OPERATION PERMIT

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

For Office Use Only

*CDP File Number: 381586 - 1
County ID Number:
Evaluated For: NEW

Property Owner:
Owner Address:

City:
State/Zip: /
Phone #:
Address: 170 BROOKHAVEN DR
SPRING HOPE, NC 27882
Road #:
Township:
Subdivision: BROOKHAVEN
Phase : NEW Lot: 14

Structure: SINGLE FAMILY
# of Bedrooms: 4
# of People: 5
Water Supply: NEW WELL
Saprolite System?: [ ] Yes [X] No
Pump Required?: [ ] Yes [X] No
Design Flow: 480
System Classification/Description: TYPE III G. OTHER NON-CONV. TRENCH SYSTEMS

Installer: DB+Sons
Certification #:

Specific System Installed: EZFLOW EZ 1203H-GEO

Septic Tank Date: 12/09/2024

STB: 502

Pump Tank Date:

PT:

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 .1301.

II. Monitoring: As required by Rule .1301.

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: Leonard, Shad

Date of Issue: 02/04/2025

Owner/Applicant: _____

Franklin County
NORTH CAROLINA

File # 381586 PIN#

Property Address: 170 Brookhaven Drive (Lot 14)

Applicant or Owner Name: Matthew Winslow

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:** 10-20-22 **EHS:** [signature]

****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.

Revised to Gravity

Septic Tank 1000 Pump Tank ~~1000~~ Drainfield 3'x405' Type System ~~P~~ Acc Max Trench Depth 26"

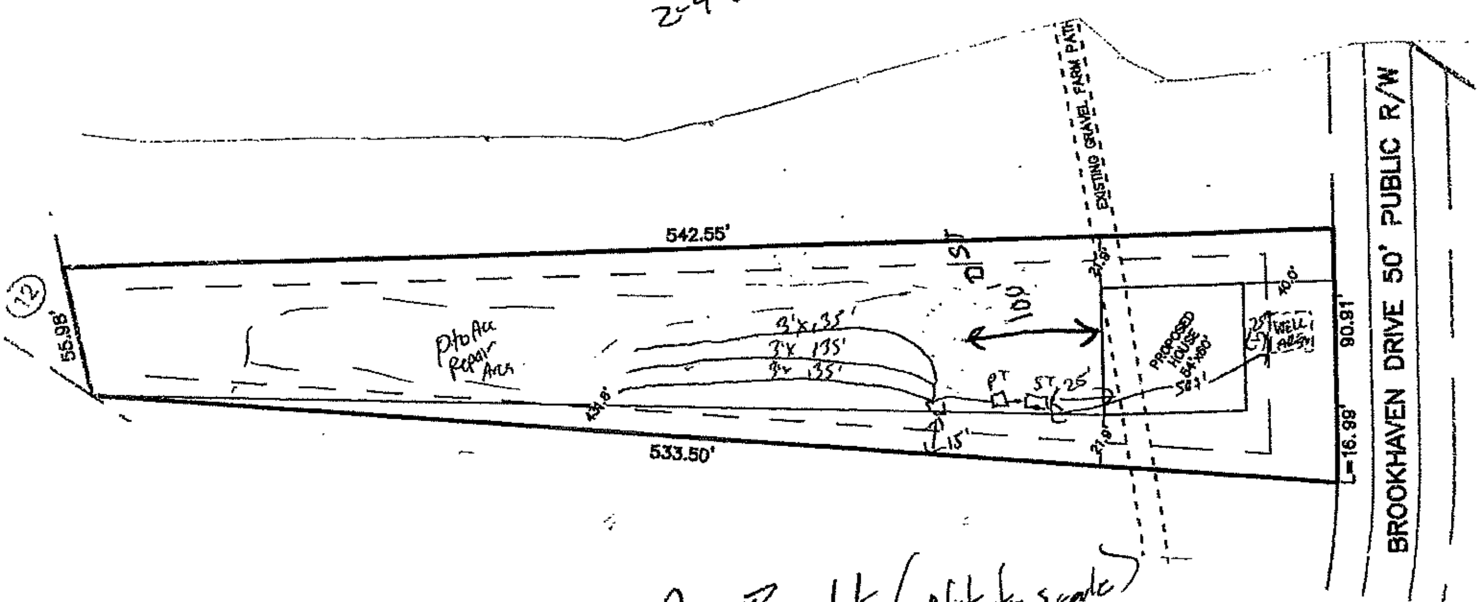
Septic Contractor DB+Sons Septic/Pump tank dates DBS 1000 12-8-24 SOL Pump fee? NO/YES pd

Well Contractor Bayette Well Grout date: *Drawing not to scale*

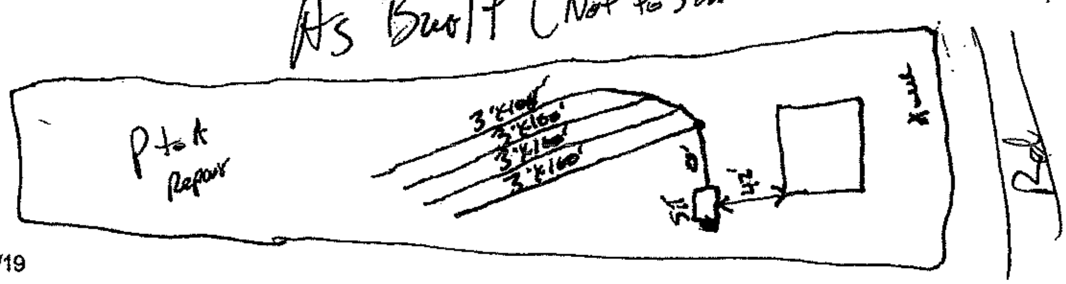
Pump Installer = Bayette
J'd Well Head 2-4-25 SOL

J'd Tank + lines 2-4-25 SOL

3'x405' EZ Flows gravity to Dwp



As Built (Not to scale)



Franklin County

*File #: 381586 - 2
PIN #:
Tax Lot #: 14
Tax Block #: 048632

WELL CONSTRUCTION RECORD

Owner:

Directions
170 BROOKHAVEN DR

Drilling Contractor: JOHN BOYETTE JR.
Driller Registration: 2505
Date Drilled: 01/09/2025
Use of Well: SINGLE FAMILY

Total Depth: 165 Ft.
Static Water Level: 20 Ft.
Replacement Well: NO
Yield: 35 gpm

Water Zone: 1) 140 Ft. 2) Ft.
3) Ft. 4) Ft.

Disinfection Type: GRANULAR Amount: 16oz

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: Leonard, Shad
Issue Date: 02/04/2025

Casing: Depth: 144 Ft. Thickness: In. Comments:
Diameter: In. Top of Casing: In.
Material: SDR 21

Grout:

	Depth			Material	Method
From	0	To 25	Ft.	BENTONITE	PUMP
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

Issued by: Leonard, Shad
Date of Issue: 02/04/2025

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.

Winslow

WELL CONSTRUCTION RECORD

This form can be used for single or mutiple wells

1. Well Contractor Information:

Mr John H Boyette, Jr

Well Contractor Name

2505

NC Well Contractor Certification Number

Boyette Well & Septic, Inc.

Company Name

2. Well Construction Permit #: 381586

List all applicable well construction permits (ie County, State, Variance, etc.

3. Well Use:

Residential

4. Date Well(s) Completed: 1/9/2025 **Well ID#**

5a. Well Location:

List all applicable well construction permits (ie County, State, Variance, etc.

Grand Oak Builders Wake Forest , LL(

Facility/Owner Name — Facility ID (if applicable)

170 Brookhaven Drive, Spring Hope, NC 27882

Physical Address, City, and Zip

Franklin

County — Parcel Identification No. (PIN)

5b. Latitude and Longitude degrees/minutes/seconds or decimal degrees:

(If well field, one lat/long is sufficient.)

35.891819 N -78.215409 W

6. Is (are) the well(s): Permanent

7. Is this a repair to an existing well: 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: 1

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

9. Total well depth below land surface: 165 (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): 35 **Method of test:** Air

13b. Disinfection type: Chlorine **Amount:** 16 Oz

For Internal Use ONLY:

14. WATER ZONES

FROM	TO	DESCRIPTION
140 ft.	149 ft.	
ft.	ft.	

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

FROM	TO	DIAMETER	THICKNESS	MATERIAL
0 ft.	130 ft.	6.25 in.	21	PVC Plastic
130 ft.	144 ft.	6.25 in.	0.188	Steel - Galvanized

16. INNER CASING OR TUBING (geothermal closed-loop)

FROM	TO	DIAMETER	THICKNESS	MATERIAL
ft.	ft.	in.		
ft.	ft.	in.		

17. SCREEN

FROM	TO	DIAMETER	THICKNESS	SLOT SIZE	MATERIAL
ft.	ft.	in.			
ft.	ft.	in.			

18. GROUT

FROM	TO	MATERIAL	EMPLACEMENT METHOD & AMOUNT
0 ft.	25 ft.	Grout - Bentonite Slurry	~8 Bags
ft.	ft.		
ft.	ft.		

19. SAND/GRAVEL PACK (if applicable)

FROM	TO	MATERIAL	EMPLACEMENT METHOD & AMOUNT
ft.	ft.		
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.	30 ft.	, Clay
30 ft.	60 ft.	, Dolomite & Sandstone
60 ft.	165 ft.	, Granite
ft.	ft.	
ft.	ft.	
ft.	ft.	
ft.	ft.	

21. REMARKS

22. Certification:

John Boyette — 1/20/2025

Signature of Certified Well Contractor — 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.

SUMITTAL INSTRUCTIONS

24a. For All Wells: Submit this form within 30 days of completion of well construction to the following:

Division of Water Quality, 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 a copy of this form within 30 days of completion of well construction to the following:

Division of Water Quality, 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.