Burgess, Marshall

The District Health Department

CASWELL - CHATHAM - LEE - PERSON COUNTIES

A

Water Supply and Sewage Disposal

IMPROVEMENTS PERMIT No. G-3058

Date March 1, 1985

Lot

Block

Map 9711

Owner: Marshall Burgess

Location: SR 2163 on left ≈ 2 mi from Hwy 64

Contractor:

Water Supply: Private X Public

1 site to right of house at stake w/ blue ribbon

Sewage Disposal Facilities: No. bedrooms _____ Dishwasher, Disposal, washing machine, other automatic appliances _____

Size of tank: _____ Nitrification line: _____

Other disposal facility: _____

Water supply and sewage disposal facilities location, installation and protection must meet state and local regulations.

Septic tank should be pumped out every 3 to 5 years and shall be maintained by owner in such a manner as not to create a public health hazard. Septic tank and nitrification line MUST BE INSPECTED AND APPROVED BY A MEMBER OF THE DISTRICT HEALTH DEPARTMENT STAFF BEFORE ANY PORTION OF THE INSTALLATION IS COVERED AND PUT INTO USE.

Date approved: _____

Well: _____

Sewage Disposal: _____

By: _____

Signed D. J. Cramer RS
Sanitarian

Counter-signed Marshall Burgess
(Owner or his representative)

Certificate of Completion

Date Approved: _____ By: _____
Sanitarian

(OVER)

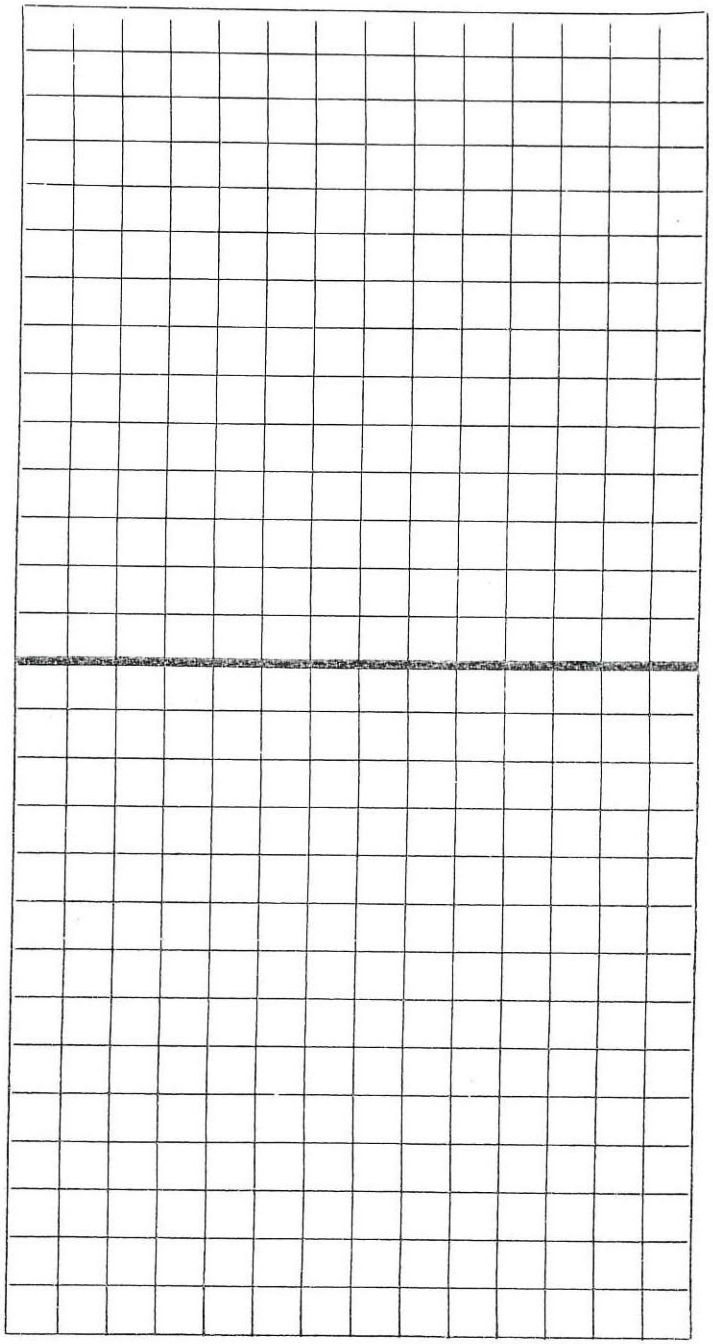
Location of well and sewage disposal facilities sketched on back.

B

NOTE: Make sketch of installation showing lot size and shape, location of house, septic tanks, privies, water supplies, etc. Note special problems existing on lot. Write in measurements in order that installations may be located at later date. Note location of water supplies on adjacent lots.

(1)

(2)



NORTH CAROLINA DEPARTMENT OF NATURAL AND ECONOMIC RESOURCES
OFFICE OF WATER AND AIR RESOURCES
GROUND WATER DIVISION
P. O. BOX 27687 – RALEIGH, N. C. 27611

C

WELL RECORD

NOV 22 1985

DRILLING CONTRACTOR W. W. Maness & Sons REG. NO. 58 WELL CONSTRUCTION PERMIT NO.

1. WELL LOCATION: (Show a sketch of the location on back of form)
Nearest Town: _____ County: Chatham
(Road, Community or Subdivision and Lot No.) Quadrangle No. _____

2. OWNER: Linda Burgess

3. ADDRESS: Alex Cockman Rd SR. 2163

4. TOPOGRAPHY: draw, valley, slope, hilltop, flat

5. USE OF WELL: Home DATE: 5-22-85

6. DOES THIS WELL REPLACE AN EXISTING WELL? NO

7. TOTAL DEPTH: 160' RIG TYPE OR METHOD: Air

8. FORMATION SAMPLES COLLECTED: ☐ YES No. of Bags _____

9. CASING:

	Depth From	Depth to	Inside Diam.	Wall thick. or weight/ft.	Type
	0	75' ft.	6"	188	Galv

10. GROUT:

	Depth From	Depth to	Material	Method
	0	20 ft	Cement	pump

11. SCREEN:

	Depth From	Depth to	Diam.	Type and Opening
		ft.		

12. GRAVEL:

	Depth From	Depth to	Size	Material
		ft.		

13. WATER ZONES(depth): 90' 140'

14. STATIC WATER LEVEL: 25 ft. above / below top of casing.
Casing is 1 ft. above land surface. ELEV. _____
DATE MEASURED: _____

15. YIELD(gpm): 12 METHOD OF TESTING: Air

16. PUMPING WATER LEVEL: _____ ft. after _____ hours
at _____ gpm.

17. CHLORINATION: Type _____ Amount _____

18. WATER QUALITY: _____ TEMPERATURE(°F) _____

19. PERMANENT PUMP:(Show a sketch of well head on back of form)
Date installed _____ Type _____ Make _____
Capacity _____ (gpm) HP _____
Intake Depth _____ Airline Depth _____

20. HAVE YOU INFORMED THE WELL OWNER OF THE DEPARTMENTS REQUIREMENTS AND RECOMMENDATIONS? _____

21. REMARKS: _____

I do hereby certify that this well record is true and exact.

Michael Maness
SIGNATURE OF CONTRACTOR OR AGENT DATE

DRILLING LOG

DEPTH FROM	DEPTH TO	FORMATION DESCRIPTION
0	70'	Red Clay & Sandstone
70'	160'	Blue Slate

Form GW-1

White Copy - Office of Water and Air Resources; Blue - Drillers Copy; Green - Owners Copy

D

WELL HEAD COMPLETION: Draw a sketch of the well head showing casing, pump piping, seals, vents, access port, grout, and enclosure.

WELL LOCATION: Draw a location sketch showing the direction and distance of the well to at least two (2) nearby reference points such as roads, intersections and streams. Identify roads with State Highway road identification numbers.

Burgess, Marshall

The District Health Department

CASWELL - CHATHAM - LEE - PERSON COUNTIES

Water Supply and Sewage Disposal

IMPROVEMENTS PERMIT No. G-3057

Date March 1, 1985

Map 9711 Block Lot

Owner: Marshall Burgess

Location: SR 2163 on left ~2 mile from Hwy 64

Contractor:

Water Supply: Private X Public

300 GPD @ .3 gal/ft/day to serve

Sewage Disposal Facilities: No. bedrooms 3 Dishwasher, Disposal, washing machine, other automatic appliances

Size of tank: 1200 gal Nitrification line: 400' x 3' on contour Max. trench depth 24" -

Other disposal facility: Maintain 10' off Property line

Water supply and sewage disposal facilities location, installation and protection must meet state and local regulations.

Septic tank should be pumped out every 3 to 5 years and shall be maintained by owner in such a manner as not to create a public health hazard. Septic tank and nitrification line MUST BE INSPECTED AND APPROVED BY A MEMBER OF THE DISTRICT HEALTH DEPARTMENT STAFF BEFORE ANY PORTION OF THE INSTALLATION IS COVERED AND PUT INTO USE.

Date approved:

Well:

Sewage Disposal:

By:

Signed C. J. Barnes RS
Sanitarian

Counter-signed Marshall Burgess
(Owner or his representative)

Certificate of Completion

Date Approved: 10/3/85 By: Tracy Lilley
Sanitarian

(OVER)

Location of well and sewage disposal facilities sketched on back.

NOTE: Make sketch of installation showing lot size and shape, location of house, septic tanks, privies, water supplies, etc. Note special problems existing on lot. Write in measurements in order that installations may be located at later date. Note location of water supplies on adjacent lots.