

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

866-733-6237
PAGE 1 OF 2

Phone: 919-496-8100

Well Permit

Fax: 919-496-8136

Permit Number: 4903 Type: N PIN: 2739-42-9798 Date: 4/6/2009

Applicant: THOMAS K CANINE
378 MULBERRY RD
SPRING HOPE, NC 27882

Owner: EDGAR DONALD & GUY J FARMER
378 MULBERRY RD
SPRING HOPE, NC 27882

Telephone: (317) 490-6504

Telephone:

Subdivision:

Lot Number:

Size: 20.070

Physical Address/ Location /Directions 378 MULBERRY RD

WELL INFORMATION:

WELL TYPE: 6" drilled Galv D WELL DEPTH: 95 FT WELL YIELD: 15 GPM
STAT LEVEL: 10 FT CASE TYPE: Galv P CASE DEPTH: 84 FT

COMMENTS

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: 4-7-09

EHS: Chh Velt

GROUT INSPECTION DATE: 4-23-09

EHS: Chh Velt

WELL HEAD INSPECTION DATE: 9/10/12

EHS: [Signature]

CERTIFICATE OF COMPLETION DATE: 9/10/12

EHS: [Signature]

Franklin County Health DepartmentName: CANINEPermit Number 4903LOCATION LAT N 36 ° ' LONG W 78 ° 0 'WELL DRILLING CONTRACTOR: Bissette Well Drilling REG #: 2093 0PUMP INSTALLER: Bissette REG #: 0**SEPTIC SYSTEM LAYOUT AND WELL LOCATION**