

**Franklin County Health Department
Division of Environmental Health
107 Industrial Drive-Suite C
Louisburg, North Carolina 27549**

Phone: 919-496-8100

SEPTIC PERMIT

Fax: 919-496-8136

Permit Number: 10764 Type: I PIN: 2739-33-5845 Date: 12/12/2018

Applicant: THREE SIX BUILDERS CORPORA Owner: SLEDGE FARM LLC
P O BOX 1250 9 MCKNIGHT AVE
KNIGHTDALE, NC 27545 RALEIGH, NC 27607

Telephone: (919) 801-5640

Telephone:

Subdivision: SLEDGE FARM

Lot Number: 6

Size: 0.69

Physical Address/ Location /Directions 50 TIMBER CT, SPRING HOPE, NC 27882

Description: LifeTime _____ 5 Year ☒TYPE FACIL SFD # EMPLOY # BEDRMS 3 GPD 360 LTAR .3TYPE WAT Well TYPE SYS Acc TYPE REP Acc BSMT BST FX SIZE TANK 900 SIZE CHB SIZE NITR 3'X300' MTD 36"COMMENTS: Install on contour. Maintain proper setbacks.

Septic Contractors are responsible for notifying the health department for final inspections, between 8:00-9:00 AM on the day of completion, Monday - Friday. Any request for final inspections received afterwards will be scheduled the same day, if possible, or the next workday. Have permit number and owner/applicant's name ready when making the call.

Actions of representatives of state or local agencies engaged in the evaluation and determination of measures required to effect the compliance with the provisions of this permit shall in no way be taken as a guarantee that wastewater disposal systems permitted and approved will function in a satisfactory manner for any given period of time, or that such employees assume any liability for damages, consequential or direct which are caused, or may be caused, by a malfunction of this wastewater treatment and disposal system.

Proper precautions must be taken to assure the proper functioning of the system after it has been covered. Do not run any heavy equipment over the system, as soft earth will allow damage to the tank and lines. Pipe all roof drains away from the septic system site to prevent flooding of the lines from surface water. Terrace the ground to prevent excessive drainage from higher areas adjacent to the system. Do not construct driveways over any part of the septic system unless proper provisions were made when the septic system was constructed. Only grass, not trees or shrubbery, should be cultivated over the lines. All plumbing fixtures should be carefully inspected periodically and any problems repaired immediately. All septic tanks should be pumped off by a permitted pump operator on a regular schedule, not to exceed every five years.

The improvement permit and construction authorization is a site approval, for the future installation of a wastewater treatment and disposal system. Changes in ownership of the site do not affect the validity of this permit. However, any alteration of the site or soil conditions, changes in the location of the proposed facility, changes to the wastewater flow and/or characteristics, or submittal of false information with the application or misrepresentation of the property lines may subject this permit to suspension or revocation.

FOR THIS TO BE A VALID CONSTRUCTION AUTHORIZATION, A LAYOUT SHEET MUST BE ATTACHED

IMPROVEMENT PERMIT

DATE

12-19-18

EHS

Joel Berdel

CONSTRUCTION AUTHORIZATION

DATE

12-19-18

EHS

Joel BerdelVisit www.franklincountyenvironmentalhealth.com for permit information and tracking.

Franklin County Health Department

Name: THREE SIX BUILD

Permit Number

10764

CONTRACTOR

DBS

TANK MANU

DB-502
STB-1000

MANU DATE

10-15-18

WELL INSTALLED

YES

NO

X

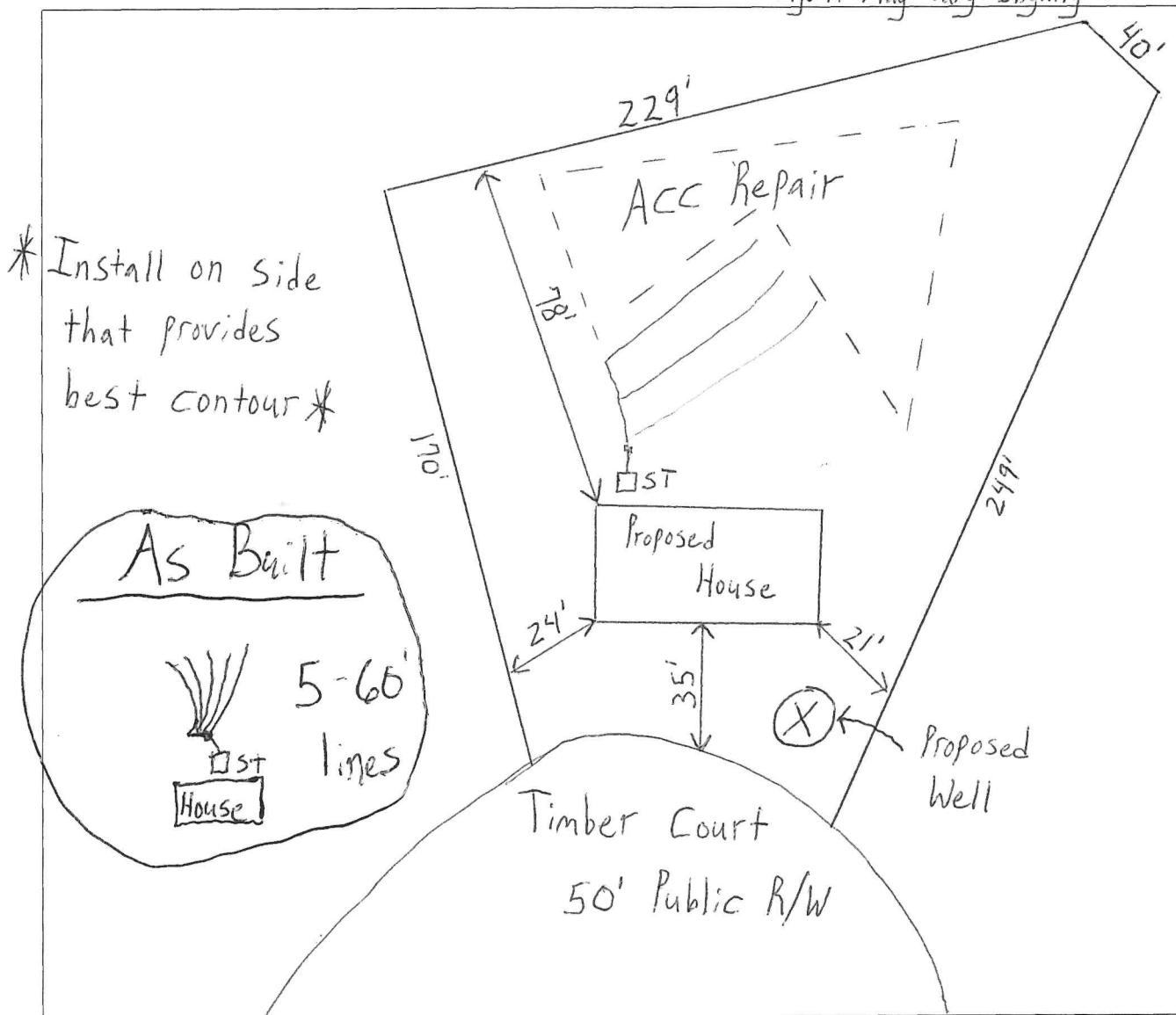
SYSTEM CODE

EZ1203-N-G

SEPTIC SYSTEM LAYOUT (SKETCH SYSTEM LAYOUT HERE)

*Drawing not to scale

*Layout may vary slightly



SEPTIC SYSTEM AS-BUILT

(IF DIFFERENT FROM INITIAL LAYOUT)

ON REVERSE

OPERATIONS PERMIT

DATE

3-18-19

EHS

Joel Bendel

Franklin County Health Department
Division of Environmental Health
107 Industrial Drive-Suite C
Louisburg, North Carolina 27549

PAGE 1 OF 2

Phone: 919-496-8100

Well Permit

Fax: 919-496-8136

Permit Number: 10764 Type: N PIN : 2739-33-5845 Date: 12/12/2018

Applicant: THREE SIX BUILDERS CORPORA Owner: SLEDGE FARM LLC
P O BOX 1250 9 MCKNIGHT AVE
KNIGHTDALE, NC 27545 RALEIGH, NC 27607

Telephone: (919) 801-5640

Telephone:

Subdivision: SLEDGE FARM

Lot Number: 6

Size: 0.69

Physical Address/ Location /Directions 50 TIMBER CT, SPRING HOPE, NC 27882

WELL INFORMATION:

WELL TYPE: Dri D WELL DEPTH: 260 FT WELL YIELD: 25 GPM
STAT LEVEL: 20 FT CASE TYPE: PVC P CASE DEPTH: 52 FT

COMMENTS:

THE WELL OWNER IS RESPONSIBLE FOR CONTACTING THE HEALTH DEPARTMENT AS SOON AS POSSIBLE AFTER THE POWER IS CONNECTED, BUT NO LATER THAN 30 DAYS AFTER THE CERTIFICATE OF COMPLETION DATE, IN ORDER TO REQUEST WATER SAMPLES.

Well drilling contractors are responsible for notifying the Health Department for grouting inspections. The well driller or pump installer is responsible for requesting the well head inspection. Calls must be made to the Health Department between 8:00-9:00 AM on the day of the inspection, Monday-Friday. Any request for grouting or well head inspections requested afterwards will be scheduled the same day, if possible, or the next workday. Have permit number and owner/applicants name ready when making the call.

Actions of representatives of state or local agencies engaged in the evaluation and determination of measures required to effect the compliance with the provisions of this permit shall in no way be taken as a guarantee as to the quality or quantity of water produced by the well.

A well construction permit or repair permit shall be valid for a period of five years, except that the Health Department may revoke a permit, at any time, if it determines that there has been a material change in any fact or circumstance upon which the permit is issued. The validity of a construction permit or repair permit shall not be affected by a change in ownership of the site on which a private drinking water well is proposed to be located. The Health Department may suspend or revoke any permits issued upon a determination that the provisions of these regulations have been violated.

CONSTRUCTION AUTHORIZATION DATE: 12-19-18 EHS: Joel Berdel

GROUT INSPECTION DATE: 2-11-19 EHS: Joel Berdel

WELL HEAD INSPECTION DATE: 4-24-19 EHS: Joel Berdel

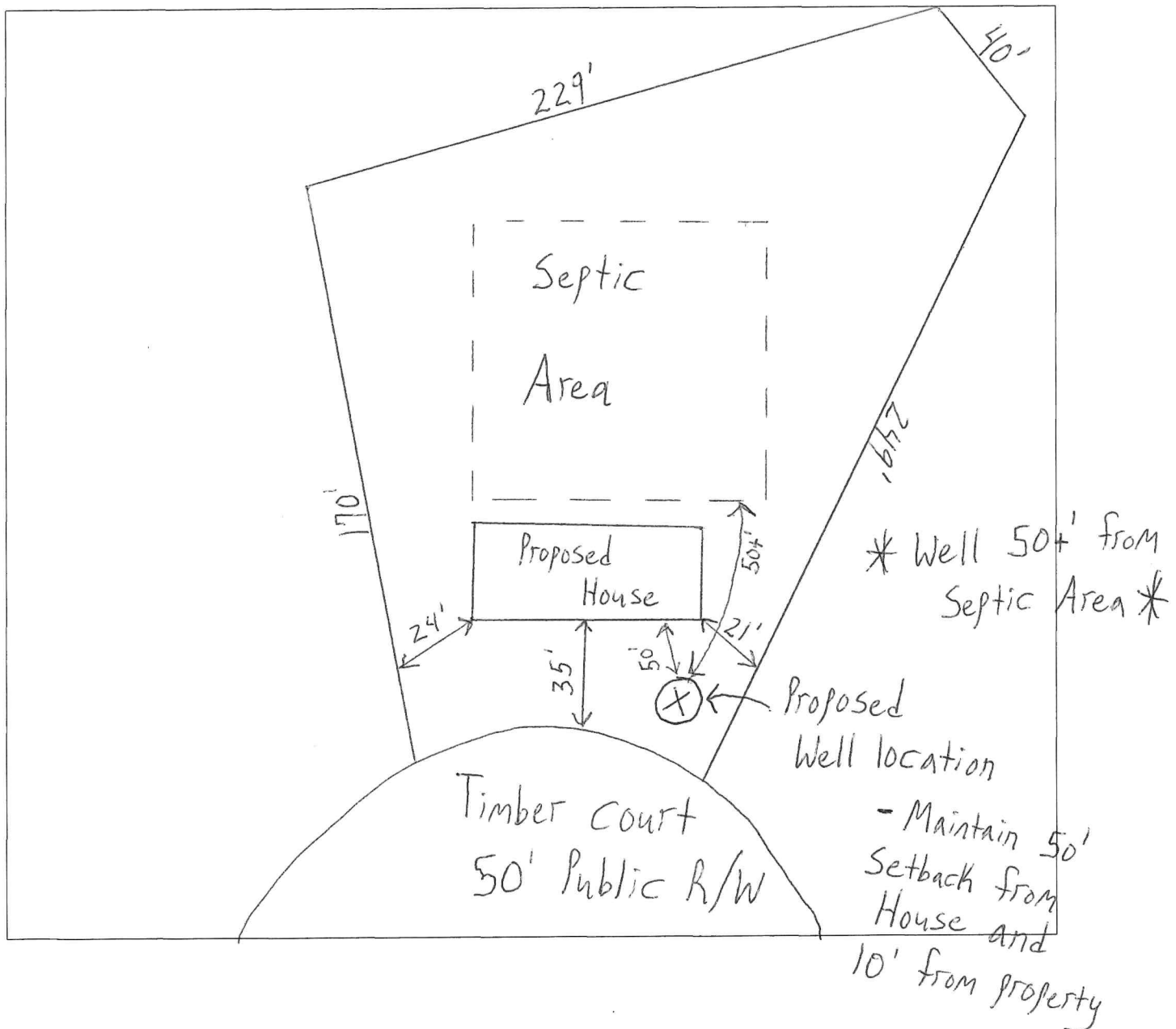
CERTIFICATE OF COMPLETION DATE: 4-24-19 EHS: Joel Berdel

Visit www.franklincountyenvironmentalhealth.com for permit information and tracking.

Franklin County Health DepartmentName: THREE SIX BUILDPermit Number 10764LOCATION LAT N 36 ° ' LONG W 78 ° 0 '

WELL DRILLING CONTRACTOR: _____ REG #: _____ 0

PUMP INSTALLER: _____ REG #: _____ 0

SEPTIC SYSTEM LAYOUT AND WELL LOCATION

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM
(Complete all fields in full)

OWNER: Three Six Builders

ADDRESS: _____

PROPOSED FACILITY: SFD

PROPOSED DESIGN FLOW (.1949): 360

LOCATION OF SITE: 50 Timber CT - Sledge Farm

APPLICATION DATE 12-12-
DATE EVALUATED: 12-18-
PROPERTY SIZE: .69
PROPERTY RECORDED: _____

WATER SUPPLY: Private Public Well Spring Other

EVALUATION METHOD: Auger Boring Pit Cut

TYPE OF WASTEWATER: Sewage Industrial Process Mixed

Profile #	1940 LANDSCAPE POSITION/SLOPE %	HORIZON DEPTH (IN)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			1941 STRUCTURE/TEXTURE	1941 CONSISTENCE/MINERALOGY	1942 SOIL WETNESS/COLOR	1943 SOIL DEPTH	1956 SAPRO CLASS	1944 RESTR HORIZ	
1	2-4%	1-12	Gr/SL	Fr/Ns/Np/SEXP		48"			.3
		12-24	Bh/CL	Fi/SS/Sp/SEXP					
		24-48	Bh/SCL						
2	2-4%	1-9	Gr/SL	Fr/Ns/Np/SEXP		48"			.3
		9-22	Bh/CL	Fi/SS/Sp/SEXP					
		22-48	Bh/SCL	Fr/SS/Sp/SEXP					
3	2-4%	1-11	Gr/SL	Fr/Ns/Np/SEXP		48"			.3
		11-26	Bh/CL	Fi/SS/Sp/SEXP					
		26-48	Bh/SCL	Fr/SS/Sp/SEXP					
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM	OTHER FACTORS (.1946): SITE CLASSIFICATION (.1948): <u>S</u> EVALUATED BY: <u>Joel Bendel</u> OTHER(S) PRESENT: _____
Available Space (.1945)	<u>yes</u>	<u>yes</u>	
System Type(s)	<u>Acc</u>	<u>Acc</u>	
Site LTAR	<u>.3</u>	<u>.3</u>	
COMMENTS: _____			



COUNTY OF FRANKLIN

ENVIRONMENT HEALTH APPLICATION (496-8100)

Permit #: **50510**

Permit Type: **WELL/SEPTIC**

Date Issued: **12/12/2018**

Project Address: **50 TIMBER CT, SPRING HOPE NC 27882**

Location: **50 TIMBER CT**

Size #: **0.690**

Subdivision: **SLEDGE FARM**

Lot #: **6**

Applicant: **THREE SIX BUILDERS CORPORATION**

Phone: **919-801-5640**

P O BOX 1250

KNIGHTDALE NC 27545

Owner Name: **SLEDGE FARM LLC**

Phone:

Address: **9 MCKNIGHT AVE**

27607

Tax record: **37807**

Pin #: **2739-33-5845**

Parcel #: **K12B00 006**

Zoned: **R-30**

Setbacks Front: **30**

Rear: **25**

Side: **10**

Proposed Use: **SFD**

of bedrooms: **3**

of people: **3**

Township: **DUN**

Public Water/Sewer:

Desc:

Fees Due: **\$800.00**

Date Paid: **12/12/2018**

*** Please complete all sections below***

☐ Yes ☒ No Does this site contain any previously identified jurisdictional wetlands?
☐ Yes ☒ No Is any wastewater, other than domestic, going to be generated?
☐ Yes ☒ No Is the site subject to approval by any other public agency?

*If the answer to any of the above is "yes", applicant must submit supporting documentation.

Please indicate desired system type(s). Systems can be ranked in order of preference.

☐ Conventional ☐ Accepted ☐ Modified Conventional ☐ Alternative

☐ Other ☒ No Preference

Call Environmental Health (919.496.8100) between 8:00 - 9:00 am Monday - Friday in order to schedule an appointment with an environmental health specialist for your lot evaluation. This application for an improvement permit/construction authorization and well permit does not constitute approval for zoning, septic or building permits. It will be necessary to meet all guidelines for zoning, septic and building permits prior to construction. The permit is valid for either 60 months or without expiration, depending upon documentation submitted. (complete site plan= 60 months---complete surveyed plat=without expiration.)

Please contact the Environmental Health Department at 919.496.8100 or visit their website at www.franklincountyenvironmentalhealth.com to determine the status of your application prior to visiting the Planning & Inspections Department to obtain a building permit.

I hereby certify that I am the owner, or authorized by the owner to act as his/her legal representation. Furthermore, as legal representative (if applicable) I have advised the owner of my intention to apply for this wastewater treatment and disposal system and drinking water and well system permit.

I also certify that all of the statements made in this application and any attached documents are true, complete, and correct, to the best of my knowledge and belief, and are made in good faith. If information in this application for these improvements is falsified, changed or site is altered, then improvement permits and authorization to construct these improvements shall become invalid. Authorized county representatives are granted right of entry to make these evaluations or inspections, and to release information upon public request.

X **LESLIE B. PRIVETTE**

12/12/2018

Print & Signature of Owner or Owner's Legal Representative



COUNTY OF FRANKLIN
ENVIRONMENT HEALTH APPLICATION (496-8100)

Lot Preparation

The applicant is responsible for preparing for a site evaluation by an Environmental Health Specialist.

The applicant must address EACH of the items listed below prior to the evaluation. (Note: A separate application and site plan must be submitted for each proposed septic system/lot. An individual evaluation may encompass an area up to 3 acres in size.)

1. **Site Plan:** A site plan must be submitted with your application. the site plan must show property dimensions, the desired location and size of proposed structures (including decks, storage buildings, sheds, pools, etc), driveways, and jurisdictional wetlands (if applicable.) A sample site plan is available upon request.
2. **Property Lines:** All property lines and corners within 250 feet of the proposed house site must be clearly marked and readily identifiable. If you are proposing to subdivide property, the proposed property lines must be clearly marked.
3. **Clearing:** In order to conduct a site evaluation, the lot must be easily accessible. If fallen trees, underbrush, or other obstacles prevent free movement across the property, then clearing will be required. Soil disturbance must be minimized during the clearing process in order to avoid removing natural soil and adversely affecting site/soil characteristics.
4. **House/structure:** The proposed location of a house or any other structure must be marked on the property.
5. **Confirmation:** Once all the items listed above have been completed, the applicant may contact Franklin County Environmental Health (919-496-8100) for evaluation. The Environmental Health Specialist assigned to evaluate your lot will give you a time of when your lot evaluation should be completed.

Important:

- ** If a site plan is incomplete or changes are made after the on-site evaluation, a \$50.00 revisit fee may be assessed.
- ** If an Environmental Health Specialist arrives at the property and a site evaluation cannot be conducted because the site has not been prepared as required, the applicant will be notified and the application placed in "Inactive" status.
- **After the site has been properly prepared, the applicant may contact Environmental Health for the application to become active again.
- **A revisit fee (\$50.00) may be assessed prior to scheduling another visit to the property.

If you have any questions regarding the information listed above, please feel free to contact our office at 919-496-8100. Our office hours are Monday - Friday, from 8:00AM to 5:00PM.

My signature below indicates that I have read the information listed above and that the property will be prepared for an evaluation in accordance with these instructions before scheduling an evaluation. I understand that if the conditions outlined above have not been met, the application will be placed on "Inactive" status and a \$50.00 revisit fee may be assessed before rescheduling.

Location: **50 TIMBER CT**

X **LESLIE B. PRINETTE**

Print & Signature of Owner or Owner's Legal Representative

12/12/2018

Franklin County Development Permit

RESIDENTIAL

Zoning Permit #: X2386

ADDRESS: 50 TIMBER CT

PARCEL NO.: 2739-33-5845

ZONING: R-30

SUBDIVISION: SLEDGE FARM

LOT: 6

ISSUED TO: THREE SIX BUILDERS

P O BOX 1250

KNIGHTDALE NC 27545

PHONE NUMBER: 919-801-5640

SETBACK: FRONT: 30 RIGHT: 10 LEFT: 10 REAR: 25

COUNTY WATER: NO FLOODPLAIN: NO MISC FEE:

PERMIT TYPE: ZONING PERMIT

TYPE OF CONSTRUCTION: SFD - NEW SEPTIC

PERMIT DATE: 12/12/2018

WATERSHED NO

TOWNSHIP DUN

EXPIRE DATE: 06/12/2019

3/3

It is hereby certified that the above use as shown on the plats and plans submitted with this application conforms with all applicable provisions of the Franklin County Zoning Ordinance. The issuance of this application does not allow the violation of Franklin County Zoning Ordinance or other governing regulations. The applicant is responsible for obtaining a building permit (if required) prior to commencing work on the proposed improvement. A final zoning inspection must be scheduled by the applicant.

NOTES:

I hereby certify that all information I have provided to the Planning Department is true and accurate.

APPLICANTS SIGNATURE:

[Signature]

UTILITY COMPANY: PROGRESS ENERGY WAKE ELECTRIC OTHER

NUMBER OF STORIES: 1 _____ 1 1/2 _____ 2 _____ 2 1/2 _____

SQUARE FOOTAGE: HEATED _____ UNHEATED _____ TOTAL _____

BASEMENT: YES _____ NO _____

FIREPLACE: NO _____ MASONRY _____ MANUFACTURED _____

PLAN SETS: MODULAR _____ STICKBUILT _____

NAME OF:

ELECTRICIAN: _____

MECHANICAL: _____

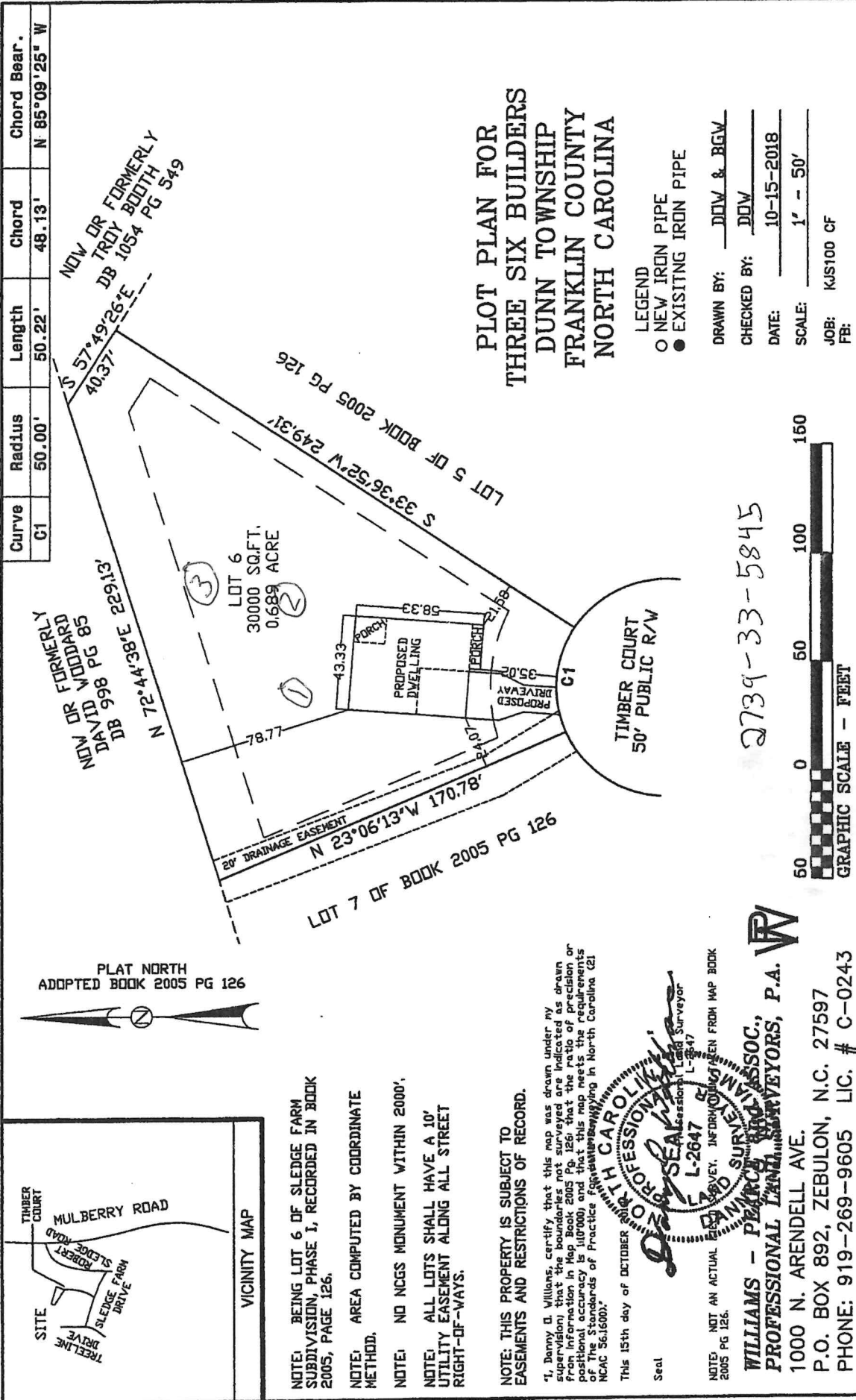
PLUMBING: _____

COST OF CONSTRUCTION: _____

NO MORE THAN 2 STRUCTURAL DEVIATIONS OR PLANS MUST BE REDRAWN

DEPARTMENTAL USE ONLY

	INITIALS (IN)	DATE	INITIALS (OUT)	DATE
ZONING	<i>XS</i>	<i>12/12/18</i>	_____	_____
INITIAL PERMITTING	_____	_____	_____	_____
ADDRESSING	_____	_____	_____	_____
PLAN REVIEW	_____	_____	_____	_____
FIRE REVIEW	_____	_____	_____	_____
SEPTIC/SEWER	_____	_____	_____	_____
FINAL PERMITTING	_____	_____	_____	_____



Curve	Radius	Length	Chord	Chord Bear.
C1	50.00'	50.22'	48.13'	N 85°09'25" W

NOW OR FORMERLY
 DAVID WOODARD
 DB 998 PG 85
 N 72°44'38"E 229'13"
 40.37'
 S 57°49'26"E
 DB 1054 PG 549
 40.37'
 S 33°36'52"W 249.31'
 LOT 5 OF BOOK 2005 PG 126
 LOT 6
 30000 SQ.FT.
 0.689 ACRE
 20' DRAINAGE EASEMENT
 N 23°06'13"W 170.78'
 LOT 7 OF BOOK 2005 PG 126
 TIMBER COURT
 50' PUBLIC R/W
 C1
 PROPOSED
 DWELLING
 PORCH
 43.33
 58.33
 21.58
 35.02
 78.77

PLAT NORTH
 ADOPTED BOOK 2005 PG 126
 VICINITY MAP
 SITE
 TIMBER COURT
 MULBERRY ROAD
 SLEDGE FARM DRIVE
 SLEDGE FARM DRIVE
 SLEDGE FARM DRIVE

NOTE: BEING LOT 6 OF SLEDGE FARM SUBDIVISION, PHASE 1, RECORDED IN BOOK 2005, PAGE 126.
 NOTE: AREA COMPUTED BY COORDINATE METHOD.
 NOTE: NO NCGS MONUMENT WITHIN 2000'.
 NOTE: ALL LOTS SHALL HAVE A 10' UTILITY EASEMENT ALONG ALL STREET RIGHT-OF-WAYS.
 NOTE: THIS PROPERTY IS SUBJECT TO EASEMENTS AND RESTRICTIONS OF RECORD.

"I, Danny D. Williams, certify that this map was drawn under my supervision that the boundaries not surveyed are indicated as drawn information in the map and that this map meets the requirements of The Standards of Practice for Land Surveying in North Carolina (21 NCAC 56.1600)."
 This 15th day of OCTOBER 2005
 Seal
 NOTES: NOT AN ACTUAL SURVEY. INFORMATION TAKEN FROM MAP BOOK 2005 PG 126.
 NORTH CAROLINA PROFESSIONAL LAND SURVEYORS, P.A.
 WILLIAMS - PEARCE & ASSOC., P.A.
 1000 N. ARENDELL AVE.
 P.O. BOX 892, ZEBULON, N.C. 27597
 PHONE: 919-269-9605 LIC. # C-0243

2739-33-5845
 GRAPHIC SCALE - FEET
 50 0 50 100 150

WELL CONSTRUCTION RECORD

This form can be used for single or multiple wells

1. Well Contractor Information:

Jason Poole

Well Contractor Name

2279-A

NC Well Contractor Certification Number

Grady Poole Well & Pump Co., Inc.

Company Name

2. Well Construction Permit #: 10764

List all applicable well permits (i.e. County, State, Variance, Injection, 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

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: 2/8/2019 Well ID#

5a. Well Location:

Three Six Builders

Facility/Owner Name

Facility ID# (if applicable)

50 Timber Ct.

Spring Hope 27882

Physical Address, City, and Zip

Franklin

2739-33-5845

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. Number of wells constructed: One

For multiple injection or non-water supply wells ONLY with the same construction, you can submit one form.

9. Total well depth below land surface: 260 (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 "A"

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) 25 Method of test: Blow

13b. Disinfection type: HTH Amount: 1 Lb.

For Internal Use ONLY:

10764

14. WATER ZONES

FROM	TO	DESCRIPTION
0 ft.	240 ft.	25 GPM
ft.	ft.	

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

FROM	TO	DIAMETER	THICKNESS	MATERIAL
0 ft.	52 ft.	6 in.		PVC
ft.	ft.	in.		

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.	Portland &	Gravity
ft.	ft.	Screenings	
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.	20 ft.	Topsoil
20 ft.	30 ft.	Sand
30 ft.	260 ft.	slate Bed Rock
ft.	ft.	
ft.	ft.	
ft.	ft.	
ft.	ft.	

21. REMARKS

10' of 4" liner, 1-Drift

22. Certification:

Jason Poole
Signature of Certified Well Contractor

02/8/2019

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 ONLY: In addition to sending the form to the address in 24a above, also submit a 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:

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.

Franklin County Health Department
Division of Environmental Health
107 Industrial Drive-Suite C
Louisburg, North Carolina 27549

PAGE 1 OF 2

Phone: 919-496-8100

Well Permit

Fax: 919-496-8136

Permit Number: 10764 Type: N PIN: 2739-33-5845 Date: 12/12/2018
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KNIGHTDALE, NC 27545 RALEIGH, NC 27607
Telephone: (919) 801-5640 Telephone:
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one - Boer

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CONSTRUCTION AUTHORIZATION DATE: 12-19-18 EHS: Joel Berdel

GROUT INSPECTION DATE: _____ EHS: _____

WELL HEAD INSPECTION DATE: _____ EHS: _____

CERTIFICATE OF COMPLETION DATE: _____ EHS: _____

Visit www.franklincountyenvironmentalhealth.com for permit information and tracking.