



*File #: 392870 - 1
PIN #:
Tax Lot #: 4
Tax Block #: 041763

WELL CONSTRUCTION RECORD

Owner: ALEX LAWSON
397 FONTANA DR

CLAYTON, NC 27527

Directions
125 ATTENA

WELL HEAD CONSTRUCTION

Drilling Contractor: JERRY BALL
Driller Registration:
Date Drilled: 04/24/2023
Use of Well: SINGLE FAMILY

Total Depth: 200 Ft.
Static Water Level: 30 Ft.
Replacement Well: NO
Yield: 18 gpm

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

Disinfection Type: N/A Amount:

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. Comments:
Diameter: In. Top of Casing: In.
Material: N/A

Grout:

From	Depth	To	Ft.	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:

From	Depth	To	Ft.	Material	Method
From	0	To	Ft.	N/A	N/A

Issued by: Bendel, Joel
Date of Issue: 06/06/2023

REFER TO ATTACHED GW-1 FOR MORE
WELL DRILLING DETAILS

This well was constructed, repaired or abandoned in compliance with the well permit and in accordance with 15A 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.



CDP#
392870

Franklin County Environmental Health
127 S Bickett Blvd.
Louisburg, NC 27549
Phone (919) 496-8100
www.franklincountync.gov

Issued to: John Szalecki

Location: 125 ATTENA WAY ZEBULON, NC 27597

NEW WELL APPLICATION

Application Type: NEW WELL

Application Number: E-22-931

Building Type:

Project Type: Single Family Dwelling

of Bedrooms:

Residential Project Type:

Building Foundation:

Water Source:

Date: April 3, 2023

Acreage: 10.01

Zoning: R-30

of Occupants:

Commercial Project Type:

Square Footage of Facility:

Number of Employees:

Number of Seats:

Preferred Type of Septic System:

Parcel ID #: 041763

Notes:

Subdivision: PEARCES POND LOT

Applicant Information

Applicant Name: John Szalecki

Address: 1016 Mockingbird Drive Raleigh, NC 27615

Phone: 9312699471

Email: john@familybuildingco.com

Property Owner Information

Owner Name: PEARCE DALLAS M

Address: 434 ROGERS RD ZEBULON, NC 27597

Phone:

Email:

General Contractor Information

Contractor Name: Family Building Company II LLC

Address: 1016 Mockingbird Dr. null Raleigh, NC 27615

Phone: (919) 995-5927

Email:

Zoning

Zoning Permit #: Z-22-561

Front Setback: 30

Left Setback: 10

County Water: No

Right Setback: 10

Rear Setback: 25

The applicant shall notify the Environmental Health Department upon submittal of this application if any of the following apply to the property/site in question. If this answer is "Yes" the applicant must attach supporting documentation and/or show their location on the plot/site plan.

Does the site contain any jurisdictional wetlands?

Does the site contain, or have within 100 feet, any existing wells and/or septic systems?

Is any wastewater going to be generate other than domestic sewage?

Is the site subject to approval by an other public agency?

Are there any easements or right-of-ways on this site?

Are there any underground utilities on the site?

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. 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.

IF THE INFORMATION IN THE APPLICATION FOR A SEPTIC PERMIT IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN ANY RELATED PERMITS AND CONSTRUCTION AUTHORIZATIONS SHALL BECOME INVALID. This application is valid for one year from the date of application payment. The septic system approval (permit) is valid for five years from the date of Improvement Permit issuance, or without expiration by request with proper documentation. The applicant is responsible for the proper identification and labeling of all property lines, and existing utilities



Well Construction Permit

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

For Office Use Only

*CDP File Number 392870

PIN Number: _____

Tax Lot #: 4 Tax Block #: 041763

Evaluated For: _____

PERMIT VALID UNTIL: 04/21/2028

Property Owner: DALLAS PEARCE

Address: 434 ROGERS RD

City: ZEBULON

State/Zip: NC / 27597

Phone #: _____

Applicant: JOHN SZALECKI

Address: 1016 MOCKINGBIRD DR

City: RALEIGH

State/Zip: NC / 27615

Phone #: _____

Property Location & Site Information

Address/Road #:

Subdivision: PEARCES POND

Phase: _____ Lot: 4

125 ATTENA WAY

*Proposed use of Well:

ZEBULON NC, 27597

If Other:

Applicant Email:

Owner Email:

Directions: 125 ATTENA

Well Contractor Information

Drilling Contractor:

Driller Registration:

Permit Conditions

*Permit Conditions

MAINTAIN PROPER SETBACKS

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: Leonard, Shad

*Date of Issue: 04/21/2023

Authorized State Agent: _____

☐ Hand Drawing ☐ Import Drawing

Owner/Applicant: _____

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



File # 392870 PIN# _____

Property Address: 125 Athena Way

Applicant or Owner Name: John Szalecki

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

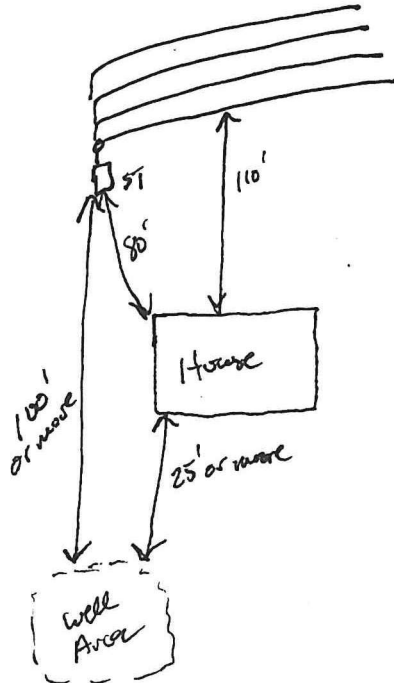
Diagram Date**: 4-21-23 EHS: [Signature]

**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.

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: _____

- Well permit issued from septic O.P.
- maintain proper setbacks



**-NOT FOR RECORDATION, CONVEYANCES,
OR SALES.**

