

Owner:

WELL CONSTRUCTION RECORD

ASHTON RALEIGH RESIDENTIAL

900 RIDGEFIELD DR ST 335

Jones, Lori

09/26/2023

Issued by:

Date of Issue:

*File #: 389482 - 2 PIN #:

Tax Lot #:

Directions

215 SCOTLAND DR

Tax Block #: 048685

9	NW Poo 4605A 09/13/20						WELL HEAD CO	ONSTRUCT	ION	
9	4605A						Location:			
	SINGLE 505	FAMILY					Latitude: Longitude: Enclosure Enclosure Floor Access Port Vent:	Yes Yes X Yes X Yes	No No No	X N/A X N/A N/A N/A N/A
Static Water Level:	20	Ft.					Sample Tap	X Yes	□No	☐ N/A
Replacement Well:	NO						Back Flow Tee (jet)	X Yes	∐No □No	□ N/A □ N/A
Yield:	5	gpm					Suction Line Temporary	☐ Yes☐ Yes☐ Yes☐	No No	N/A N/A N/A
Water Zone:	1)	Ft.	2)	Ft.			Well ID Plate	X Yes	□ _{No}	□N/A
Disinfection Type:	3) GRANU	Ft. ILAR	4) Amount	Ft.			Pump ID Plate EHS: Jones, L Issue Date: 06/		No	∏N/A
Casing: Depth Diameter	r:	Ft. In. 'ANIZED S	Торс	ickness: f Casing:		In. Co	omments:			
Grout: Depth From 0 To From 0 To * Liner Date: Grout: Depth From 0 To	Ft. Ft.	Material N/A N/A Material	From	0 То	Method N/A N/A Ft. Method N/A					

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:	2 of Internal Ose Only.						
Nick Young							
Well Contractor Name	14. WATER ZONES FROM TO DESCRIPTION						
4605-A	250 m 255 m 3						
NC Well Contractor Certification Number	470 n. 475 n. 2						
N.W. Poole Well and Pump Co.	15. OUTER CASING (for multi-cased wells) OR LINER (if applicable)						
Company Name	FROM 10 DIAMETER THICKNESS MATERIAL						
	16. INNER CASING OR TUBING (geothermal closed-loop)						
2. Well Construction Permit #: 389482 List all applicable well construction permits (i.e. UIC, County, State, Variance, etc.)	FROM TO DIAMETER THICKNESS MATERIAL						
	ft. ft. in.						
3. Well Use (check well use): Water Supply Well:	ft. ft. in.						
□ Agricultural □ Municipal/Public	FROM TO DIAMETER SLOT SIZE THICKNESS MATERIAL						
Geothermal (Heating/Cooling Supply)	ft ft in						
□Industrial/Commercial □Residential Water Supply (shared)	ft. ft. in.						
Ulrigation UW-lls > 100 000 CPD	II. GROUI						
Non-Water Supply Well:	Co Ct 2 C EMPLACEMENT METHOD & AMOUN						
□Monitoring □Recovery Injection Well:	R Renonite pair						
	ft, ft.						
☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	19. SAND/GRAVEL PACK (if applicable)						
□Aquifer Test □Stormwater Drainage	FROM TO MATERIAL EMPLACEMENT METHOD						
□Experimental Technology □Subsidence Control	ft. n.						
Geothermal (Closed Loop)	ft. ft.						
☐Geothermal (Heating/Cooling Return) ☐Other (explain under #21 Remarks	20. DRILLING LOG (attach additional sheets if necessary) FROM TO DESCRIPTION (color, hardness, soll/rock type, grain size, etc.)						
4. Date Well(s) Completed: 9-13-23 Well ID#	On 2 n Top Soil						
	Z ft 70 ft Clay						
5a. Well Location:	70 th Sosta Granite						
Ashten Ralesh Residential Facility/Owner Name Facility ID# (if applicable) 215 Scotland Dr Youngsville NC Physical Address, City, and Zip	ft. ft.						
Facility/Owner Name Facility ID# (if applicable)	rt. n.						
215 Scotland Dr Yourssville nc	n n						
Physical Address, City, and Zip	ft. ft.						
- Franklin	21. REMARKS						
County Parcel Identification No. (PIN)	Used steel hardened drive shoe						
5b. Latitude and longitude in degrees/minutes/seconds or decimal degrees: (if well field, one lat/long is sufficient)							
2 C C 2 = C	22. Certification:						
35.982504 N - 18.404238 W							
6. Is(are) the well(s): Permanent or Temporary	Signature of Certificat Well Contractor						
	By signing this form, I hereby certify that the well(s) was (were) constructed in accordance with						
7. Is this a repair to an existing well: TYes or No No No explain the nature of the repair under 121 repeats the nature of the repair under 121 repeats the nature of the							
repair under #21 remarks section or on the back of this form.	owner.						
3. For Geoprobe/DPT or Closed-Loop Geothermal Wells having the same	23. Site diagram or additional well details: You may use the back of this page to provide additional well construction info						
construction, only 1 GW-1 is needed. Indicate TOTAL NUMBER of wells	(add 'See Over' in Remarks Box). You may also attach additional pages if necessary.						
	24. SUBMITTAL INSTRUCTIONS						
Total well depth below land surface: 505 (ft.) For multiple wells list all depths if different (example-3@200' and 2@100')	***						
	Submit this GW-1 within 30 days of well completion per the following:						
0. Static water level below top of casing:	24a. For All Wells: Original form to Division of Water Resources (DWR), Information Processing Unit 1617 MSC Poleich NG 27000 1617						
1 Porcholo diameter 6"	morniation Processing Unit, 1617 MSC, Raleigh, NC 27699-1617						
Poton	24b. For Injection Wells: Copy to DWR, Underground Injection Control (IUC) Program, 1636 MSC, Raleigh, NC 27699-1636						
b. Well construction method:							
c. auger, rotary, cable, direct push, etc.)	24c. For Water Supply and Open-Loop Geothermal Return Wells: Copy to the county environmental health department of the county where installed						
OR WATER SUPPLY WELLS ONLY:							
Ba. Yield (gpm) S Method of test: Blow	24d. For Water Wells producing over 100,000 GPD: Copy to DWR, CCPCUA Permit Program, 1611 MSC, Raleigh, NC 27699-1611						
LITLI							
Bb. Disinfection type: Amount:							

OP William will bot: 32
Franklin File # 390249 PIN# Parcel 10: 048693
OUNTY NORTH CARQUINA Applicant or Owner Name: Ash fon Ral Reside
Building permits cannot be issued not should construction begin without Construction Authorization issuance. Septic Improvement Permit Septic Construction Authorization (CA) Well Construction Authorization Additional Diagram/Specifications Attached The provided and/or invalid. Confirm this is the valid diagram for the site before the site befo
Environmental Health office at 919 496 8100. A revisit fee may apply if installation intil 9am by contacting the 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 1000 Drainfield 2 X 400 Type System Contractors.
Well Contractor Well Grout date: 9-25-23 Well Grout date: 9-25-23 Pump Fee? No YES pd Well Grout date: 9-25-23 Drawing Submitted by Soil Scientist
Please install septic system in accordance with attacked with
submitted by CCSC. Respect all set backs.
> Enclosieres / Attach ments [Chamber for Jen wally minimised of States of