

Fax: 919-496-8136

CONSTRUCTION AUTHORIZATION DATE: 7/27/17 EHS: [Signature]

GROUT INSPECTION DATE: _____ EHS: _____

WELL HEAD INSPECTION DATE: 10/10/17 EHS: [Signature]

CERTIFICATE OF COMPLETION DATE: 10/10/17 EHS: [Signature]

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

Franklin County Health DepartmentName: HOLLIDAYPermit Number 9284

LOCATION

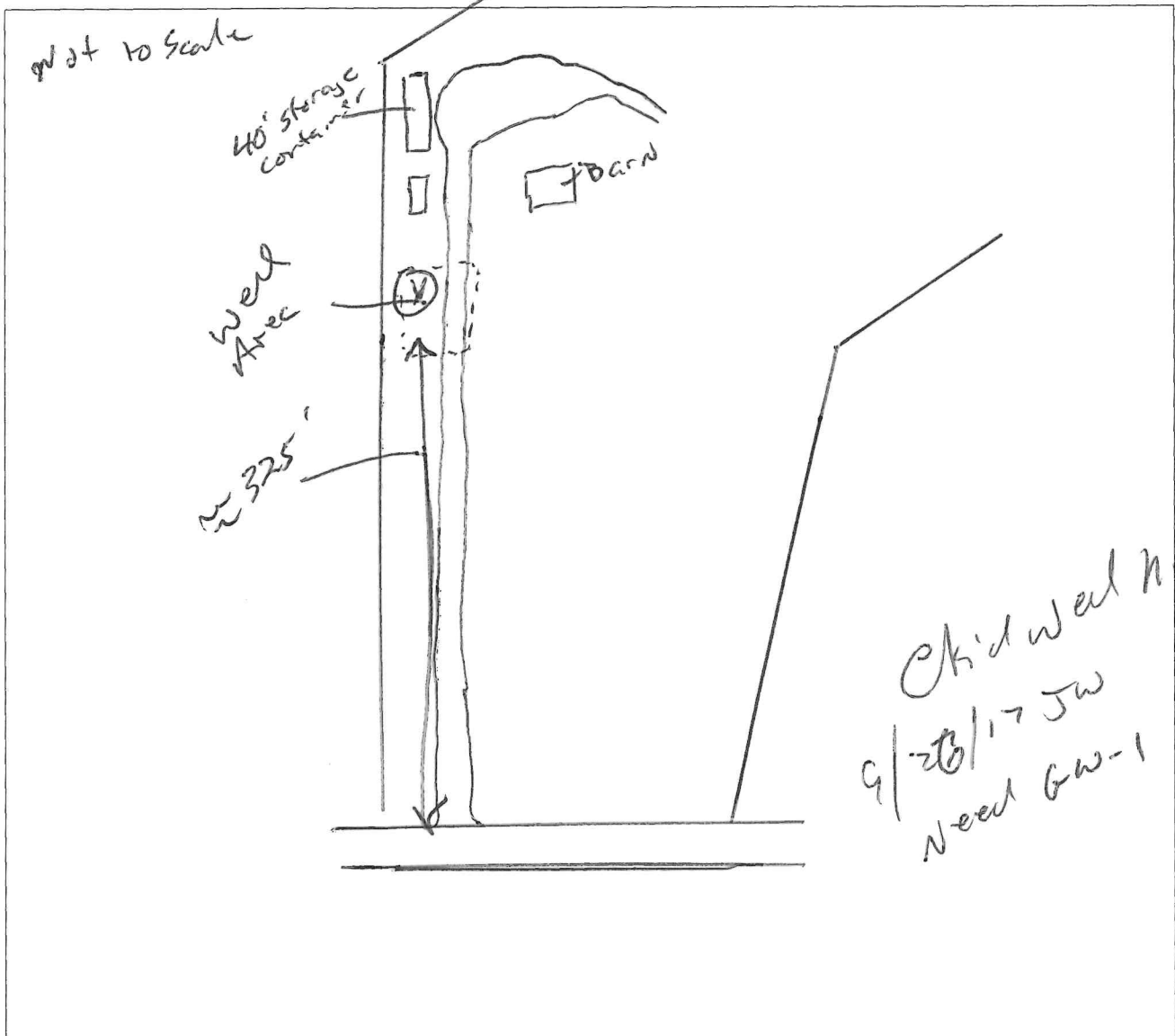
LAT N

35° 53.930
36°

LONG W

78° 0
17.729WELL DRILLING CONTRACTOR: Durwood DavisREG #: 0

PUMP INSTALLER: _____

REG #: 0**SEPTIC SYSTEM LAYOUT AND WELL LOCATION**

COUNTY OF FRANKLIN

ENVIRONMENT HEALTH APPLICATION (496-8100)

Permit #: 44230

Permit Type: WELL

Date Issued: 03/16/2017

Project Address: 867 PILOT-RILEY RD., ZEBULON, NC 27597

Location: 867 PILOT-RILEY RD.

Size #: 12.050

Subdivision:

Lot #:

Applicant: HOLLIDAY SAMUEL
P O BOX 887
BUNN NC 27508

Phone: 919-795-7977

Owner Name: HOLLIDAY SAMUEL

Phone: 919-795-7977

Owners Address: P O BOX 887

BUNN NC 27508

Tax record: 41862

Pin #: 2708-82-3636

Parcel #: H13 00 032A

Zoned: R-40

Setbacks Front: 50

Rear: 50

Side: 20

Proposed Use: SFD

of bedrooms: 4

of people: 4

Township: DUNN

Public Water/Sewer: PRIVATE

ST Road #:

Desc: 2708-82-3636

Fees Due: \$400.00

Date Paid: 03/16/2017

* 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 Sam Holliday

03/16/2017

Print & Signature of Owner or Owner's Legal Representative

SS 230708 (4/08)

N 91°02'55"E 676.00'

432.90'

90.00'

103.10'

CND

N 8°17'38"E

POND

POND

N 57°19'35"E

212.78'

RACHEL L. PRIVETTE
LIFE ESTATE
DEED BOOK 787 PAGE 677

12.047 GROSS ACRES
0.140 F/W ACRES
11.907 NET ACRES

870.81'
S 85°01'57"W

TONY RANDOLPH RAY
TRACT 7
PLAT BOOK 3 PAGE 100

S 81°2'48"E
164.83'

50' RIVER/RAIL BUFFER

RUN OF CREEK IS PROPERTY LINE
N 51°14'53"E
287.00'

From
Gravel

155'

280'

515.35'
S 24°29'18"W 545.01'

29.65°

S 45°49'16"E
98.80'

80' PUBLIC R/W

TONY RANDOLPH
TRACT 8
PLAT BOOK 3 PAGE 100

REVISED SITE PLAN
3/14/17
D. WOOD

242

11/15/12

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RESIDENTIAL WELL CONSTRUCTION RECORD

North Carolina Department of Environment and Natural Resources - Division of Water Quality

WELL CONTRACTOR CERTIFICATION # 2385

1. WELL CONTRACTOR:

William Glenn Davis

Well Contractor (Individual) Name

Davis Well Drilling

Well Contractor Company Name

STREET ADDRESS

702 West Green St
Franklinton NC 27525

City or Town State Zip Code

919-494-2740

Area code - Phone number

2. WELL INFORMATION:

SITE WELL ID # (if applicable) _____

STATE WELL PERMIT # (if applicable) _____

DWQ or OTHER PERMIT # (if applicable) _____

WELL USE (Check Applicable Box): Residential Water Supply ☒

DATE DRILLED 8-9-17

TIME COMPLETED 1:00 AM ☐ PM ☒

3. WELL LOCATION:

CITY: Bunn COUNTY: Franklin

Pilot Riley Rd
(Street Name, Numbers, Community, Subdivision, Lot No., Parcels, Zip Code)

TOPOGRAPHIC / LAND SETTING:

☒ Slope ☐ Valley ☐ Flat ☐ Ridge ☐ Other _____

(check appropriate box)

LATITUDE 35° 53' 930

LONGITUDE 78° 17' 721

May be in degrees, minutes, seconds or in a decimal format

Latitude/longitude source: ☒ GPS ☐ Topographic map

(location of well must be shown on a USGS topo map and attached to this form if not using GPS)

4. WELL OWNER

OWNER'S NAME Sam Holiday

STREET ADDRESS

2600 N.C. 27587

City or Town State Zip Code

Area code - Phone number

5. WELL DETAILS:

a. TOTAL DEPTH: 165

b. DOES WELL REPLACE EXISTING WELL? YES ☐ NO ☒

c. WATER LEVEL Below Top of Casing: 16 FT
(Use "-" if Above Top of Casing)

d. TOP OF CASING IS 1 FT. Above Land Surface
*Top of casing terminated at or below land surface may require a variance in accordance with 15A NCAC 2C.0115

e. YIELD (gpm): 15 METHOD OF TEST air

1. DISINFECTION: Type HTH Amount 100 ppm

2. WATER ZONES (depth):

From _____ To _____ From _____ To _____

From _____ To _____ From _____ To _____

From _____ To _____ From _____ To _____

3. CASING:

From 6 Depth 84 Ft. 1 1/2 Thickness 1/2 Material PVC

From _____ To _____ From _____ To _____

From _____ To _____ From _____ To _____

4. GROUT:

From TOP Depth 20 Ft. Enviropipe Material Bentonite pebbles

From _____ To _____ From _____ To _____

From _____ To _____ From _____ To _____

5. SCREEN:

From _____ Depth _____ Diameter _____ Slot Size _____ Material _____

From _____ To _____ From _____ To _____

From _____ To _____ From _____ To _____

6. SAND/GRAVEL PACK:

From _____ Depth _____ Size _____ Material _____

From _____ To _____ From _____ To _____

From _____ To _____ From _____ To _____

10. DRILLING LOG

From _____ To _____ Formation Description

6-84 Sand

84-165 igneous granite

11. REMARKS:

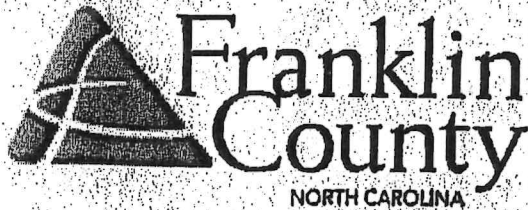
I DO HEREBY CERTIFY THAT THIS WELL WAS CONSTRUCTED IN ACCORDANCE WITH 15A NCAC 2C. WELL CONSTRUCTION STANDARDS AND THAT A COPY OF THIS RECORD HAS BEEN PROVIDED TO THE WELL OWNER

Glenn Davis 8-9-17

SIGNATURE OF CERTIFIED WELL CONTRACTOR DATE

Glenn Davis

PRINTED NAME OF PERSON CONSTRUCTING THE WELL



Franklin County Environmental Health
107 Industrial Drive, Suite C
Louisburg, NC 27549
919-496-8100
www.franklincountync.us

WATER SAMPLING AVAILABLE FOR YOUR NEW WELL

Notification Date: 11-16-17
Applicant/ Permit #: Samuel Halliday / 9284
Applicant address: PO Box 887
Bunn, NC 27508
Site location: 867 Pilot Riley Rd

Dear New Well Owner:

The Franklin County Health Department Environmental Health Section has completed the required inspections for your new private drinking water well. The Certificate of Completion issued for your well indicates that your well meets the minimum requirements for well location, grouting, and well head protection. North Carolina requires all newly constructed drinking water wells to be sampled for water quality. If your well is ready to be sampled (i.e. power source connected, plumbing complete with pressure, and no chlorine residual), you must contact this office within 15 days from the notification date to request the sampling be completed. There is no charge to complete the sampling. This is the final notification of the available water sampling for your well. Request for sampling beyond 15 days from the notification date will be charged established water sample fees.

If you no longer own or are associated with this property, please promptly forward this notification to the current owner.

For more information or to request the sampling, please contact this office at 919-496-8100, Monday through Friday from 8:00 AM until 5:00 PM. Please be able to supply the applicant name and permit number during your call.

Sincerely,

Cynthia Ennis
Environmental Health Specialist
Franklin County Environmental Health