



CDP
372005

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

Issued to: Kevin Dillistin

Location: 1911 RIDGE RD ZEBULON, NC 27597

**NEW SEPTIC APPLICATION
NEW WELL APPLICATION**

Application Type: NEW SEPTIC NEW WELL

Application Number: E-22-245

Building Type:

Project Type: Single Family Dwelling

of Bedrooms: 3

Residential Project Type:

Building Foundation:

Water Source:

Date: March 29, 2023

Acreage:

Zoning: R-30

of Occupants: 5

Commercial Project Type:

Square Footage of Facility:

Number of Employees:

Number of Seats:

Notes:

Subdivision: NULL

Preferred Type of Septic System:

Parcel ID #: 047060

Applicant Information

Applicant Name: Kevin Dillistin

Address: 290 Joe Denton Rd Louisburg, North Carolina 27549

Phone: 9198800562

Email: awbhomes@aol.com

Property Owner Information

Owner Name: NULL

Address: NULL NULL, NULL NULL

Phone:

Email:

General Contractor Information

Contractor Name: AWB Homes, L.L.C.

Address: 210 Rivers Edge Dr Youngsville, NC 27596-7575

Phone: (919) 880-0562

Email: kevin@wesbolc.com

Zoning

Zoning Permit #: Z-21-1378

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 generated other than domestic sewage?

Is the site subject to approval by another 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

- *Keep tanks and drain lines 10' from property lines.
- *Not a survey.
- *Not a guarantee of a septic permit.
- *Keep supply lines >5' from property lines.
- *Some lines are flagged longer in the field than lengths indicate.
- *No grading septic area.
- *No adding soil within septic area
- *No rutting-up septic area
- *No cuts of >2' within 15' of septic areas

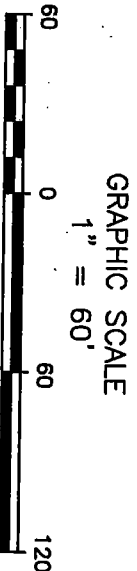
System: Gravity to Serial Distr.
 Lines: 5-10, (345')
 Accepted Status System
 0.3 Soil LTAR
 18" Trench Bottom
 Repair: Pressure Manifold
 Lines: 1-4, (425')
 Low Profile Chambers System
 0.3 Soil LTAR
 8" Trench Bottom with 8" of cover

System:
 Repair:



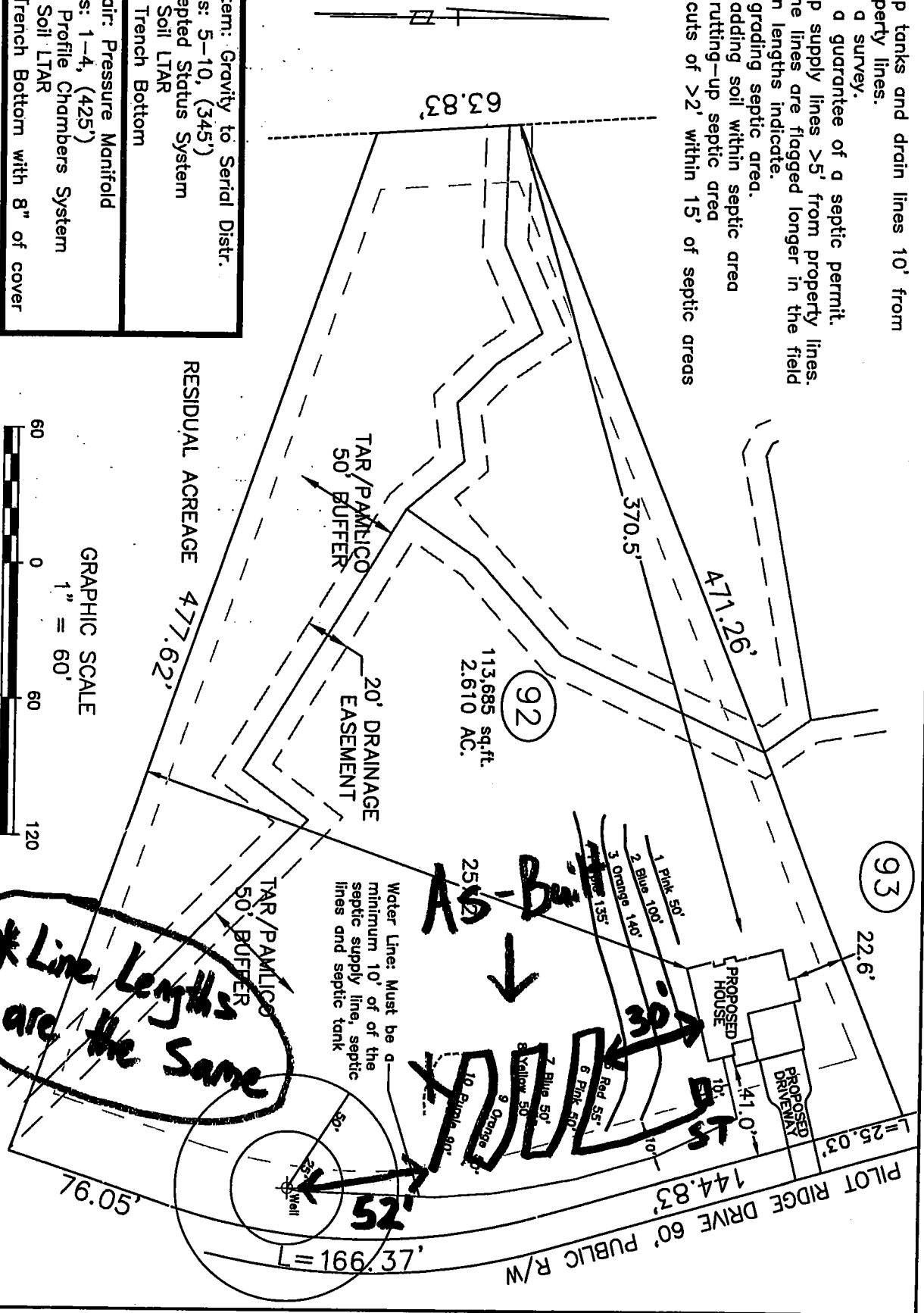
Central Carolina Soil Consulting, PLLC
 1900 South Main Street, Suite 110
 Wake Forest, North Carolina 27587
 Phone (919)569-6704 Fax (919)569-6703

3-Bedroom Septic Layout
 Lot 92, Pilot Ridge Subdivision
 Franklin County, North Carolina



***Line Lengths are the Same**

Water Line: Must be a minimum 10' of the septic supply line, septic lines and septic tank



Pilot Ridge, Lot 92 Initial TAP CHART

Bench Mark	is = 100.00	Location of BM				Elevation Head	-93.60
Pump tank elev.		100.00	Pump elev.	94.60	Manifold elev.		1.00
line	color	rod read	Elevation	length	hole size	flow/tap	LINE LTAR

	total	feet =	0	gal/min =	0		<u>LTAR =</u>	0.3500
							<u>LTAR + %5</u>	0.3675
% of Dose Vol.	75		<u>Des. Flow</u>	360			(ltar W/ INOV)	0.4667
Dose Volume	0.00		Pump Run=	#DIV/0!			(ltar W/ INOV + 5%)	0.4900
Dose Pump Time	#DIV/0!		Tank Gal/IN	19.65				
Drawdown in Inches	0.00							

Pilot Ridge, Lot 92 Repair TAP CHART

Bench Mark	is = 100.00	Location of BM				Elevation Head	1.70
Pump tank elev.		100.00	Pump elev.	94.60	Manifold elev.		96.30
line	color	rod read	Elevation	length	hole size	flow/tap	LINE LTAR
1	Pink	4.70	95.30	50	1/2in SCH 80	5.48	0.3241
2	Blue	5.70	94.30	100	3/4in SCH 80	10.1	0.2987
3	Orange	6.80	93.20	140	3/4in SCH 40	12.5	0.2640
4	Purple	8.00	92.00	135	3/4in SCH 40	12.5	0.2738

	total	feet =	425	gal/min =	40.58		<u>LTAR =</u>	0.3000
							<u>LTAR + %5</u>	0.3150
% of Dose Vol.	75		<u>Des. Flow</u>	360			(ltar W/ INOV)	0.4000
Dose Volume	207.19		Pump Run=	8.87			(ltar W/ INOV + 5%)	0.4200
Dose Pump Time	5.11		Tank Gal/IN	19.65				
Drawdown in Inches	10.54							

**CCSC SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM**

Sheet:
Property ID:
Lot #: 92
File #:
AppID:

Owner:

Applicant:

Address:

Date Evaluated: 3/21/2023

Proposed Facility: 3-bedroom

Design Flow (.1949) 360 gal/day

Property Size:

Location of Site: Pilot Ridge, Lot 92

Property Recorded: Yes

Water Supply: ☐ Public ☒ Individual ☒ Well ☐ Spring ☐ Other

Evaluation Method: ☒ Auger Boring ☐ Pit ☐ Cut

Type of Wastewater: ☒ Sewage ☐ Industrial Process ☐ Mixed

P R O F I L E #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941		b PROFILE FACTORS				Profile Class & LTAR
			.1941 Structure/ Texture	.1941 Consistence Mineralogy	.1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	
1	LS	AE 0-21	GR SL	VFR NS NP SEXP	10YR 7/2 @ 25"	25			U/PS
	6%	Bt1 21-25	SBK SCL	FR SS SP SEXP					0.35
		Bt2 25+	SBK SCL	FR SS SP SEXP					
2	LS	AE 0-17	GR SL	VFR NS NP SEXP		32			U/PS
	6%	Bt1 17-32	SBK CL	FR SS SP SEXP					0.325
		C 32+	SBK CL	FR SS SP SEXP					
3	LS	AE 0-20	GR SL	VFR NS NP SEXP		39			PS
	6%	Bt1 20-32	SBK CL	FR SS SP SEXP					0.30
		Bt2 32-39	W-SBK CL	FR SS SP SEXP					
4	LS	AE 0-26	GR SL	VFR NS NP SEXP	10YR 7/2 @ 40"	40			PS
	2%	Bt1 29-40	SBK SCL	FR SS SP SEXP					0.40
		Bt2 40+	SBK SCL	FR SS SP SEXP					
5	LS	AE 0-7	GR SL	VFR NS NP SEXP		33			U/PS
	5%	Bt1 7-33	SBK C	FR SS SP SEXP					0.30
		AR 33							

Description	Initial System	Repair System
Available Space (.1945)	Yes	Yes
System Type(s)		
Site LTAR	0.30	0.30

Other Factors (.1946):

Soil Evaluation By:

Others Present:

Site Classification (.1948): Provisionally Suitable

Site Evaluation By: Michael Seewald

Others Present:

Sheet:

[illegible]

COMMENTS:

FILE #:

<u>Landscape Position</u>	<u>Group</u>	<u>Texture</u>	<u>.1955 LTAR</u>	<u>Structure</u>
R-Ridge	I	S-Sand	1.2 - 0.8	SG-Single Grain
SS-Shoulder Slope		LS-Loamy Sand		M-Massive
LS-Linear Slope				CR-Crumb
FS-Foot Slope	II	SL-Sandy Loam	0.8 - 0.6	GR-Granular
NS-Nose Slope		L-Loam		SBK-Subangular Blocky
HS-Head Slope	III	SI-Silt	0.6 - 0.3	ABK-Angular Blocky
CC-Concave Slope		SICL-Silty Clay		PL-Platy
CV-Convex Slope		Loam		PR-Prismatic
T-Terrace		CL-Clay Loam		
FP-Flood Plain		SCL-Sandy Clay		
		Loam		
	IV	SC-Sandy Clay	0.4 - 0.1	
		SIC-Silty Clay		
		C-Clay		
<u>Consistence</u>	<u>Consistence</u>	<u>Mineralogy</u>		
<u>Moist</u>	<u>Wet</u>	SEXP-Slightly Expansive		
VFR-Very Friable	NS-Non-Sticky	EXP-Expansive		
FR-Friable	SS-Slightly Sticky			
FI-Firm	S-Sticky			
VFI-Very Firm	VS-Very Sticky			
EFI-Extremely Firm	NP-Non-Plastic			
	SP-Slightly Plastic			
	P-Plastic			
	VP-Very Plastic			

Sketch of Soil Evaluation Locations



IMPROVEMENT PERMIT

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

For Office Use Only

*CDP File Number 372005 - 1

County ID Number: _____

Evaluated For: NEW

PERMIT VALID UNTIL: 03/28/2028

***NOTE TO INSPECTIONS DIVISION:** Building Permits cannot be issued with this Improvement Permit.

Applicant: KEVIN DILLISTIN

Address: 210 RIVERS EDGE DR

City: YOUNGSVILLE

State/Zip: NC 27596

Phone #: _____

Property Owner: NOT PROVIDED

Address: _____

City: _____

State/Zip: _____

Phone #: _____

Property Location & Site Information

Address: 70 PILOT RIDGE DR , NC 27596

Subdivision: _____

Block/Phase: NEW

Lot: _____

Road #: _____

Directions

70 PILOT RIDGE DR

Structure: SINGLE FAMILY

of Bedrooms: 3

of People: 5

*Water Supply: N/A

System Specifications

Initial System

*Site Classification: Provisionally Suitable

Design Flow: 360

Soil Application Rate: 0.3000

Minimum Trench Depth: _____ Inches

Maximum Trench Depth: 18 Inches

*System Classification/Description:

TYPE II A. CONV SYSTEM (SINGLE-FAMILY OR 480 GPD OR

LESS)

*Proposed System:
25% REDUCTION

Septic Tank: 1000 Gallons

Pump Required ☐ Yes ☒ No ☐ May Be Required

Pump Tank: _____ Gallons

Repair System Required: ☒ Yes ☐ No ☐ No, but has Available Space

Repair System

*Site Classification:

Soil Application Rate:

*System Classification/Description:

N/A

*Proposed System:

Minimum Trench Depth: _____ Inches

Maximum Trench Depth: _____ Inches

Pump Required: ☐ Yes ☐ No ☐ May Be Required

Pump Tank: _____ Gallons

No grading or construction activity is allowed in areas designated for system and repair without approval of Health Department.

*Site Modifications

The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements.

*Permit Conditions

CDP File Number: 372005

County ID Number:

The Department and Local Health Department may impose conditions on the issuance and may revoke the permits for failure of the system to satisfy the conditions, the rules, or this article. This permit is subject to revocation if the site plan, plat, or intended use changes (NCGS 130A-335(f)). The person owning or controlling the system location, installing, operation, maintenance, monitoring, reporting, and repair (.1938(b)).

Authorized State Agent: Bendel, Joel Date of Issue: 03/28/2023

☐ Hand Drawing ☐ Import Drawing ****Site Plan/Drawing attached.**** Total Time: (HH:MM) :



*File #: 372005 - 2

PIN #:

Tax Lot #:

Tax Block #: 047060

WELL CONSTRUCTION RECORD

Owner: NOT PROVIDED

Directions

70 PILOT RIDGE DR

Drilling Contractor: FELTON JACOBS

Driller Registration:

Date Drilled: 05/30/2023

Use of Well: SINGLE FAMILY

Total Depth: 164 Ft.

Static Water Level: 20 Ft.

Replacement Well: NO

Yield: 6 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. Comments:

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

Issued by: Bendel, Joel

Date of Issue: 09/22/2023

REFER TO ATTACHED GW1 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.



Construction Authorization

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

For Office Use Only

*CDP File Number: 372005 - 1
County ID Number: _____
Evaluated For: NEW

PERMIT VALID UNTIL: 03/28/2028

☐ Open Pump System Sheet

Applicant: KEVIN DILLISTIN
Address: 210 RIVERS EDGE DR
City: YOUNGSVILLE
State/Zip: NC 27596
Phone #: _____

Property Owner: NOT PROVIDED
Address: _____
City: _____
State/Zip: _____
Phone #: _____

Property Location & Site Information

Address/Road #: 70 PILOT RIDGE DR , NC 27596 Subdivision: _____ Phase: NEW Lot: _____
Structure: SINGLE FAMILY **Directions:** 70 PILOT RIDGE DR
of Bedrooms: 3
of People: 5
*Water Supply: NEW WELL

System Specifications

*Site Classification: Provisionally Suitable Minimum Trench Depth: _____ Inches
Design Flow: 360 Maximum Trench Depth: 18 Inches
Soil Application Rate: 0.3000 Minimum Soil Cover: _____ Inches
*System Classification/Description: TYPE II A. CONV SYSTEM (SINGLE-FAMILY OR 480 GPD OR LESS) Maximum Soil Cover: _____ Inches
*Proposed System: 25% REDUCTION *Distribution Type: GRAVITY - SERIAL
Nitrification Field: _____ Sq. ft. Septic Tank: 1,000 Gallons
No. Drain Lines: _____ Pump Required: ☐ Yes ☒ No ☐ May Be Required
Total Trench Length: 345 ft. ☐ Inches O.C. Pump Tank: _____ Gallons
Trench Spacing: _____ - 9 ☒ Feet O.C. Grease Trap: _____ Gallons
Trench Width: _____ - 3 ☒ Inches Septic Tank Installer
Aggregate Depth: _____ inches Grade Level Required: ☐ I ☐ II ☐ III ☐ IV

The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements.

*Permit Conditions:

The Authorization for Wastewater System Construction shall be valid for a period equal to the period of validity of the Improvement Permit and may be issued at the same time the Improvement Permit issued (NCGS 130A-336(b)). If the installation has not been completed during the period of validity of the Construction Permit, the information submitted in the application for a permit or Construction Authorization shall become invalid, and may be suspended or revoked (.1937(g)). The person owning or controlling the system shall be responsible for assuring compliance with the laws, rules, and permit conditions regarding system location, installation, operation, maintenance, monitoring, reporting

Authorized State Agent: Bendel, Joel Date of Issue: 03/28/2023

☐ Hand Drawing ☐ Import Drawing

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

Total Time : (HH:MM) _____



Well Construction Permit

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

For Office Use Only

*CDP File Number 372005

PIN Number: _____

Tax Lot #: _____ Tax Block #: 047060

Evaluated For: _____

PERMIT VALID UNTIL: 03/28/2028

Property Owner: NOT PROVIDED

Address: _____

City: _____

State/Zip: NC

Phone #: _____

Applicant: KEVIN DILLISTIN

Address: 210 RIVERS EDGE DR

City: YOUNGSVILLE

State/Zip: NC / 27596

Phone #: _____

Property Location & Site Information

Address/Road #: _____

70 PILOT RIDGE DR

Subdivision: _____

Phase: _____

Lot: _____

*Proposed use of Well: _____

If Other: _____

Applicant Email: _____

Owner Email: _____

Directions: 70 PILOT RIDGE 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

Authorized State Agent: _____

Owner/Applicant: _____

*Date of Issue: 03/28/2023

☐ Hand Drawing

☐ Import Drawing

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



File # 372005

PIN#

Property Address: 70 Pilot Ridge Rd

Applicant or Owner Name: Kevin Dillistin

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**: 3-28-23

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 11am 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 True Works Septic/Pump tank dates ST 5-28-23 Pump fee? ☒ YES ☐ NO
Well Contractor _____ Well Grout date: _____

refer to attached septic/soil documentation

WELL CONSTRUCTION RECORD (GW-1)**1. Well Contractor Information:**

Felton Jacobs
Well Contractor Name
2765-A
NC Well Contractor Certification Number
UPFront
Company Name

2. Well Construction Permit #: 3022-005
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	☐ Wells > 100,000 GPD
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: 7-17-23 Well ID# _____

5a. Well Location:

Facility/Owner Name Facility ID# (if applicable)

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: _____

9. Total well depth below land surface: 205 (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) 6 Method of test: Blow

13b. Disinfection type: HTH Amount: 11b

For Internal Use Only:

14. WATER ZONES					
FROM	TO	DESCRIPTION			
ft.	180 ft.	6			
ft.	ft.				
15. OUTER CASING (for multi-cased wells OR LINER IF APPLICABLE)					
FROM	TO	DIAMETER	THICKNESS	MATERIAL	
1 ft.	43 ft.	6 in.	188	6-in	
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
1 ft.	200 ft.	4 in.	1250	140	PVC
ft.	ft.	in.			
18. GROUT					
FROM	TO	MATERIAL	EMPLACEMENT METHOD & AMOUNT		
0 ft.	20 ft.	Hole plug	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.)			
0 ft.	3 ft.	Top soil			
3 ft.	20 ft.	clay			
20 ft.	50 ft.	sand			
50 ft.	205 ft.	granite			
ft.	ft.				
ft.	ft.				
ft.	ft.				
21. REMARKS					
<u>Steel Harden Drive shoe</u>					

22. Certification:

Felton Jacobs 7-17-23
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 construction info (add 'See Over' in Remarks Box). You may also attach additional pages if necessary.

24. SUBMITTAL INSTRUCTIONS

Submit this GW-1 within 30 days of well completion per the following:

24a. For All Wells: Original form to Division of Water Resources (DWR), Information Processing Unit, 1617 MSC, Raleigh, NC 27699-1617

24b. For Injection Wells: Copy to DWR, Underground Injection Control (UIC) Program, 1636 MSC, Raleigh, NC 27699-1636

24c. For Water Supply and Open-Loop Geothermal Return Wells: Copy to the county environmental health department of the county where installed

24d. For Water Wells producing over 100,000 GPD: Copy to DWR, CCPCUA Permit Program, 1611 MSC, Raleigh, NC 27699-1611



OPERATION PERMIT

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

For Office Use Only

*CDP File Number 372005 - 1
County ID Number: _____
Evaluated For: NEW

Property Owner: NOT PROVIDED

Owner Address:

City:

State/Zip: /

Phone #:

Address: 70 PILOT RIDGE DR
NC 27596

Road #:

Township:

Subdivision:

Phase : NEW Lot:

Structure: SINGLE FAMILY

of Bedrooms: 3

of People: 5

Water Supply: NEW WELL

Saprolite System?: ☐ Yes ☒ No

Pump Required?: ☐ Yes ☒ No

Design Flow: 360

System Classification/Description: TYPE II A. CONV SYSTEM
(SINGLE-FAMILY OR 480 GPD OR LESS)

Installer: True Works

Specific System UNKNOWN

Installed:

STB: 1000

PT:

Comments:

Certification #:

Septic Tank Date: 05/28/2023

Pump Tank Date: _____

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 .1961.

II. Monitoring: As required by Rule .1961.

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 ☒ No

If yes, see attached sheet for additional operation conditions, maintenance and reporting.

Operation:

Other:

Authorized State Agent: Bendel, Joel

Date of Issue: 08/15/2023

Owner/Applicant: _____

WELL CONSTRUCTION RECORD (GW-1)**1. Well Contractor Information:**Well Contractor Name: Felton JacobsNC Well Contractor Certification Number: 2765-ACompany Name: UPFrontWell Construction Permit #: 372005

List all applicable well construction permits (i.e. UTC, 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 ☐ Wells > 100,000 GPD

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: 7-17-23 Well ID# _____**5a. Well Location:**Facility/Owner Name: Kevin Dillistin

Facility ID# (if applicable): _____

Physical Address, City, and Zip: 70 Pilot Ridge RdCounty: Franklin

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 ☐ Temporary7. 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: _____

9. Total well depth below land surface: 205 (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): 6 Method of test: Blow13b. Disinfection type: HT4 Amount: 11b

For Internal Use Only:

FROM	TO	DESCRIPTION
ft.	180 ft.	6
ft.	ft.	

FROM	TO	DIAMETER	THICKNESS	MATERIAL
1 ft.	43 ft.	6 in.	188	6 in
ft.	ft.	in.		
ft.	ft.	in.		

FROM	TO	DIAMETER	THICKNESS	MATERIAL
1 ft.	200 ft.	4 in.	1250	140 PVC
ft.	ft.	in.		
ft.	ft.	in.		

FROM	TO	MATERIAL	EMPLACEMENT METHOD & AMOUNT
0 ft.	20 ft.	Hole plug	grout
ft.	ft.		
ft.	ft.		

FROM	TO	MATERIAL	EMPLACEMENT METHOD
ft.	ft.		
ft.	ft.		
ft.	ft.		

FROM	TO	DESCRIPTION (color, hardness, soil/rock type, grain size, etc.)
0 ft.	3 ft.	Top soil
3 ft.	20 ft.	clay
20 ft.	50 ft.	sand
50 ft.	205 ft.	Granite
ft.	ft.	
ft.	ft.	
ft.	ft.	

21. REMARKS	
Steel Harden Drive shoe	

22. Certification:Signature of Certified Well Contractor: Felton JacobsDate: 7-17-23

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 construction info (add 'See Over' in Remarks Box). You may also attach additional pages if necessary.

24. SUBMITTAL INSTRUCTIONS

Submit this GW-1 within 30 days of well completion per the following:

24a. For All Wells: Original form to Division of Water Resources (DWR), Information Processing Unit, 1617 MSC, Raleigh, NC 27699-1617

24b. For Injection Wells: Copy to DWR, Underground Injection Control (IUC) Program, 1636 MSC, Raleigh, NC 27699-1636

24c. For Water Supply and Open-Loop Geothermal Return Wells: Copy to the county environmental health department of the county where installed

24d. For Water Wells producing over 100,000 GPD: Copy to DWR, CCPCUA Permit Program, 1611 MSC, Raleigh, NC 27699-1611