BUFFERS, SETBACKS AND ADJOINERS, ETC. REFERENCED IN TITLE BLOCK.
7. NO INVESTIGATION INTO THE EXISTENCE OF JURISDICTIONAL WETLANDS OR RIPARIAN BUFFERS PERFORMED BY THIS FIRM.
8. SURVEYOR HAS MADE NO INVESTIGATION OR INDEPENDENT SEARCH FOR EASEMENTS OF RECORD, ENCUMBRANCES, RESTRICTIVE COVENANTS, OWNERSHIP TITLE EVIDENCE OR ANY OTHER FACTS THAT AN ACCURATE AND CURRENT TITLE SEARCH MAY DISCLOSE.
9. THE PROPERTY LIES IN ZONE "X" PER NATIONAL FLOOD INSURANCE PROGRAM FLOOD INSURANCE RATE MAP NUMBER 3720270800K, DATED MAY 2, 2006.
10. ALL CONSTRUCTION SHALL BE DONE IN ACCORDANCE WITH ALL TOWN OF ZEBULON AND NCDOT STANDARDS AND SPECIFICATIONS.
11. ZONING IS FCO R-30.
12. PROPERTY OWNER: ASHTON WOODS HOMES.

CURVE TABLE				
CURVE	RADIUS	LENGTH	CHORD DIRECTION	CHORD
C23	275.00'	169.15'	N22°42'30"W	166.50'

LEGEND

PO = PORCH
P = PATIO
SP = SCREENED PORCH OR PATIO
CP = COVERED PORCH OR PATIO
WD = WOOD DECK
SW = SIDEWALK
DW = CONC DRIVEWAY
⊗ = COMPUTED POINT
○ = IRON PIPE FOUND
● = IRON PIPE SET
WM = WATER METER
CO = CLEANOUT
AC = AIR CONDITIONER
EB = ELECTRIC BOX
C = CABLE BOX
T = TELEPHONE PEDESTAL
☼ = LIGHT POLE
CI = CURB INLET
YI = YARD INLET
FH = FIRE HYDRANT
WV = WATER VALVE
S = SEWER MANHOLE

BUILDING SETBACKS:

FRONT = 35 ft
SIDE = 10 ft
REAR = 30 ft

I, STEVEN P. CARSON, CERTIFY THAT THIS PLAT WAS DRAWN UNDER MY DIRECT SUPERVISION FROM A SURVEY MADE UNDER MY SUPERVISION (PLAT BOOK REFERENCED IN TITLE BLOCK); THAT THE BOUNDARIES NOT SURVEYED ARE CLEARLY INDICATED AS DRAWN FROM INFORMATION LISTED UNDER REFERENCES; THAT THE RATIO OF PRECISION AS CALCULATED IS 1:10,000+; AND THAT THIS MAP MEETS THE REQUIREMENTS OF THE STANDARD OF PRACTICE FOR LAND SURVEYING IN NORTH CAROLINA.
L-4752
DATED:

PRELIMINARY

This map is of an existing parcel of land and is only intended for the parties and purposes shown. This map not for recordation. No title report provided.

BUILDER TO VERIFY HOUSE LOCATION, DIMENSIONS AND REVIEW TOTAL IMPERVIOUS NOTED ON THIS PLOT PLAN

PRELIMINARY PLOT PLAN
FOR
ASHTON WOODS HOMES

FOREST GROVE - LOT 18
60 GADWALL COURT, ZEBULON, NC
DUNN TOWNSHIP, FRANKLIN COUNTY

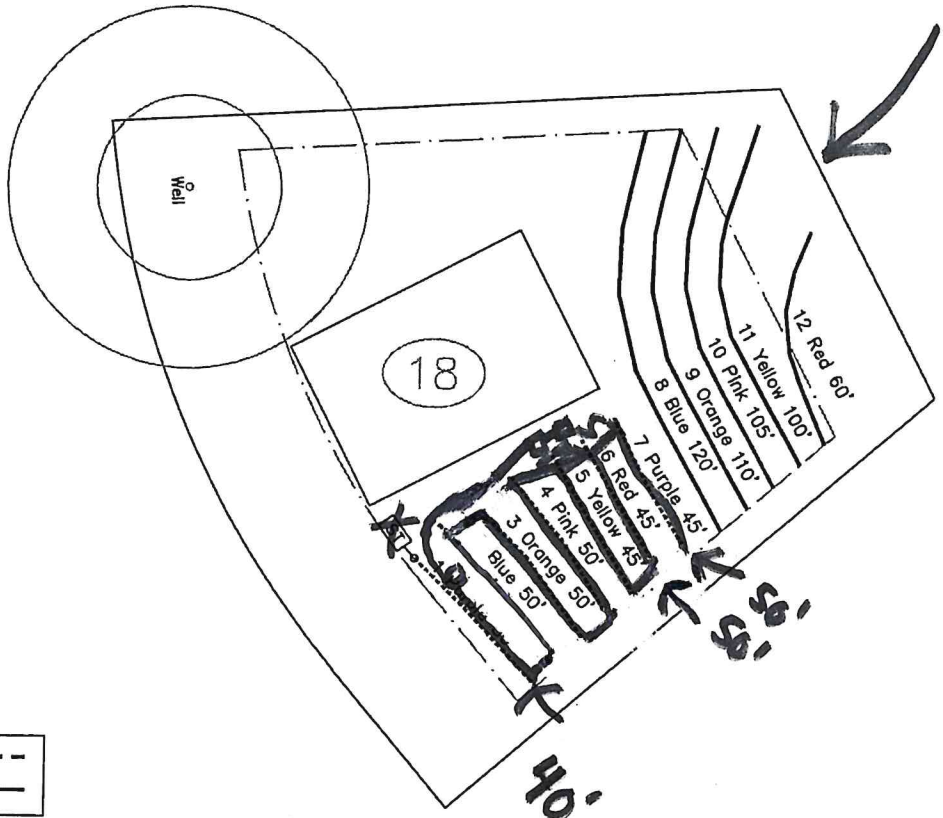
DATE: 1/25/23 DRAWN BY: ASF CHECKED BY: SPC

REFERENCE: BK 2021, PGS 82-83 PROJECT# 220674 SCALE: 1"=40'

P:\2021 Projects\220674 Forest Grove\Final Plat\dwg\220674 Forest Grove - Ashton Woods.dwg 1/25/2023 9:11:06 AM

*Keep tanks and drain lines 10' from property lines.
*Not a survey.
*Not a guarantee of a septic permit.
*Keep supply lines >5' from property lines.
*Some lines are flagged longer in the field than lengths indicate.
*No grading septic area.

As-Built



System: - - - -
Repair: ———

Pump

System: ~~Gravity to Serial Dist.~~
Lines: 1–7, (335')
Accepted Status System
0.3 Soil LTAR
20" Trench Bottom

Repair: Gravity to Serial Dist.
Lines: 8–12, (495')
Low Profile Chamber
0.3 Soil LTAR
9" Trench Bottom

GRAPHIC SCALE
1" = 50'
50 0 50 100

Central Carolina Soil Consulting, PLLC
1900 South Main Street, Suite 110
Wake Forest, North Carolina 27587
Phone (919)569–6704 Fax (919)569–6703

3–Bedroom Septic Layout
Lot 18, Forest Grove Subdivision
Fanklin County, North Carolina

Job# :	2917
Drawn By :	AH
Date :	1/10/2023
Revision:	

Sheet:
Property ID:
Lot #: 18
File #:
AppID:

CCSC SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner:
Address:
Applicant:
Date Evaluated: 1/10/2023
Proposed Facility: 3-Bedrooom Design Flow (.1949) 360 gal/day
Property Size: 0.692 Ac.
Location of Site: Forest Grove Subdivision
Property Recorded: Yes
Water Supply: [ ] Public [X] Individual [X] Well [ ] Spring [ ] Other
Evaluation Method: [X] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [X] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consistence Mineralogy	b PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
1	LS	0-16	GR SL	VFR NS NP SEXP					PS
	7%	16-36	SBK C	FR SS SP SEXP	10YR 7/2 @ 36"	36			0.30
2	LS	0-11	GR SL	VFR NS NP SEXP					PS
	7%	11-18	SBK SCL	FR SS SP SEXP					0.30
		18-24	SBK C	FR SS SP SEXP	10YR 7/2 @ 24"	24			

Description	Initial System	Repair System
Available Space (.1945)	Yes	Yes
System Type(s)	III G	II C
Site LTAR	0.30	0.30

Other Factors (.1946):
Soil Evaluation By:
Others Present:
Site Classification (.1948): Provisionally Suitable
Site Evaluation By: Michael Seewald
Others Present:

Sheet:

COMMENTS:

FILE #:

Landscape Position	Group	Texture	.1955 LTAR	Structure
R-Ridge	I	S-Sand	1.2 - 0.8	SG-Single Grain
SS-Shoulder Slope		LS-Loamy Sand		M-Massive
LS-Linear Slope				CR-Crumb
FS-Foot Slope	II	SL-Sandy Loam	0.8 - 0.6	GR-Granular
NS-Nose Slope		L-Loam		SBK-Subangular Blocky
HS-Head Slope				ABK-Angular Blocky
CC-Concave Slope	III	SI-Silt	0.6 - 0.3	PL-Platy
CV-Convex Slope		SICL-Silty Clay Loam		PR-Prismatic
T-Terrace		CL-Clay Loam		
FP-Flood Plain		SCL-Sandy Clay Loam		
	IV	SC-Sandy Clay	0.4 - 0.1	
		SIC-Silty Clay		
		C-Clay		

Consistence Moist	Consistence Wet	Mineralogy
VFR-Very Friable	NS-Non-Sticky	SEXP-Slightly Expansive
FR-Friable	SS-Slightly Sticky	EXP-Expansive
FI-Firm	S-Sticky	
VFI-Very Firm	VS-Very Sticky	
EFI-Extremely Firm	NP-Non-Plastic	
	SP-Slightly Plastic	
	P-Plastic	
	VP-Very Plastic	

Sketch of Soil Evaluation Locations

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 #: 390013
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: 6-15-23 **Well ID#** _____

5a. Well Location:
Ashton Raleigh
Facility/Owner Name

Facility ID# (if applicable)

60 Gadwell Ct
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)
35.904502 N -78.305181 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) 5 **Method of test:** Blow
13b. Disinfection type: HTH **Amount:** _____

For Internal Use Only:

14. WATER ZONES

FROM	TO	DESCRIPTION
75 ft.	80 ft.	3gpm
365 ft.	370 ft.	25gpm

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

FROM	TO	DIAMETER	THICKNESS	MATERIAL
+1 ft.	68 ft.	6 in.	.185	Gal V

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.	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.	50 ft.	Clay
50 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

6-15-23
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

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 #: 290013
List all applicable well construction permits (i.e. USC, 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: 6-15-23 **Well ID#**

5a. Well Location:
Ashton Raleigh
Facility/Owner Name — Facility ID# (if applicable)
60 Cardwell Ct
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)
35.904502 N -78.305181 W

6. Is/are the well(s): ☐Permanent or ☐Temporary

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13a. Yield (gpm): 5 Method of test: Blow
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FROM	TO	DESCRIPTION
75 ft.	80 ft.	3gpm
365 ft.	370 ft.	2gpm

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

FROM	TO	DIAMETER	THICKNESS	MATERIAL
11 ft.	65 ft.	6 in.	.185	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.	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, rock type, grain size, etc.)
0 ft.	2 ft.	Top Soil
2 ft.	50 ft.	Clay
50 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: 6-15-23

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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