

919-266-7507

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

PAGE 1 OF 2

Phone: 919-496-8100

**Well Permit**

Fax: 919-496-8136

Permit Number: 5489      Type: N      PIN : 2820-35-7200      Date: 6/1/2010

Applicant: OLDE HERITAGE BUILDERS      Owner: KEN N & MONICA O PEARCE  
PO BOX 40      PO BOX 130  
ZEBULON, NC 27597      BUNN, NC 27508

Telephone: (919) 269-4555

Telephone:

Subdivision:

Lot Number: 2

Size: 0.000

12 acres

Physical Address/ Location /Directions 193 CROSSING PLACE

**WELL INFORMATION:**

WELL TYPE: Drilled D      WELL DEPTH: 367 FT      WELL YIELD: 3 GPM  
STAT LEVEL: 20 FT      CASE TYPE: galv P      CASE DEPTH: 54 FT

**COMMENTS:**

**THE WELL OWNER IS RESPONSIBLE FOR CONTACTING THE HEALTH DEPARTMENT AS SOON AS POSSIBLE AFTER THE POWER IS CONNECTED, BUT NO LATER THAN 30 DAYS AFTER THE CERTIFICATE OF COMPLETION DATE, IN ORDER TO REQUEST WATER SAMPLES.**

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: 6/4/10

EHS: [Signature]

**GROUT INSPECTION**

DATE: 9/2/10

EHS: [Signature]

**WELL HEAD INSPECTION**

DATE: 10/7/10

EHS: [Signature]

**CERTIFICATE OF COMPLETION**

DATE: 10/7/10

EHS: [Signature]

# Franklin County Health Department

Name: OLDE HERITAGE B

Permit Number 5489

LOCATION LAT N 36 ° ' LONG W 78 ° 0 '

WELL DRILLING CONTRACTOR: \_\_\_\_\_ REG #: \_\_\_\_\_ 0

PUMP INSTALLER: \_\_\_\_\_ REG #: \_\_\_\_\_ 0

## SEPTIC SYSTEM LAYOUT AND WELL LOCATION



# RESIDENTIAL WELL CONSTRUCTION RECORD

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

WELL CONTRACTOR CERTIFICATION #

2833A

## 1. WELL CONTRACTOR:

James M. Jones

Well Contractor (Individual) Name

N.W. Poole Well & Pump Co.

Well Contractor Company Name

3500 Rolesville Road/P.O. Box 1958

Street Address

Wendell NC 27591

City or Town

State

Zip Code

(919) 266-9223

Area code Phone number

## 2. WELL INFORMATION:

WELL CONSTRUCTION PERMIT# 5489

OTHER ASSOCIATED PERMIT#(if applicable)

SITE WELL ID # (if applicable)

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

DATE DRILLED 9-2-10

TIME COMPLETED 2:35 AM ☐ PM ☒

## 4. WELL LOCATION:

CITY: Bunn COUNTY Franklin

Crossing Place  
(Street Name, Number, Community, Subdivision, Lot No., Parcel, Zip Code)

TOPOGRAPHIC / LAND SETTING: (check appropriate box)

☐ Slope ☐ Valley ☒ Flat ☐ Ridge ☐ Other

LATITUDE " " DMS OR

LONGITUDE " " DMS OR

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)

## 6. WELL OWNER

Old Heritage Builders

Owner Name

P.O. Box 40

Street Address

Zebulon NC 27591

City or Town

State

Zip Code

919 266-4555

Area code Phone number

## 6. WELL DETAILS:

a. TOTAL DEPTH: 367

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

c. WATER LEVEL Below Top of Casing: 20 FT.  
(Use "4" 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.0118.

e. YIELD (gpm): 3 METHOD OF TEST AR

f. DISINFECTION: Type Gron Amount 1602

## g. WATER ZONES (depth):

Top 178 Bottom 1 Top Bottom

Top 352 Bottom 2 Top Bottom

Top Bottom Top Bottom

7. CASING: Depth Diameter Thickness/Weight Material

Top +1 Bottom 54 Ft. 64 0.88 galv.

Top Bottom Ft. Material

Top Bottom Ft. Material

Top Bottom Ft. Material

8. GROUT: Depth Material Method

Top 0 Bottom 20 Ft. Cement Mix Pour

Top Bottom Ft. Material

Top Bottom Ft. Material

9. SCREEN: Depth Diameter Slot Size Material

Top Bottom Ft. In. In.

Top Bottom Ft. In. In.

Top Bottom Ft. In. In.

## 10. SAND/GRAVEL PACK:

Depth Size Material

Top Bottom Ft. Material

Top Bottom Ft. Material

Top Bottom Ft. Material

## 11. DRILLING LOG

Top Bottom Formation Description

0 36 CLAY

36 41 DW - sand stone

41 309 grey granite

309 367 pink granite

## 12. REMARKS:

I DO HEREBY CERTIFY THAT THIS WELL WAS CONSTRUCTED IN ACCORDANCE WITH 16A NCAC 2C, WELL CONSTRUCTION STANDARDS, AND THAT A COPY OF THIS RECORD HAS BEEN PROVIDED TO THE WELL OWNER.

James M. Jones 9-2-10  
SIGNATURE OF CERTIFIED WELL CONTRACTOR DATE

James M. Jones  
PRINTED NAME OF PERSON CONSTRUCTING THE WELL

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

PAGE 1 OF 2

Phone: 919-496-8100

**SEPTIC PERMIT**

Fax: 919-496-8136

Permit Number: 5489      Type: I      PIN :      Date: 6/1/2010

Applicant: OLDE HERITAGE BUILDERS      Owner: KEN N & MONICA O PEARCE  
PO BOX 40      PO BOX 130  
ZEBULON, NC 27597      BUNN, NC 27508

Telephone: (919) 269-4555      Telephone:

Subdivision:      Lot Number:      Size: 0.000

Physical Address/ Location /Directions CROSSING PLACE

Description: LifeTime \_\_\_\_\_ 5 Year X

TYPE FACIL SFD # EMPLOY 1 # BEDRMS 3 GPD 360 LTAR 35 1/2  
TYPE WAT Pci TYPE SYS C/I TYPE REP C/I BSMT N BST FX N/A  
SIZE TANK 900 SIZE CHB 1 SIZE NITR 3x350 MTD 24"

COMMENTS: 350' gravel or 270' Innovative / Accepted.

Septic Contractors are responsible for notifying the health department for final inspections, between 8:00-9:00 AM on the day of completion, Monday - Friday. Any request for final inspections received afterwards will be scheduled the same day, if possible, or the next workday. Have permit number and owner/applicant's 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 that wastewater disposal systems permitted and approved will function in a satisfactory manner for any given period of time, or that such employees assume any liability for damages, consequential or direct which are caused, or may be caused, by a malfunction of this wastewater treatment and disposal system.

Proper precautions must be taken to assure the proper functioning of the system after it has been covered. Do not run any heavy equipment over the system, as soft earth will allow damage to the tank and lines. Pipe all roof drains away from the septic system site to prevent flooding of the lines from surface water. Terrace the ground to prevent excessive drainage from higher areas adjacent to the system. Do not construct driveways over any part of the septic system unless proper provisions were made when the septic system was constructed. Only grass, not trees or shrubbery, should be cultivated over the lines. All plumbing fixtures should be carefully inspected periodically and any problems repaired immediately. All septic tanks should be pumped off by a permitted pump operator on a regular schedule, not to exceed every five years.

The improvement permit and construction authorization is a site approval, for the future installation of a wastewater treatment and disposal system. Changes in ownership of the site do not affect the validity of this permit. However, any alteration of the site or soil conditions, changes in the location of the proposed facility, changes to the wastewater flow and/or characteristics, or submittal of false information with the application or misrepresentation of the property lines may subject this permit to suspension or revocation.

**FOR THIS TO BE A VALID CONSTRUCTION AUTHORIZATION, A LAYOUT SHEET MUST BE ATTACHED**

IMPROVEMENT PERMIT      DATE 6/29/10      EHS [Signature]

CONSTRUCTION AUTHORIZATION      DATE 6/29/10      EHS [Signature]

Visit [www.franklincountyenvironmentalhealth.com](http://www.franklincountyenvironmentalhealth.com) for permit information and tracking.

# Franklin County Health Department

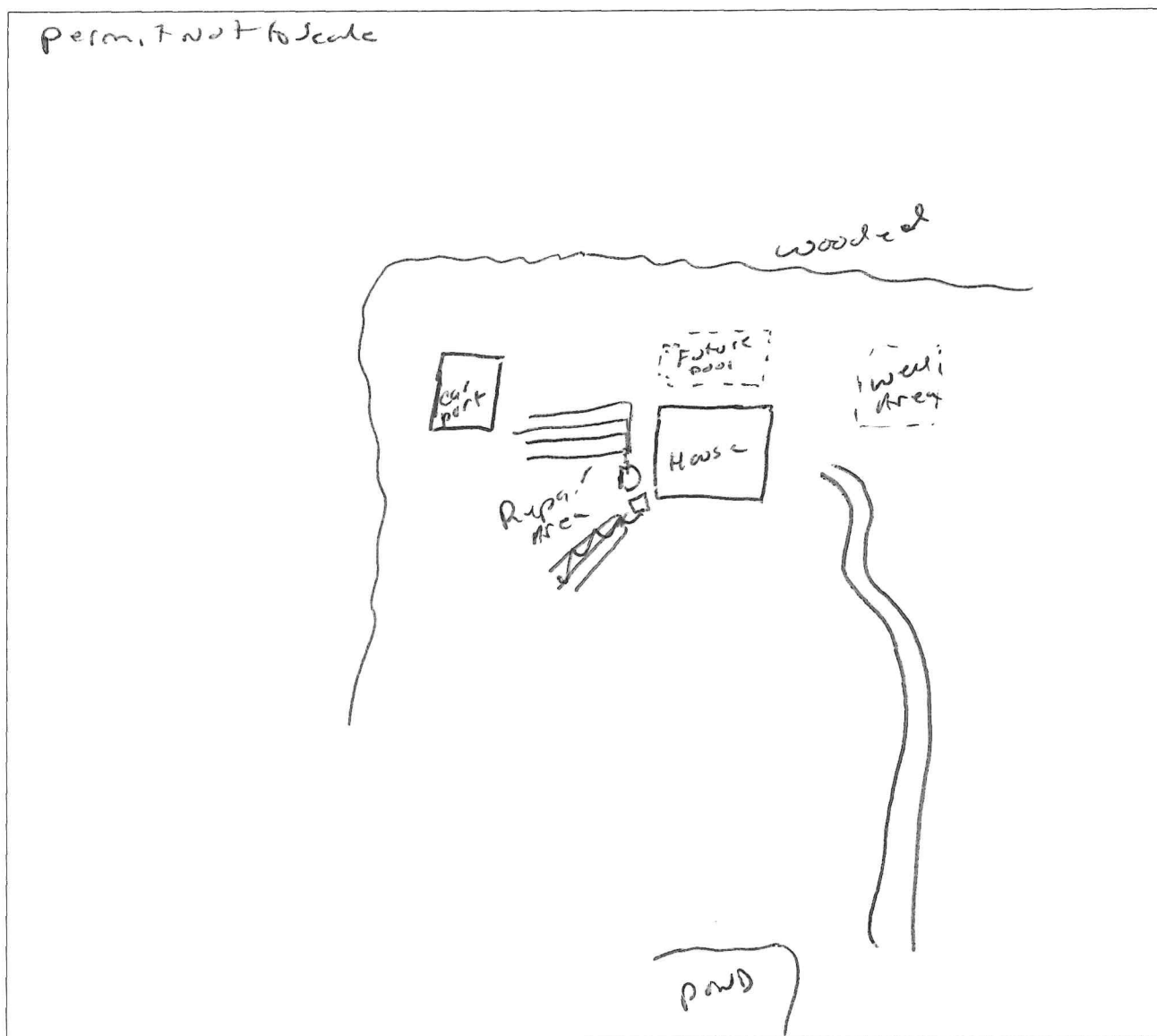
Name: OLDE HERITAGE B

Permit Number

5489

CONTRACTOR David Bynum TANK MANU 0171000 MANU DATE 2/22/09  
 WELL INSTALLED YES        NO        SYSTEM CODE 621205

## SEPTIC SYSTEM LAYOUT (SKETCH SYSTEM LAYOUT HERE)



## SEPTIC SYSTEM AS-BUILT

(IF DIFFERENT FROM INITIAL LAYOUT)

ON REVERSE

OPERATIONS PERMIT

DATE

10/7/10

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JANET H. WINSTEAD  
DEED BOOK 784 PAGE 81

R. WALKER TRUSTEE  
BOOK 1473 PAGE 296

WELL M. BAILEY  
BOOK 424 PAGE 240

RESIDUAL A  
12.38 ACRES

TRACT 1  
3.00 ACRES

TRACT 2  
12.00 ACRES

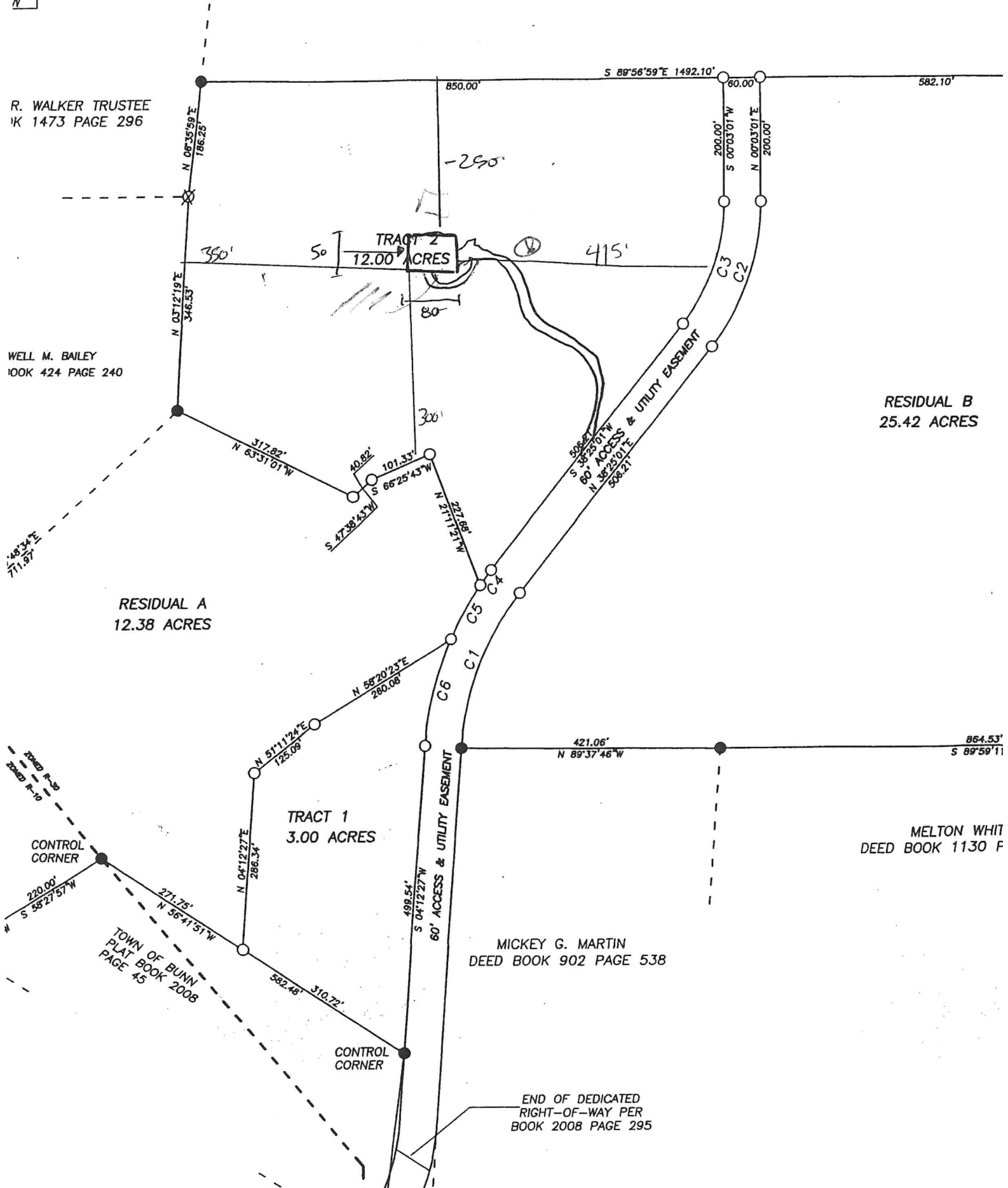
RESIDUAL B  
25.42 ACRES

MICKY G. MARTIN  
DEED BOOK 902 PAGE 538

MELTON WHIT  
DEED BOOK 1130 F

TOWN OF BUNN  
PLAT BOOK 2008  
PAGE 45

END OF DEDICATED  
RIGHT-OF-WAY PER  
BOOK 2008 PAGE 295



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JANET H. WINSTEAD  
DEED BOOK 784 PAGE 81

DRY R. WALKER TRUSTEE  
BOOK 1473 PAGE 296

JEWELL M. BAILEY  
DEED BOOK 424 PAGE 240

TRACT 2  
12.00 ACRES

RESIDUAL A  
12.38 ACRES

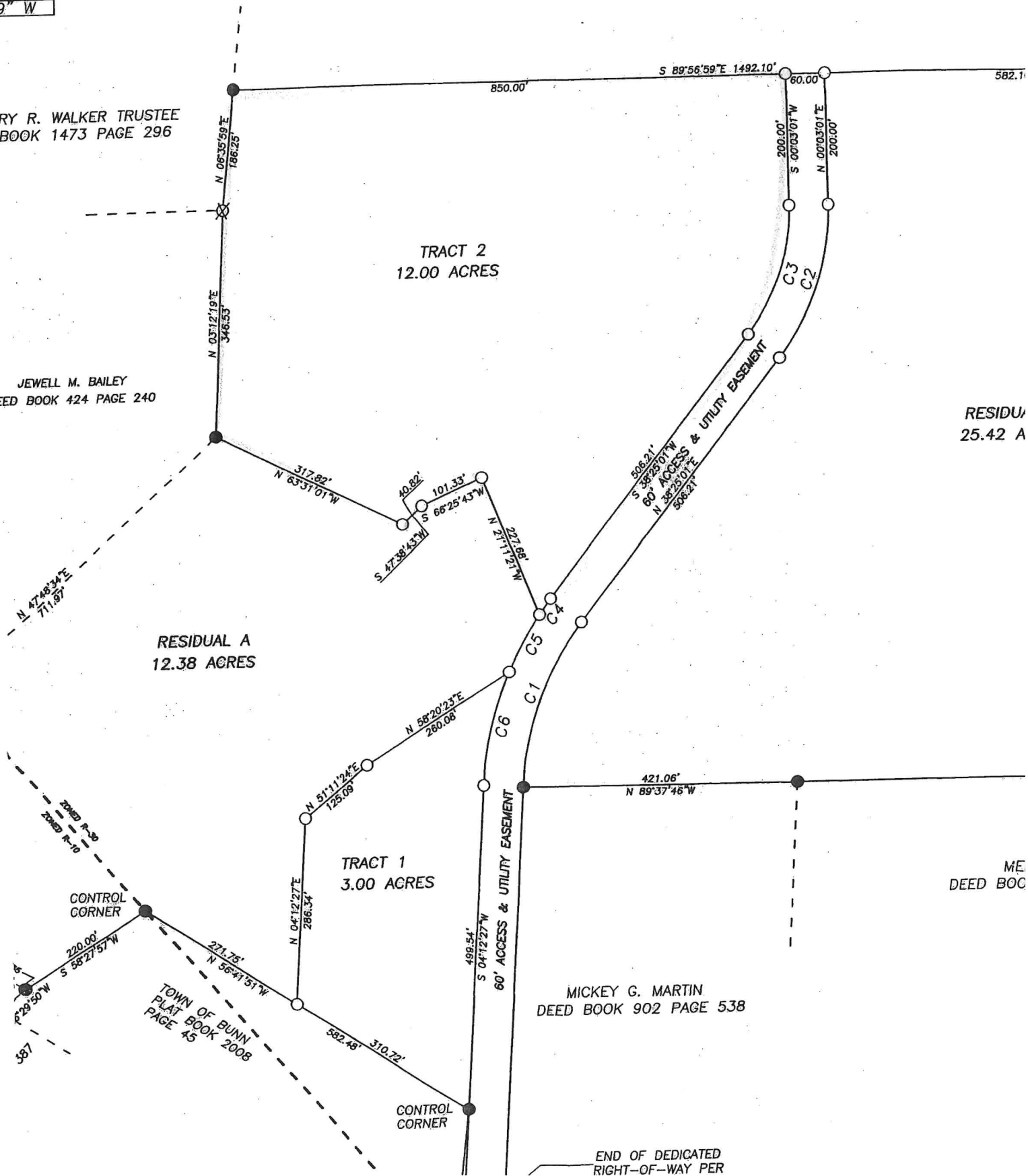
TRACT 1  
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25.42 A

MICKEY G. MARTIN  
DEED BOOK 902 PAGE 538

ME  
DEED BOOK

END OF DEDICATED  
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## ENVIRONMENT HEALTH APPLICATION (496-8100)

Permit #: **27762**Permit Type: **WELL/SEPTIC**Date Issued: **05/28/2010**Project Address: **CROSSING PLACE, BUNN NC 27508**Location: **CROSSING PLACE**Size #: **0.000**

Subdivision:

Lot #:

Applicant: **OLDE HERITAGE BUILDERS  
PO BOX 40  
ZEBULON NC 27597**Phone: **919.269.4555**Owner Name: **PEARCE KEN N & MONICA O**

Phone:

Owners Address: **P O BOX 130**

27508

Tax record:

Pin #: **NO PIN**

Parcel #:

Zoned: **R 10**Setbacks Front: **BUNN**

Rear:

Side:

Proposed Use: **SFD**# of bedrooms: **3**# of people: **3**Township: **DUNN**Public Water/Sewer: **PRIVATE**

ST Road #:

Desc:

Fees Due: **\$650.00**Date Paid: **05/28/2010****\* 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](http://www.franklincountyenvironmentalhealth.com) to determine the status of your application prior to contacting the Planning & Inspections Department.**

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

05/28/2010

Print &amp; Signature of Owner or Owner's Legal Representative