J

Franklin County
NORTH CAROLINA

CDP# 383993

Franklin County Environmental Health
127 S Bickett Blvd.
Louisburg, NC 27549
Phone (919) 496-2281
www.franklincountync.gov

Issued to: Geral Jacobs **Location:** 13 ALTON DR LOUISBURG , NC 27549

NEW WELL APPLICATION

Application Type: NEW WELL
Application Number: E-22-1050 Date: November 10, 2022
Building Type: Acreage: 0.83
Project Type: Zoning: AR
# of Bedrooms: # of People:
Parcel ID #; 017952 Subdivsion: ALSTON ACRES B PT

Applicant Information

Applicant Name: Geral Jacobs
Address: 45 Seclusion Dr Louisburg , NC 27549
Phone: 919-604-0957 Email: hotflashg@juno.com

Property Owner Information

Owner Name: JACOBS GERALDINE
Address: 24 RIDGEWAY LN LOUISBURG , NC 27549
Phone: Email:

General Contractor Information

Contractor Name:
Address: ,
Phone: Email:

Zoning

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

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. This application for an improvement permit/construction authorization and well permit does not constitute approval for zoning, septic, and building permits. It will be necessary to meet all guidelines for zoning, septic, and building permits prior to construction. The application is valid for either 12 months or without expiration, depending upon documentation submitted.

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.

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 be release information upon public request.

Well Construction Permit

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

For Office Use Only

*CDP File Number 383993

PIN Number:

Tax Lot #: Tax Block #: 017952

Evaluated For:

Property Owner:	GERAL JACOBS
Address:	25 RIDGEWAY LN
City:	LOUISBURG
State/Zip:	NC / 27549
Phone #:	

Applicant:	GERAL JACOBS
Address:	45 SECLUSION DR
City:	LOUISBURG
State/Zip:	NC / 27549
Phone #:	

Property Location & Site Information

Address/Road #: 13 ALTON DR
LOUISBURG NC, 27549

Subdivision: ALSTON ACRES B PT Phase: Lot:

*Proposed use of Well:

If Other:

Applicant Email:

Owner Email:

Directions: 13 ALTON DR

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: 11/15/2022

Authorized State Agent:

Owner/Applicant:

○ Hand Drawing ○ Import Drawing

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

Franklin County
NORTH CAROLINA

File # 383993 PIN# _____

Property Address: 13 Alton Dr

Applicant or Owner Name: Geral Jacobs

Environmental Health Septic/Well Permit Diagram

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

◯ Septic Improvement Permit ◯ Septic Construction Authorization (CA) ◯ CA Reissue** ◯ As Built

☒ Well Construction Authorization ◯ Additional Diagram/Specifications Attached

Diagram Date:** 11-15-22 **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 _____ Pump Tank _____ Drainfield _____ Type System _____ Max Trench Depth _____

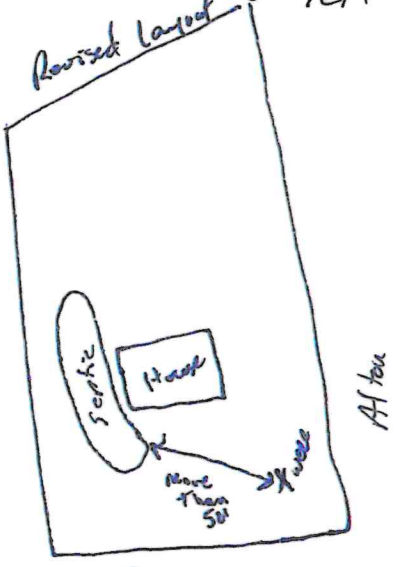
Septic Contractor _____ Septic/Pump tank dates _____ Pump fee? NO YES pd _____

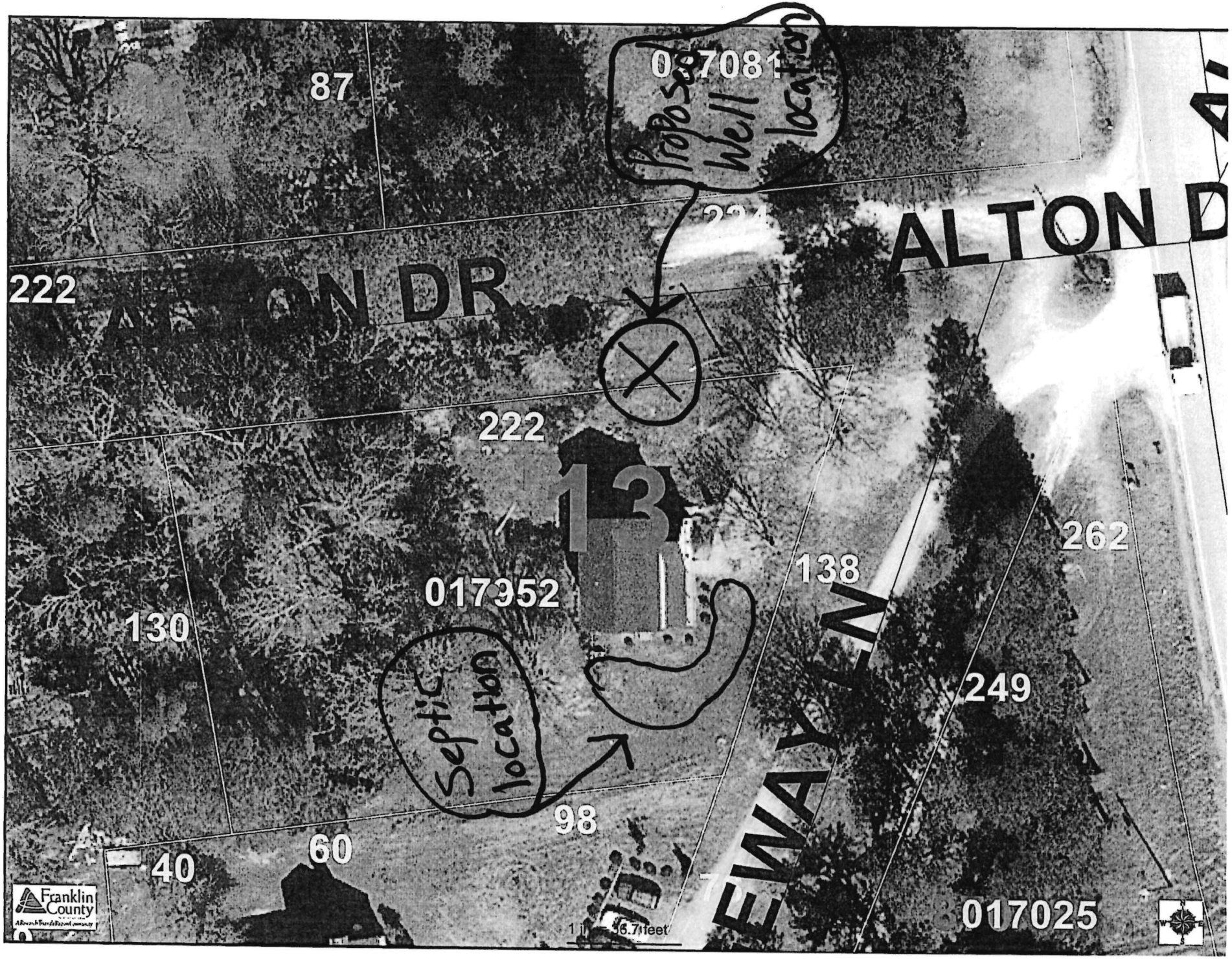
Well Contractor _____ Well Grout date: _____

* Refer to attached site map → Well to go to right of house if facing from E River Rd → Septic System located to left of house *

Layout Revised 12-6-22 SEL

ADI shows contamination within 1000'. suggest sampling for VOC's (Sent Report to Applicant)



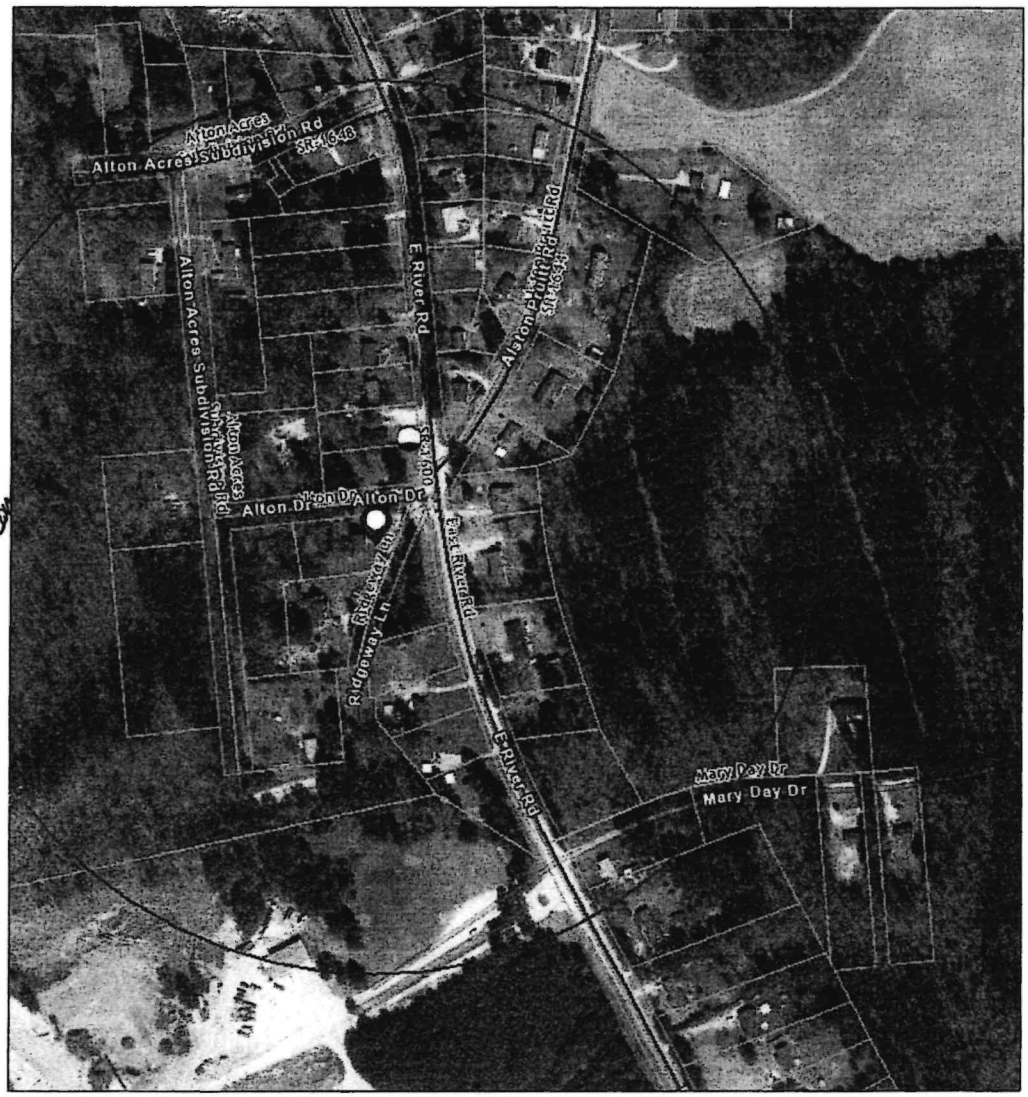

87
017081
Proposed well location
ALTON D
222
ON DR
222
13
262
138
017352
130
Septic location
249
98
60
40
EWAY LN
017025
Franklin County
1 in = 56.7 feet

WPDT Report

Area of Interest (AOI) Information

Area : 3,134,508.7 ft²

Dec 2 2022 10:24:25 Eastern Standard Time



Known Releases of Contamination
- Underground Tank Incidents
- Parcels (Polygons) - Parcels

Non-System Roads
- Federal Route
- Non-System

Other System Roads
- Ramps, Rest Areas, Non-Mainline
- Projected Route
- Other State Agency Route
- Secondary Route

Primary Roads
- Interstate

1:4,514

0 0.03 0.06 0.12 mi

0 0.05 0.1 0.2 km

NCDOT GIS Unit, Source: Esri, Maxar, Earthstar Geographics, and the GIS User Community, Esri Community Maps Contributors, State of North Carolina DOT, © OpenStreetMap, Microsoft, Esri, HERE, Garmin, SafeGraph, GeoTechnologies, Inc, METI/NASA, USGS, EPA, NPS, US Census Bureau

geraljacobs@gmail.com

Known Releases of Contamination

#	Site ID	Site Name	Site Type	Data Current As Of	Count
1	12598	ANDERSON (GLENN)	Underground Tank Inicidents	12/18/2019	1

Franklin County

*File #: 383993 - 1
PIN #:
Tax Lot #:
Tax Block #: 017952

WELL CONSTRUCTION RECORD

Owner: GERAL JACOBS
25 RIDGEWAY LN

LOUISBURG, NC 27549

Directions
13 ALTON DR

Drilling Contractor: CODY ELLIOTT
Driller Registration:
Date Drilled: 01/14/2023
Use of Well: SINGLE FAMILY

Total Depth: 140 Ft.
Static Water Level: Ft.
Replacement Well: NO
Yield: 25 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: 02/01/2023

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.

WELL CONSTRUCTION RECORD (GW-1)

For Internal Use Only:

1. Well Contractor Information:

CODY ELLIOTT
Well Contractor Name

4420-A
NC Well Contractor Certification Number

CLEAR WATER DRILLING LLC
Company Name

2. Well Construction Permit #: 383993
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

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: 1-14-23 Well ID# _____

5a. Well Location:

Geral Jacobs
Facility/Owner Name

Facility ID# (if applicable)

13 Alton Dr. Louisburg NC
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)

_____ 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. For Geoprobe/DPT or Closed-Loop Geothermal Wells having the same construction, only 1 GW-1 is needed. Indicate TOTAL NUMBER of wells drilled: 1

9. Total well depth below land surface: 140 (ft.)
For multiple wells list all depths if different (example: 3@200' and 2@100')

10. Static water level below top of casing: _____ (ft.)
If water level is above casing, use "+"

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: Air

13b. Disinfection type: HTH Amount: _____

14. WATER ZONES

FROM	TO	DESCRIPTION
115 ft.	120 ft.	25 gpm
ft.	ft.	

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

FROM	TO	DIAMETER	THICKNESS	MATERIAL
+1 ft.	-69 ft.	6 in.		PVC

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	Poured
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.)
ft.	ft.	
ft.	ft.	
ft.	ft.	
ft.	ft.	
ft.	ft.	
ft.	ft.	
ft.	ft.	

21. REMARKS

22. Certification:

Signature of Certified Well Contractor

1-14-23
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 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: In addition to sending the form to the address in 24a above, also submit one 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: In addition to sending the form to the address(es) above, 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.