

Copy from Sybil

**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: 9537 Type: N PIN: 2739-33-0613 Date: 6/28/2017

Applicant: ANTHONY DAVID BAKER Owner: SLEDGE FARM LLC
10705 SUNNY POINT DR 9 MCKNIGHT AVE
ZEBULON, NC 27597 , 27607

Telephone: (919) 815-1066

Telephone:

Subdivision: SLEDGE FARM

Lot Number: 14

Size: 0.690

Physical Address/ Location /Directions 40 N TREELINE DR

WELL INFORMATION:

WELL TYPE: Drilled D WELL DEPTH: 180 FT WELL YIELD: 6 GPM

STAT LEVEL: 21 FT CASE TYPE: PVC P CASE DEPTH: 48 FT

COMMENTS: H₂O Samples taken 2-19-18 Joel Berndel

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: 7-19-17

EHS:

GROUT INSPECTION DATE: 11-7-17

EHS:

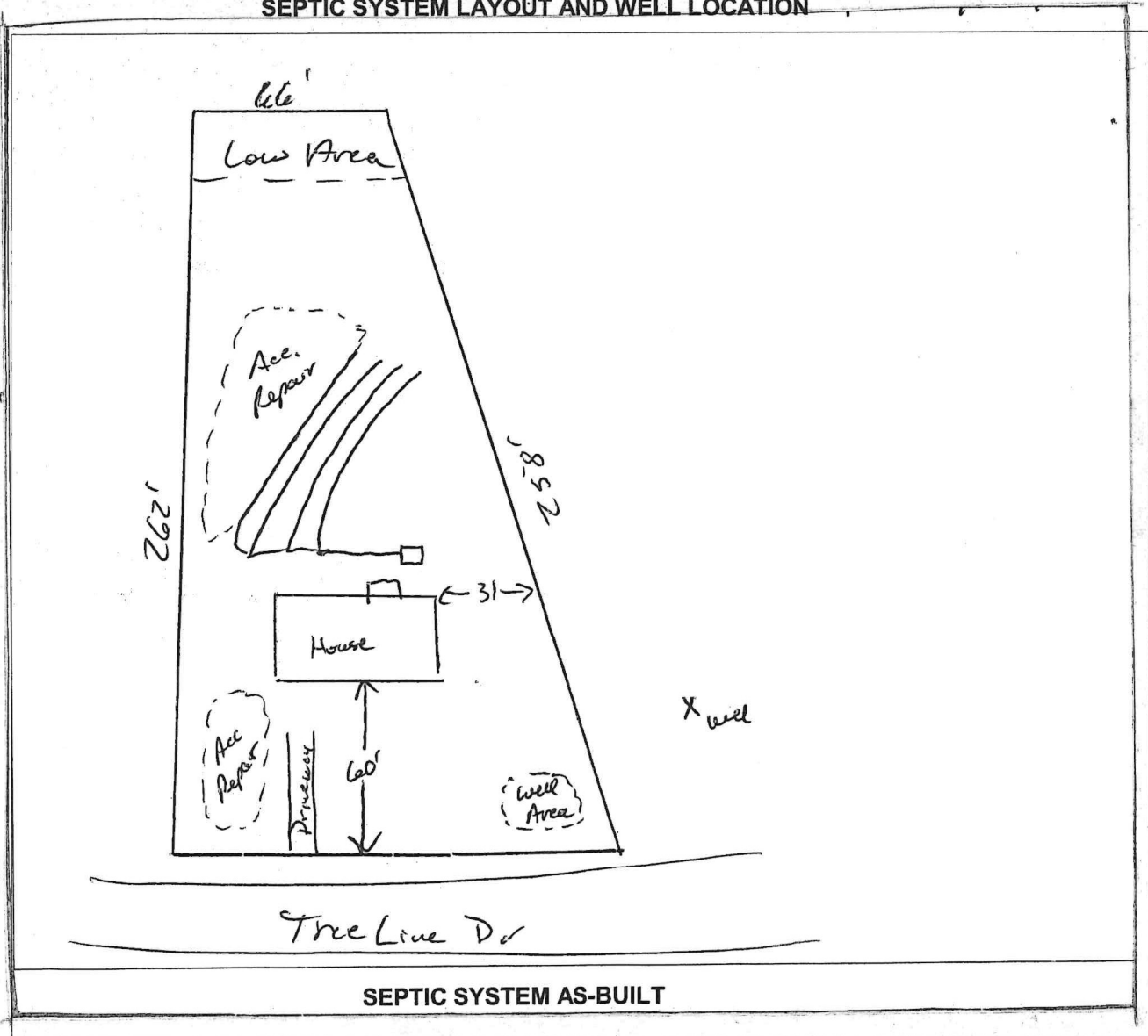
WELL HEAD INSPECTION DATE: 2-19-18

EHS:

CERTIFICATE OF COMPLETION DATE: 2-19-18

EHS:

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

Franklin County Health DepartmentName: BAKERPermit Number 9537LOCATION LAT N 36 ° LONG W 78 ° 0WELL DRILLING CONTRACTOR: _____ REG #: 0PUMP INSTALLER: _____ REG #: 0**SEPTIC SYSTEM LAYOUT AND WELL LOCATION**

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: 9416 Type: I PIN: 2739-33-0613 Date: 5/10/2017

Applicant: ANTHONY DAVID BAKER
10705 SUNNY POINT DR
ZEBULON, NC 27597

Owner: SLEDGE FARM LLC
9 MCKNIGHT AVE
, 27607

Telephone: (919) 815-1066

Telephone:

Subdivision: SLEDGE FARM

Lot Number: 14

Size: 0.690

Physical Address/ Location /Directions 40 N TREELINE DR

Description: LifeTime _____ 5 Year ✓

TYPE FACIL Res # EMPLOY _____ # BEDRMS 3 GPD 360 LTAR .35

TYPE WAT Priv TYPE SYS A TYPE REP A BSMT No BST FX N/A

SIZE TANK 1000 SIZE CHB N/A SIZE NITR 3'x270' MTD 30"

COMMENTS: Maintain setbacks. Install drainlines on contour.

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 5/30/17 EHS Shad Peene

CONSTRUCTION AUTHORIZATION DATE 5/30/17 EHS Shad Peene

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

Franklin County Health Department

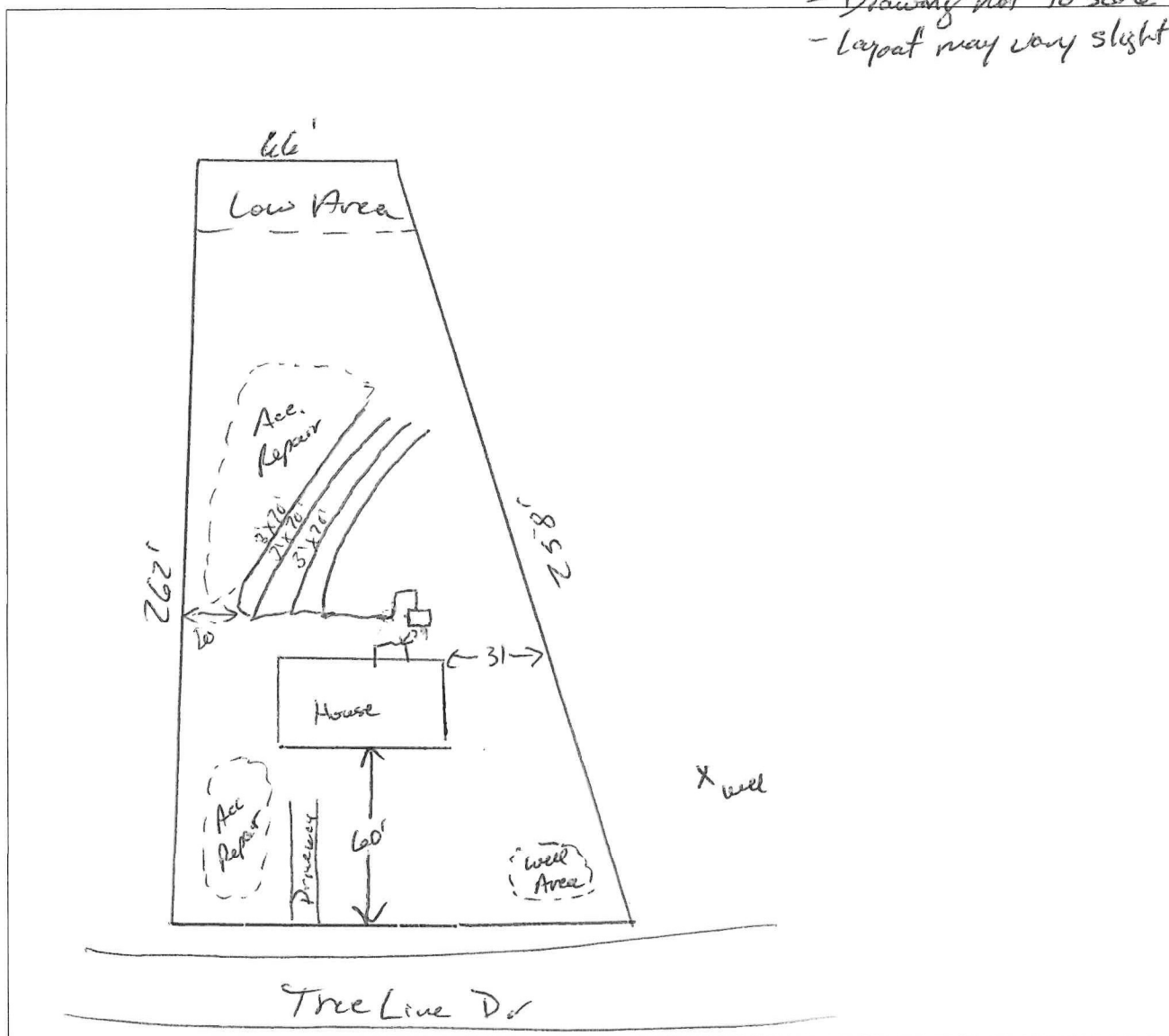
Name: BAKER

Permit Number

9416

CONTRACTOR Leon Avila Construction TANK MANU MCP 1000 MANU DATE 9-11-17WELL INSTALLED YES ☒ NO ☐ SYSTEM CODE EZ1203-N-G

SEPTIC SYSTEM LAYOUT (SKETCH SYSTEM LAYOUT HERE)



SEPTIC SYSTEM AS-BUILT (IF DIFFERENT FROM INITIAL LAYOUT) ON REVERSE

OPERATIONS PERMIT

DATE

11-8-17

EHS

Crystal Emiso



Anthony
Baker

RESIDENTIAL WELL CONSTRUCTION RECORD

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

WELL CONTRACTOR CERTIFICATION # 2476

1. WELL CONTRACTOR:

Jerry Ball
 Well Contractor (Individual) Name
 Jerry Ball Well Drilling
 Well Contractor Company Name
 STREET ADDRESS 352 Moulton Rd
 Louisburg N.C. 27549
 City or Town State Zip Code
 919-497-5491
 Area code Phone number

2. WELL INFORMATION:

SITE WELL ID (if applicable) _____
STATE WELL PERMITS (if applicable) 9537
DWO or OTHER PERMIT # (if applicable) _____
WELL USE (Check Applicable Box) Residential Water Supply ☒
DATE DRILLED 11-6-17
TIME COMPLETED 11-2-17 AM ☒ PM ☐

3 WELL LOCATION:

CITY _____ COUNTY Franklin
40 N Tripline Dr. SLALgo Farms
Street Name Numbers, Community, Subdivision, Lot No, Parcel Zip Code

TOPOGRAPHIC / LAND SETTING

☐ Slope ☐ Valley ☒ Flat ☐ Ridge ☐ Other
(check appropriate box)

LATITUDE 35° 55' 670"
LONGITUDE 78° 12' 784"

May be in degrees,
minutes, seconds or
in a decimal form:

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 Anthony Balcar
STREET ADDRESS 40 N Traylor Dr.
Spring Hope NC
City or Town State Zip Code
919-815-1066
Area code Phone number

5. WELL DETAILS

a. TOTAL DEPTH: 180

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

c. WATER LEVEL Below Top of Casing 21 FT
(Use "+" if Above Top of Casing)

d. TOP OF CASING IS 1 FT Above Land Surface.
Top of casing terminated either below land surface may require
a variance in accordance with 15A NCAC 2C .0118

e. YIELD (gpm) 6 METHOD OF TEST blow down

1. DISINFECTION: Type Chlorine Amount 1402

8. WATER ZONES (depth)

From <u>71'</u>	To <u>36 GPM</u>	From _____	To _____
From <u>114'</u>	To <u>3 GPM</u>	From _____	To _____
From _____	To _____	From _____	To _____

8 CASINO

CASING			Thickness &		
From	Depth	Distance	Weight	Material	
From <u>+1</u>	To <u>49</u>	<u>6' 8"</u>	<u>SDR 21</u>	<u>PVC</u>	
From _____	To _____	_____	_____	_____	
From _____	To _____	_____	_____	_____	

7. GROUT

GROUT		Depth	Material	Method
From	0	To	20	FI. Concrete
From		To		FI. Pouring
From		To		

1. SCREEN:

SCREEN:	Depth	Diameter	Slot Size	Meters
From	To	Fi	in	
From	To	Fi	in	
From	To	Fi	in	

9. SAND/GRAVEL PACK:

Depth		Size	Material
From	To	Ft.	
From	To	Ft.	
From	To	Ft.	

16. DRILLING LOG

From	To	Formation Description
------	----	-----------------------

0 - 3
31 - 150

Clay
Sandstone

11. REMARKS:

I DO HEREBY CERTIFY THAT THIS WELL WAS CONSTRUCTED IN ACCORDANCE WITH
ISA NCAC 3C WELL CONSTRUCTION STANDARDS, AND THAT A COPY OF THE
RECORD HAS BEEN PROVIDED TO THE WELL OWNER.

11-7-17
 SIGNATURE OF CERTIFIED WELL CONTRACTOR
 DATE
 Jerry Ball
 PRINTED NAME OF PERSON CONSTRUCTING THE WELL

Submit the original to the Division of Water Quality within 30 days. Attn: Information Mgt.
1617 Mall Service Center - Raleigh, NC 27699-1617 Phone No. (919) 733-7016 ext 568.

Form GW-1a
Rev. 7-1-54

Franklin County Development Permit

RESIDENTIAL

Zoning Permit #: X0169

ADDRESS: 40 N TREELINE DR

PARCEL NO.: 2739-33-0613

ZONING: R-30

SUBDIVISION: SLEDGE FARM

LOT: 14

ISSUED TO: BAKER ANTHONY
10705 SUNNY POINT DR
ZEBULON, NC 27597

PHONE NUMBER: 919-815-1066

SETBACK: FRONT: 30 RIGHT: 10 LEFT: 10 REAR: 25

COUNTY WATER: NO FLOODPLAIN: NO MISC FEE:

PERMIT TYPE: ZONING PERMIT

TYPE OF CONSTRUCTION: SFD - NEW SEPTIC

PERMIT DATE: 05/10/2017 WATERSHED NO

TOWNSHIP DUN EXPIRE DATE: 11/10/2017

3/3

It is hereby certified that the above use as shown on the plats and plans submitted with this application conforms with all applicable provisions of the Franklin County Zoning Ordinance. The issuance of this application does not allow the violation of Franklin County Zoning Ordinance or other governing regulations. The applicant is responsible for obtaining a building permit (if required) prior to commencing work on the proposed improvement. A final zoning inspection must be scheduled by the applicant.

NOTES:

I hereby certify that all information I have provided to the Planning Department is true and accurate.

APPLICANTS SIGNATURE:

UTILITY COMPANY: PROGRESS ENERGY WAKE ELECTRIC OTHER

NUMBER OF STORIES: 1 _____ 1 1/2 _____ 2 _____ 2 1/2 _____

SQUARE FOOTAGE: HEATED _____ UNHEATED _____ TOTAL _____

BASEMENT: YES _____ NO _____

FIREPLACE: NO _____ MASONRY _____ MANUFACTURED _____

PLAN SETS: MODULAR _____ STICKBUILT _____

NAME OF:

ELECTRICIAN: _____ MECHANICAL: _____

PLUMBING: _____

COST OF CONSTRUCTION: _____

NO MORE THAN 2 STRUCTURAL DEVIATIONS OR PLANS MUST BE REDRAWN

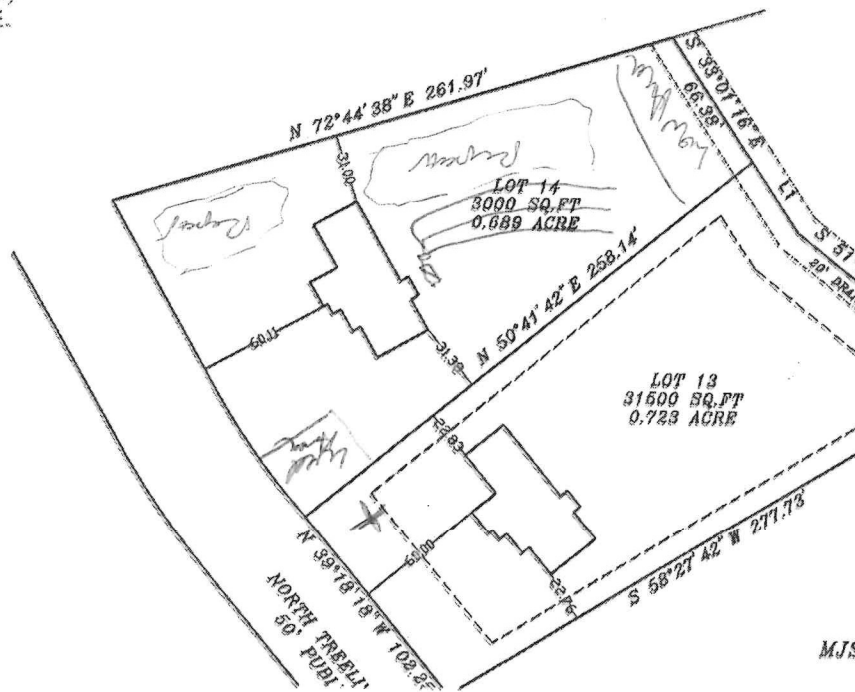
DEPARTMENTAL USE ONLY

	INITIALS (IN)	DATE	INITIALS (OUT)	DATE
ZONING	AR	5/10/17		
INITIAL PERMITTING				
ADDRESSING				
PLAN REVIEW				
FIRE REVIEW				
SEPTIC/SEWER				
FINAL PERMITTING				

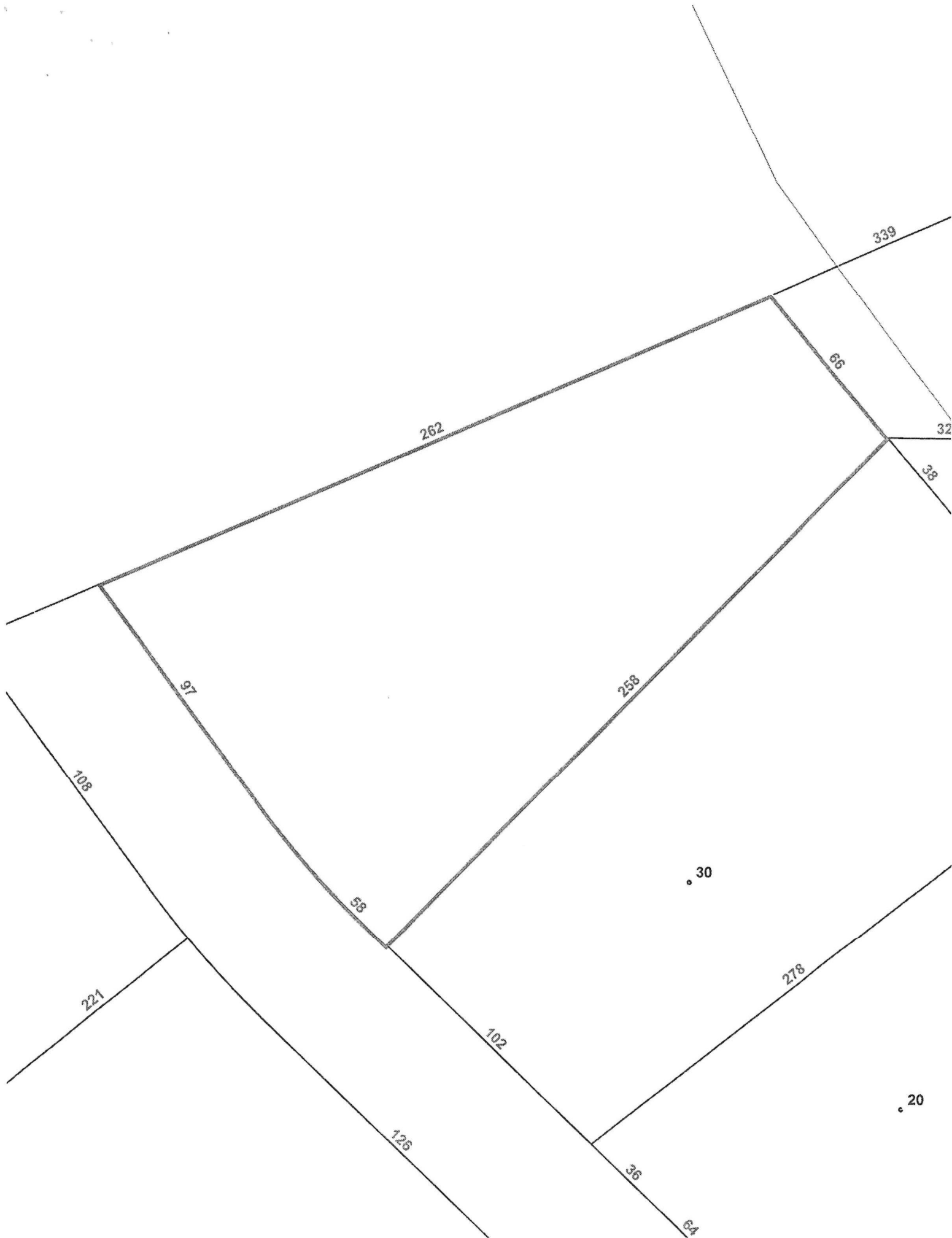
"PRELIMINARY PLAT"
NOT FOR RECORDATION,
CONVEYANCE OR SALE.

2ms08

SS 1



MJS





COUNTY OF FRANKLIN

ENVIRONMENT HEALTH APPLICATION (496-8100)

Permit #: 44735

Permit Type: SEPTIC PERMIT

Date Issued: 05/10/2017

Project Address: 40 N TREELINE DR, SPRING HOPE NC 27882

Location: 40 N TREELINE DR

Size #: 0.690

Subdivision: SLEDGE FARM

Lot #: 14

Applicant: BAKER, ANTHONY DAVID

Phone: 919-815-1066

10705 SUNNY POINT DR

ZEBULON NC 27597

Owner Name: SLEDGE FARM LLC

Phone:

Address: 9 MCKNIGHT AVE

27607

Tax record: 37815

Pin #: 2739-33-0613

Parcel #: K12B00 014

Zoned: R-30

Setbacks Front: 30

Rear: 10

Side: 25

Proposed Use: SFD

of bedrooms: 3

of people: 3

Township: DUN

Public Water/Sewer:

Desc:

Fees Due: \$400.00

Date Paid: 05/10/2017

* 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.

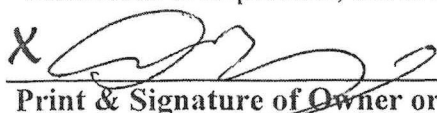
☐ Conventional ☐ Accepted ☐ Modified Conventional ☐ Alternative☐ Other ☒ No Preference

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  Anthony Baker
Print & Signature of Owner or Owner's Legal Representative

05/10/2017

15

6 sq.ft.
22 AC.

N/F
DAVID E. WOODARD
& LORRIE BEACH
D.B. 998, PG. 85
PIN# 2739-34-2785

DRIVE 50' PUBLIC R/W

221.24'

C-18

L-26

36.46'

51.07'

L-25

L-24

110ft

40ft

110ft

L-23

C-16

258.14'

261.97'

S 50°41'42" W

L-22

277.73'

13

31,500 sq.ft.
0.723 AC.

S 82°56'52" E

L-39

L-38

L-21



COUNTY OF FRANKLIN

ENVIRONMENT HEALTH APPLICATION (496-8100)

Permit #: 45247

Permit Type: WELL

Date Issued: 06/28/2017

Project Address: 40 N TREELINE DR, SPRING HOPE NC 27882

Location: 40 N TREELINE DR

Size #: 0.690

Subdivision: SLEDGE FARM

Lot #: 14

Applicant: BAKER, ANTHONY DAVID

Phone: 919-815-1066

10705 SUNNY POINT DR

ZEBULON NC 27597

Owner Name: SLEDGE FARM LLC

Phone:

Address: 9 MCKNIGHT AVE

27607

Tax record: 37815

Pin #: 2739-33-0613

Parcel #: K12B00 014

Zoned: R-30

Setbacks Front:

Rear:

Side:

Proposed Use: WELL

of bedrooms:

of people:

Township: DUN

Public Water/Sewer:

Desc: 2739-33-0613

Fees Due: \$400.00

Date Paid: 06/28/2017

* 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.

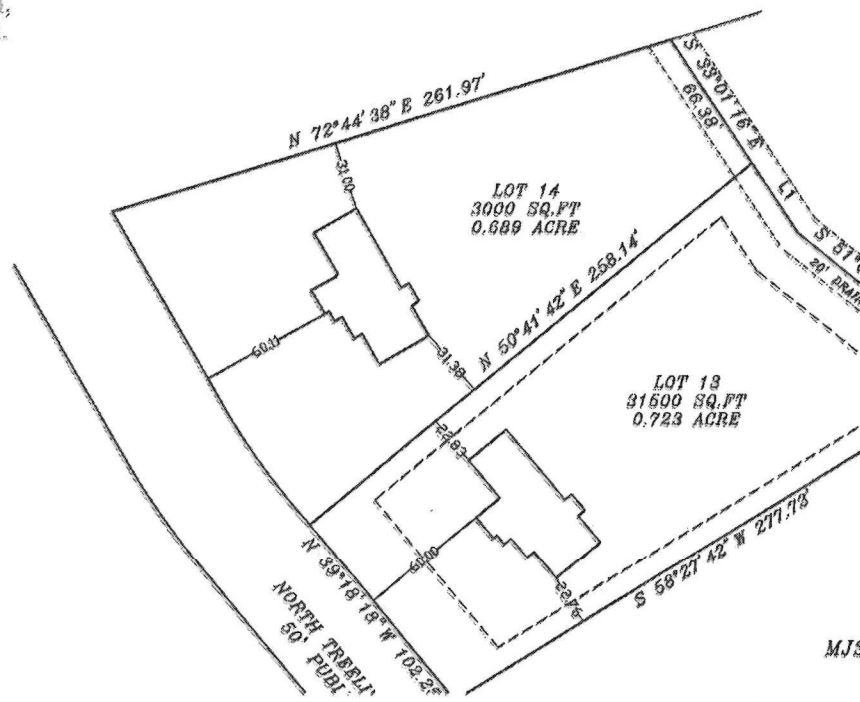
I also certify that all of the statements made in this application and any attached documents are true, complete, and correct, to the best of my knowledge and belief, and are made in good faith. If information in this application for these improvements is falsified, changed or site is altered, then improvement 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

Print & Signature of Owner or Owner's Legal Representative

06/28/2017

"PRELIMINARY PLAT"
NOT FOR RECORDATION,
CONVEYANCE OR SALE.



MJS

