



## OPERATION PERMIT

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

### For Office Use Only

\*CDP File Number 356949 - 1

County ID Number:

Evaluated For: NEW

Property Owner: DENISE PEARCE

Address: 742 MCKNIGHT DR. SUITE 213

Road #:

City: KNIGHTDALE

State/Zip: NC/ 27545

Phone #:

Township:

Subdivision:

Phase : NEW

Lot:

Structure: SINGLE FAMILY

# of Bedrooms: 3

# of People: 4

Water Supply: N/A

Saprolite System?: ☐ Yes ☒ No

Pump Required?: ☐ Yes ☒ No

Design Flow: 360

System Classification/Description: TYPE III B. SYSTEM  
W/SINGLE EFFLUENT PUMP

Installer:

Certification #:

Specific System UNKNOWN

Installed:

STB: 1000

PT: 1000

Comments:

Septic Tank Date: 09/14/2021

Pump Tank Date: 09/17/2021

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: 11/10/2021

Owner/Applicant: \_\_\_\_\_



File # 356949 PIN# \_\_\_\_\_

Property Address: 10 Mitchell Ridge Dr.

Applicant or Owner Name: Denise Peerce

## Environmental Health Septic/Well Permit Diagram

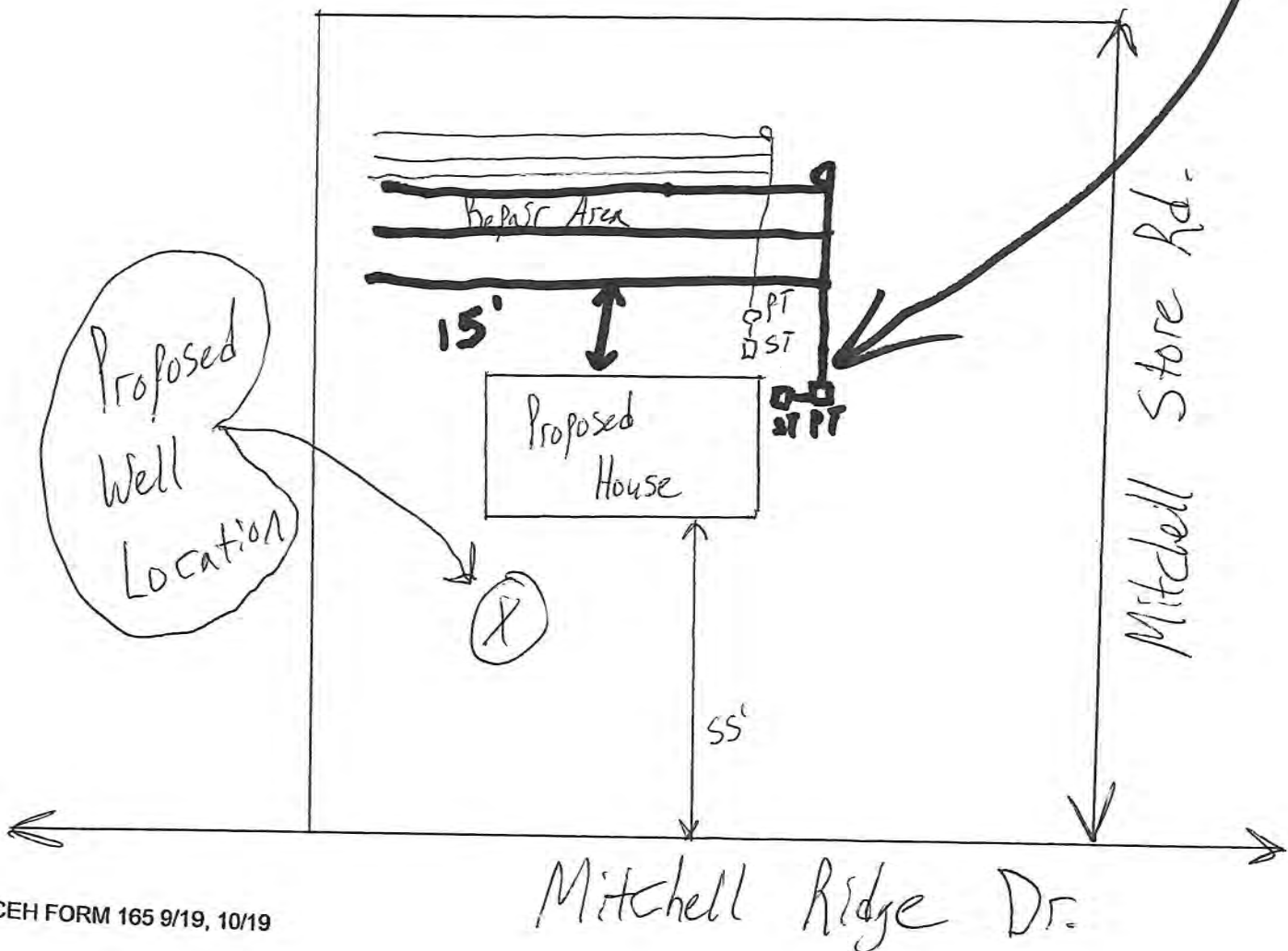
Building permits cannot be issued nor should construction begin without Construction Authorization issuance.  
☒ Septic Improvement Permit ☒ Septic Construction Authorization (CA) ☐ CA Reissue\*\* ☒ As Built  
☒ Well Construction Authorization ☐ Additional Diagram/Specifications Attached

Diagram Date: 5-25-21 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 9am 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 permit 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 1000 Pump Tank 1000 Drainfield 3' x 300' Type System P to ACC Max Trench Depth 34"  
Septic Contractor \_\_\_\_\_ Septic/Pump tank dates \_\_\_\_\_ Pump fee? ☒ Yes ☐ No HH 11/16/21  
Well Contractor \_\_\_\_\_ Well Grout date: \_\_\_\_\_





\*File #: 356949 - 2  
PIN #:  
Tax Lot #:  
Tax Block #: 047147

### WELL CONSTRUCTION RECORD

Owner: DENISE PEARCE  
742 MCKNIGHT DR. SUITE 213  
KNIGHTDALE, NC 27545

Directions  
10 MITCHELL RIDGE DR

### WELL HEAD CONSTRUCTION

Drilling Contractor: SAMMY RACKLEY  
Driller Registration:  
Date Drilled: 09/01/2021  
Use of Well: SINGLE FAMILY  
Total Depth: 462 Ft.  
Static Water Level: 10 Ft.  
Replacement Well: NO  
Yield: 2 gpm  
Water Zone: 1) Ft. 2) Ft.  
3) Ft. 4) Ft.  
Disinfection Type: N/A Amount:

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:

| From | Depth | To | Ft. | 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:

| From | Depth | To | Ft. | Material | Method |
|------|-------|----|-----|----------|--------|
| From | 0     | To | Ft. | N/A      | N/A    |

Issued by: Bendel, Joel

Date of Issue: 01/31/2022

REFER TO ATTACHED GW-1 FOR MORE  
WELL DRILLING DETAILS

This well was constructed, repaired or abandoned in compliance with the well permit and in accordance with 15 A 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.



File # 356949 PIN# \_\_\_\_\_

Property Address: 10 Mitchell Ridge DR.

Applicant or Owner Name: Denise Pearce

Well Head

## Environmental Health Septic/Well Permit Diagram

Building permits cannot be issued nor should construction begin without Construction Authorization issuance.  
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☒ Well Construction Authorization ☐ Additional Diagram/Specifications Attached

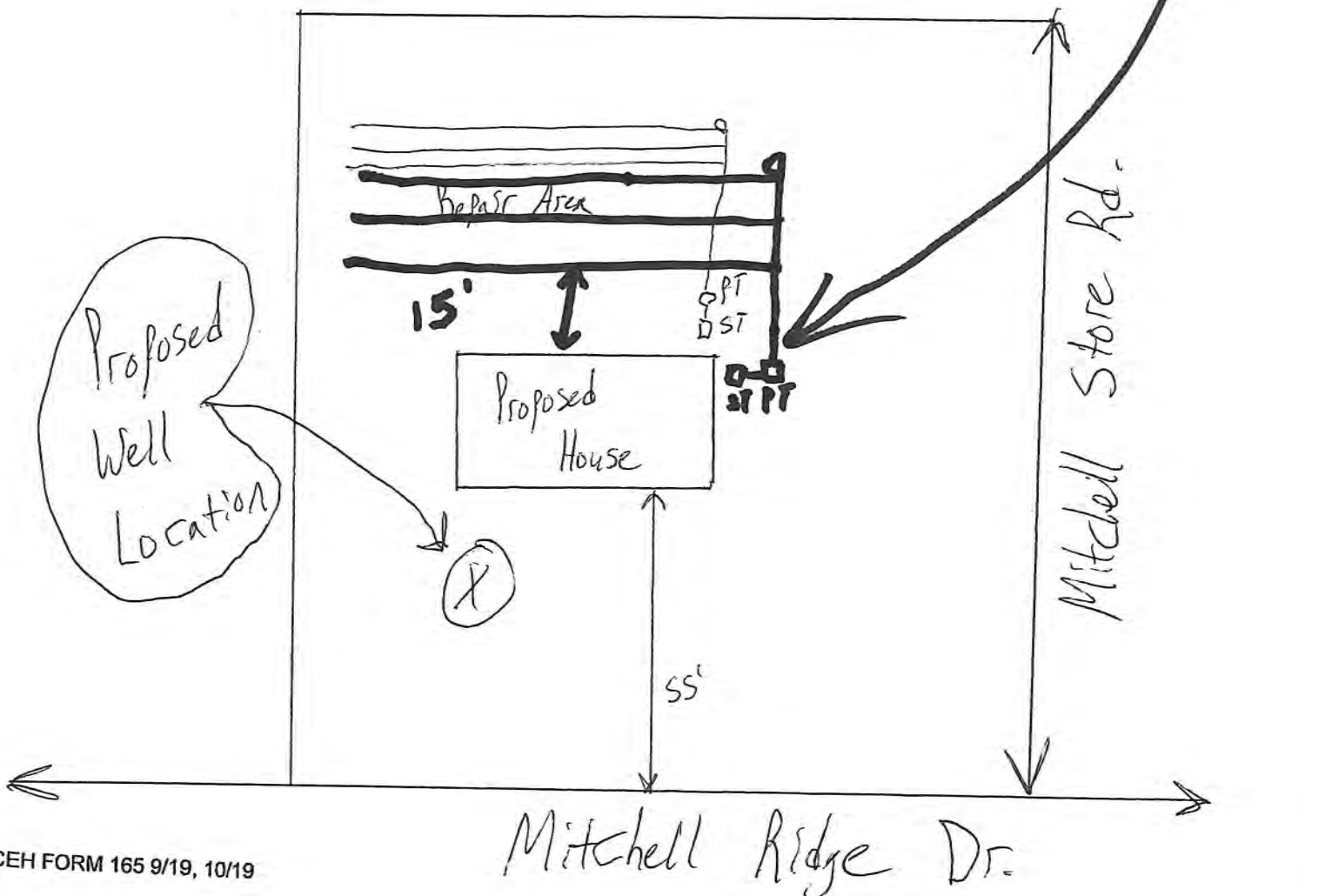
Diagram Date\*\*: 5-25-21 EHS: Joel bendel

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Septic Contractor \_\_\_\_\_ Septic/Pump tank dates \_\_\_\_\_ Pump fee? ☒ Yes ☐ No HH 11/16/21  
Well Contractor \_\_\_\_\_ Well Grout date: \_\_\_\_\_





## Well Construction Permit

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

For Office Use Only

\*CDP File Number 356949

PIN Number: \_\_\_\_\_

Tax Lot #: \_\_\_\_\_ Tax Block #: 047147

Evaluated For: \_\_\_\_\_

Property Owner: DENISE PEARCE

Address: 742 MCKNIGHT DR. SUITE 213

City: KNIGHTDALE

State/Zip: NC / 27545

Phone #: \_\_\_\_\_

Applicant: DENISE PEARCE

Address: 742 MCKNIGHT DR. SUITE 213

City: KNIGHTDALE

State/Zip: NC / 27545

Phone #: \_\_\_\_\_

### Property Location & Site Information

Address/Road #:

10 MITCHELL RIDGE DR

YOUNGSVILLE NC, 27596

Subdivision: \_\_\_\_\_

Phase: \_\_\_\_\_

Lot: \_\_\_\_\_

\*Proposed use of Well: \_\_\_\_\_

Directions

If Other: \_\_\_\_\_

10 MITCHELL 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. No volume of quality of water is guaranteed by the Health Department.

\*Issued By: Bendel, Joel

Authorized State Agent: \_\_\_\_\_

Owner/Applicant: \_\_\_\_\_

\*Date of Issue: 05/25/2021

☐ Hand Drawing ☐ Import Drawing

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

Denise Pearce

**For Internal Use ONLY:**

## 14. WATER ZONES

| FROM | TO | DESCRIPTION |
|------|----|-------------|
|------|----|-------------|

|     |     |
|-----|-----|
| ft. | ft. |
| ft. | ft. |

15. OUTER CASING (for multi-cased wells) OR LINER (if applicable)

| FROM | TO | DIAMETER | THICKNESS | MATERIAL |
|------|----|----------|-----------|----------|
|------|----|----------|-----------|----------|

|       |        |          |       |             |
|-------|--------|----------|-------|-------------|
| 0 ft. | 50 ft. | 6.25 in. | SDR21 | PVC plastic |
|-------|--------|----------|-------|-------------|

|     |     |
|-----|-----|
| ft. | ft. |
|-----|-----|

## 16. INNER CASING OR TUBING (geothermal closed loop)

| FROM | TO | DIAMETER | THICKNESS | MATERIAL |
|------|----|----------|-----------|----------|
|------|----|----------|-----------|----------|

|     |     |
|-----|-----|
| ft. | ft. |
|     |     |

|     |     |     |  |
|-----|-----|-----|--|
| ft. | ft. | in. |  |
|-----|-----|-----|--|

| FROM | TO | DIAMETER | THICKNESS | SLOT SIZE | MATERIAL |
|------|----|----------|-----------|-----------|----------|
|------|----|----------|-----------|-----------|----------|

|     |     |     |  |  |  |
|-----|-----|-----|--|--|--|
| ft. | ft. | in. |  |  |  |
| ft. | ft. | in. |  |  |  |

| FROM | TO | MATERIAL | EMPLACEMENT METHOD & AMOUNT |
|------|----|----------|-----------------------------|
|------|----|----------|-----------------------------|

|       |        |                  |    |                  |
|-------|--------|------------------|----|------------------|
| 0 ft. | 3 ft.  | Concrete         | 1  | Grouting Through |
| 3 ft. | 45 ft. | Bentonite slurry | 11 | Tremie Pipe      |
| ft.   | ft.    |                  |    |                  |

| FROM | TO | MATERIAL | EMPLACEMENT METHOD & AMOUNT |
|------|----|----------|-----------------------------|
|------|----|----------|-----------------------------|

|     |     |  |  |
|-----|-----|--|--|
| ft. | ft. |  |  |
| ft. | ft. |  |  |
| ft. | ft. |  |  |

| FROM | TO | DESCRIPTION (color, hardness, soil/rock type, grain size, etc) |
|------|----|----------------------------------------------------------------|
|------|----|----------------------------------------------------------------|

|        |         |                 |
|--------|---------|-----------------|
| 0 ft.  | 2 ft.   | Black Topsoil   |
| 2 ft.  | 22 ft.  | Orange Clay     |
| 22 ft. | 50 ft.  | Brown Sandstone |
| 50 ft. | 462 ft. | Gray Rock       |
| ft.    | ft.     |                 |
| ft.    | ft.     |                 |
| ft.    | ft.     |                 |

## Water zones at 135ft and 195ft

Samuel Jackson

9/1/2021

Date \_\_\_\_\_

23. Site diagram or additional well details:

## **SUMMITAL INSTRUCTIONS**

**Division of Water Quality, Information Procession Unit,  
1617 Mail Service Center, Raleigh, NC 27699-1617**

**Division of Water Quality, Underground Injection Control Program,  
1636 Mail Service Center, Raleigh, NC 27699-1636**

Natural Resources - Division of Water Quality

Revised 2/22/16

|                          |   |                        |     |
|--------------------------|---|------------------------|-----|
| <b>13a. Yield (gpm):</b> | 2 | <b>Method of test:</b> | Air |
|--------------------------|---|------------------------|-----|

13b. Disinfection type: HTH Amount: 16 OZ

Form GW-1 North Carolina Department of Transportation



Franklin County  
 215 E. Nash St. Louisburg, NC 27549  
 Phone (919) 496-2281  
 www.franklincountync.us

356949

Issued to: **Denise Pearce**Location: **10 MITCHELL RIDGE DR YOUNGSVILLE , NC 27596**

**NEW SEPTIC APPLICATION  
 NEW WELL APPLICATION**

Application Type: NEW SEPTIC NEW WELLApplication Number: **E-21-360**

Date: April 29, 2021

Building Type:

Acreage:

Project Type: Single Family Dwelling

Zoning: R-40

# of Bedrooms: 3

# of People: 4

Parcel ID #: 047147

Subdivision: NULL

**Applicant Information**

Applicant Name: Denise Pearce

Address: 742 McKnight Dr. Ste 213 Knightdale , North Carolina 27545

Phone: 9192172444

Email: denise@rhc-construction.com

**Property Owner Information**

Owner Name: NULL

Address: NULL NULL , NULL NULL

Phone:

Email:

**General Contractor Information**

Contractor Name: Robert H. Cameron

Address: 742 McKnight Dr Ste 213 Knightdale , NC 27545-7764

Phone: (919) 217-2444

Email:

**Zoning**

Zoning Permit #: Z-21-615

County Water: No

Front Setback: 50

Right Setback: 20

Left Setback: 20

Rear Setback: 50

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. This application for an improvement permit/construction authorization and well permit does not constitute approval for zoning, septic, and building permits. It will be necessary to meet all guidelines for zoning, septic, and building permits prior to construction. The application is valid for either 12 months or without expiration, depending upon documentation submitted.

**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.**

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 be release information upon public request.

April 29, 2021

# Franklin County Zoning Permit

Issued to: Denise Pearce

Location: 10 MITCHELL RIDGE DR  
YOUNGSVILLE, NC 27596



Franklin County  
215 E. Nash St. Louisburg, NC 27549  
Phone (919) 496-2909  
www.franklincountync.us

Expiration Date: October 12, 2021

## Residential

Permit Type: Single Family Dwelling

Permit #: Z-21-615

Parcel ID #: 047147

Location: 10 MITCHELL RIDGE DR  
YOUNGSVILLE, NC 27596

County Water: No

County Sewer: No

Subdivision: NULL

Acreage:

## APPLICANT INFORMATION

Applicant: Pearce, Denise

Address: 742 McKnight Dr. Ste 213  
Knightdale, North Carolina 27545

Phone: 9192172444

Email: denise@rhc-construction.com

## PROPERTY OWNER INFORMATION

Owner: NULL

Address: NULL  
NULL, NULL NULL

Phone:

Email:

## CONTRACTOR INFORMATION

Name: Robert H. Cameron

License #: 37856

Address: 742 McKnight Dr Ste 213  
Knightdale, NC 27545-7764

Phone: (919) 217-2444

Email:

## ZONING

Zoning: R-40

Front Setback: 50

Rear Setback: 50

Left Setback: 20

Right Setback: 20

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 (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.

true

BRAD THOMPSON

Applicant Signature

Zoning Official Signature



VICINITY MAP N.T.S.



PRELIMINARY  
NOT FOR SALES, RECORDING,  
OR CONVEYANCE

| CURVE | RADIUS        | ARC LENGTH | CHORD LENGTH | CHORD BEARING  |
|-------|---------------|------------|--------------|----------------|
| C1    | 125.00'       | 36.94'     | 33.67'       | IS 77°58'48" W |
| LINE  | BEARING       | DISTANCE   |              |                |
| L1    | S 35°37'15" W | 23.65'     |              |                |

ADDRESS : 10 MITCHELL RIDGE DR  
DB N/A PG N/A  
PIN : 1789-46-0451 (PARENT TRACT)  
TOWNSHIP : HARRIS  
COUNTY : FRANKLIN  
ZONING : R-40

SETBACKS  
FRONT - 50'  
REAR - 50'  
SIDE - 20'



#### LEGEND

IPF - IRON PIPE FOUND ●  
IPS - IRON PIPE SET ○  
PROPERTY LINE ———  
50' BUFFER ———  
EASEMENT ———



I CERTIFY THAT THIS MAP WAS DRAWN FROM AN ACTUAL  
FIELD SURVEY PERFORMED UNDER MY DIRECTION AND  
SUPERVISION. (REFERENCE BM 2021 PG 58) THIS MAP  
IS NOT INTENDED TO MEET GS 47-30 STANDARDS.

*John B. Lowdermilk*  
JOHN B. LOWDERMILK, PLS L-4829

#### PLOT PLAN—LOT 1 MITCHELL RIDGE SUBDIVISION

PREPARED BY:  
JOHN LOWDERMILK, PLS  
7310 COVERED BRIDGE RD  
WENDELL, NC 27591  
919 810-6406

|               |                |      |
|---------------|----------------|------|
| Scale: 1"=50' | Date: 03/16/21 | LT:  |
| Drawn:        | Checked:       | Job: |



## IMPROVEMENT PERMIT

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

### For Office Use Only

\*CDP File Number 356949 - 1

County ID Number: \_\_\_\_\_

Evaluated For: NEW

PERMIT VALID UNTIL: 05/25/2026

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

Applicant: DENISE PEARCE

Address: 742 MCKNIGHT DR. SUITE 213

City: KNIGHTDALE

State/Zip: NC 27545

Phone #: \_\_\_\_\_

Property Owner: DENISE PEARCE

Address: 742 MCKNIGHT DR. SUITE 213

City: KNIGHTDALE

State/Zip: NC 27545

Phone #: \_\_\_\_\_

### Property Location & Site Information

Address/Road #: 10 MITCHELL RIDGE DR  
YOUNGSVILLE, NC 27596

Subdivision: \_\_\_\_\_

Phase: NEW

Lot: \_\_\_\_\_

Structure: SINGLE FAMILY

### Directions

10 MITCHELL RIDGE DR

# of Bedrooms: 3

# of People: 4

\*Water Supply: N/A

### System Specifications

#### Initial System

\*Site Classification: \_\_\_\_\_

Design Flow: 360

Soil Application Rate: \_\_\_\_\_

Minimum Trench Depth: \_\_\_\_\_ Inches

Maximum Trench Depth: 34 Inches

\*System Classification/Description:

TYPE III B. SYSTEM W/SINGLE EFFLUENT PUMP

Septic Tank: 1000 Gallons

Pump Required: ☒ Yes ☐ No ☐ May Be Required

\*Proposed System:

25% REDUCTION

Pump Tank: 1000 Gallons

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

### Repair System

\*Site Classification: \_\_\_\_\_

Soil Application Rate: \_\_\_\_\_

\*System Classification/Description:

TYPE III B. SYSTEM W/SINGLE EFFLUENT PUMP

\*Proposed System:

25% REDUCTION

Minimum Trench Depth: \_\_\_\_\_ Inches

Maximum Trench Depth: 34 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

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 (1.1938(b)).

Authorized State Agent: \_\_\_\_\_

Bendel, Joel

Date of Issue: \_\_\_\_\_

05/25/2021

Total Time: (HH:MM)

☐ Hand Drawing

☐ Import Drawing

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



## Construction Authorization

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

### For Office Use Only

\*CDP File Number: 356949 - 1  
County ID Number: \_\_\_\_\_  
Evaluated For: NEW

PERMIT VALID UNTIL: 05/25/2026

☐ Open Pump System Sheet

Applicant: DENISE PEARCE  
Address: 742 MCKNIGHT DR. SUITE 213  
City: KNIGHTDALE  
State/Zip: NC 27545  
Phone #: \_\_\_\_\_

Property Owner: DENISE PEARCE  
Address: 742 MCKNIGHT DR. SUITE 213  
City: KNIGHTDALE  
State/Zip: NC. 27545  
Phone #: \_\_\_\_\_

### Property Location & Site Information

Address/Road #: 10 MITCHELL RIDGE DR Subdivision: \_\_\_\_\_ Phase: NEW Lot: \_\_\_\_\_  
YOUNGSVILLE, NC 27596  
Directions:  
Structure: SINGLE FAMILY 10 MITCHELL RIDGE DR  
# of Bedrooms: 3  
# of People: 4  
\*Water Supply: \_\_\_\_\_

### System Specifications

\*Site Classification: \_\_\_\_\_ Minimum Trench Depth: \_\_\_\_\_ Inches  
Design Flow: 360 Maximum Trench Depth: 34 Inches  
Soil Application Rate: \_\_\_\_\_ Minimum Soil Cover: \_\_\_\_\_ Inches  
\*System Classification/Description: \_\_\_\_\_ Maximum Soil Cover: \_\_\_\_\_ Inches  
TYPE III B. SYSTEM W/SINGLE EFFLUENT PUMP  
\*Proposed System: \_\_\_\_\_ \*Distribution Type: PUMP TO GRAVITY  
25% REDUCTION  
Nitrification Field: \_\_\_\_\_ Sq. ft. Septic Tank: 1,000 Gallons  
No. Drain Lines: \_\_\_\_\_ Pump Required: ☒ Yes ☐ No ☐ May Be Required  
Total Trench Length: 300 ft. ☐ Inches O.C. Pump Tank: 1,000 Gallons  
☐ Feet O.C. Grease Trap: \_\_\_\_\_ Gallons  
Trench Spacing: \_\_\_\_\_ - \_\_\_\_\_ ☐ Inches  
Trench Width: \_\_\_\_\_ - \_\_\_\_\_ ☐ Feet  
Aggregate Depth: \_\_\_\_\_ inches Septic Tank Installer  
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: 05/25/2021

☐ 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 356949

PIN Number: \_\_\_\_\_

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Evaluated For: \_\_\_\_\_

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City: KNIGHTDALE

State/Zip: NC / 27545

Phone #: \_\_\_\_\_

Applicant: DENISE PEARCE

Address: 742 MCKNIGHT DR. SUITE 213

City: KNIGHTDALE

State/Zip: NC / 27545

Phone #: \_\_\_\_\_

### Property Location & Site Information

Address/Road #:

Subdivision: \_\_\_\_\_

Phase: \_\_\_\_\_

Lot: \_\_\_\_\_

10 MITCHELL RIDGE DR

YOUNGSVILLE NC, 27596

\*Proposed use of Well: \_\_\_\_\_

Directions

If Other: \_\_\_\_\_

10 MITCHELL 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. No volume of quality of water is guaranteed by the Health Department.

\*Issued By: Bendel, Joel

Authorized State Agent: \_\_\_\_\_

Owner/Applicant: \_\_\_\_\_

\*Date of Issue: 05/25/2021

☐ Hand Drawing

☐ Import Drawing

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



File # 356949 PIN#

Property Address: 10 Mitchell Ridge DR.

Applicant or Owner Name: Denise Perce

### 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\*\*: 5-25-21 EHS: Joel Bendel

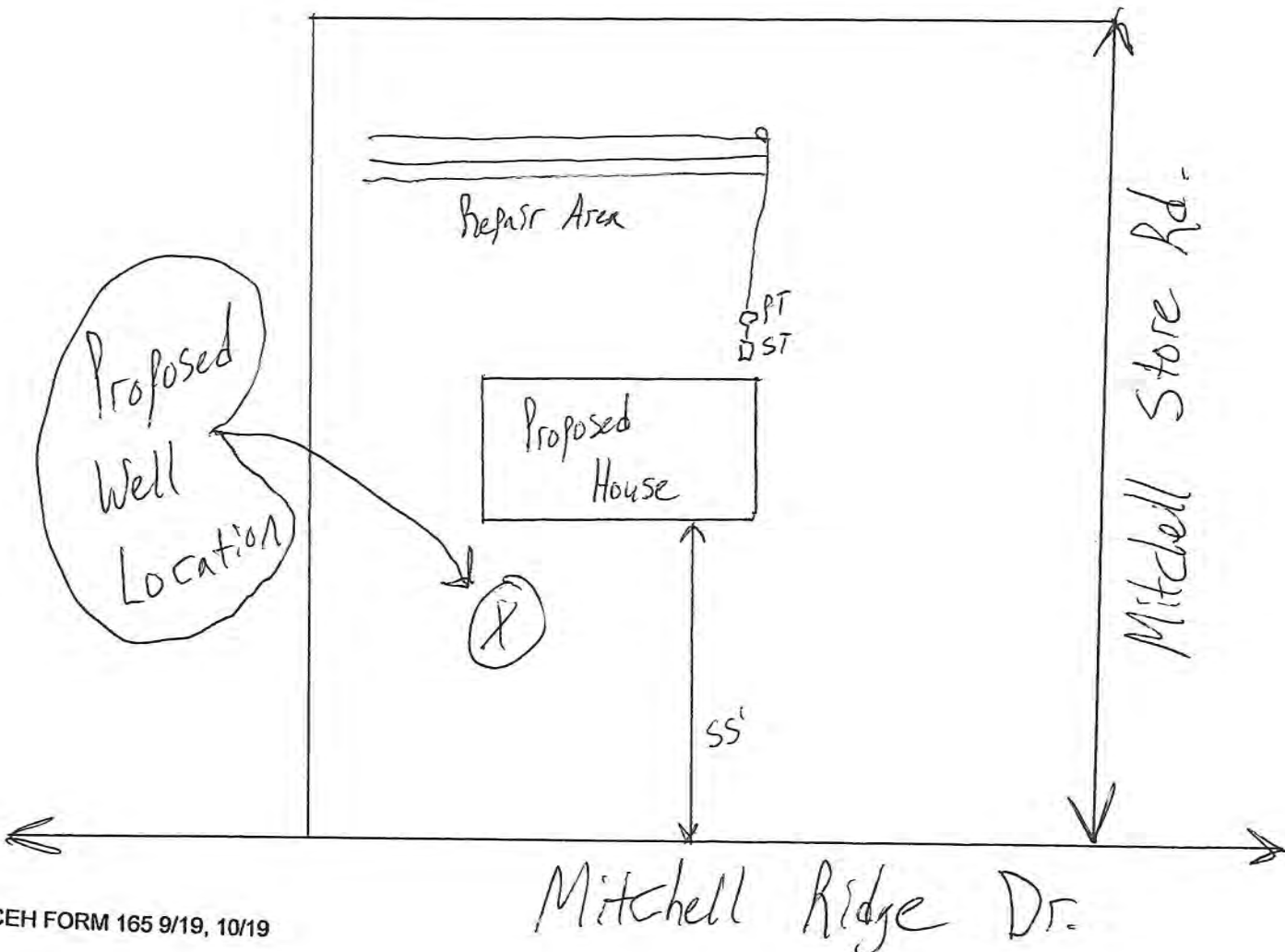
\*\*Any previously dated CA diagram is revoked and/or invalid. Confirm this is the valid diagram for the site before beginning any construction.

Installation/grouting inspections may be scheduled the day before, or, the day of installation until 9am 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 permit 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 1000 Pump Tank 1000 Drainfield 3' x 300' Type System P to Acc Max Trench Depth 34"

Septic Contractor \_\_\_\_\_ Septic/Pump tank dates \_\_\_\_\_ Pump fee? ☒ Yes ☐ No

Well Contractor \_\_\_\_\_ Well Grout date: \_\_\_\_\_



# WELL CONSTRUCTION RECORD

This form can be used for single or multiple wells

## 1. Well Contractor Information:

Sammy Rackley

Well Contractor Name

3573-A

NC Well Contractor Certification Number

Lake Valley Well Co., Inc

Company Name

2. Well Construction Permit #: 356949

List all applicable well construction permits (ie County, State, Variance, etc.)

## 3. Well Use:

4. Date Well(s) Completed: 9/1/2021 Well ID#

## 5a. Well Location:

List all applicable well construction permits (ie County, State, Variance, etc.)

RHC Construction

Facility/Owner Name

Facility ID (if applicable)

10 Mitchell Ridge DR Youngsville 27596 Lot 1 Mitchell Ridge

Physical Address, City, and Zip

Franklin

County

Parcel Identification No. (PIN)

## 5b. Latitude and Longitude degrees/minutes/seconds or decimal degrees:

(If well field, one lat/long is sufficient.)

35.397221

N

-78.379434

W

6. Is (are) the well(s): Permanent

7. Is this a repair to an existing well: 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. Number of wells constructed: 1

For multiple injection or non-water wells ONLY with the same construction, you can submit one form.

9. Total well depth below land surface: 462 (ft.)

For multiple wells list all depths if different (example- 3@ 200' and 2 @ 100')

10. Static water level below top of casing: 10 (ft.)

If water level is above casing, use "+"

11. Borehole diameter: 6 (in.)

12. Well construction method:

(i.e. auger, rotary, cable, direct push, etc.)

## FOR WATER SUPPLY WELLS ONLY:

13a. Yield (gpm): 2 Method of test: Air

13b. Disinfection type: HTH Amount: 16 OZ

For Internal Use ONLY:

## 14. WATER ZONES

| FROM | TO  | DESCRIPTION |
|------|-----|-------------|
| ft.  | ft. |             |
| ft.  | ft. |             |

## 15. OUTER CASING (for multi-cased wells) OR LINER (if applicable)

| FROM  | TO     | DIAMETER | THICKNESS | MATERIAL    |
|-------|--------|----------|-----------|-------------|
| 0 ft. | 50 ft. | 6.25 in. | SDR21     | PVC plastic |
| ft.   | ft.    | 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 | THICKNESS | SLOT SIZE | MATERIAL |
|------|-----|----------|-----------|-----------|----------|
| ft.  | ft. | in.      |           |           |          |
| ft.  | ft. | in.      |           |           |          |

## 18. GROUT

| FROM  | TO     | MATERIAL         | EMPLACEMENT METHOD & AMOUNT |
|-------|--------|------------------|-----------------------------|
| 0 ft. | 3 ft.  | Concrete         | 1 Grouting Through          |
| 3 ft. | 45 ft. | Bentonite slurry | 11 Tremie Pipe              |
| ft.   | ft.    |                  |                             |

## 19. SAND/GRAVEL PACK (if applicable)

| FROM | TO  | MATERIAL | EMPLACEMENT METHOD & AMOUNT |
|------|-----|----------|-----------------------------|
| ft.  | ft. |          |                             |
| 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.  | 2 ft.   | Black Topsoil                                                  |
| 2 ft.  | 22 ft.  | Orange Clay                                                    |
| 22 ft. | 50 ft.  | Brown Sandstone                                                |
| 50 ft. | 462 ft. | Gray Rock                                                      |
| ft.    | ft.     |                                                                |
| ft.    | ft.     |                                                                |
| ft.    | ft.     |                                                                |

## 21. REMARKS

Water zones at 135ft and 195ft

## 22. Certification:

Signature of Certified Well Contractor

Date

9/1/2021

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 site details or well construction details. You may also attach additional pages if necessary.

## SUMMITAL INSTRUCTIONS

**24a. For All Wells:** Submit this form within 30 days of completion of well construction to the following:

Division of Water Quality, Information Procession Unit,  
1617 Mail Service Center, Raleigh, NC 27699-1617

**24b. For Injection Wells:** In addition to sending the form to the address in 24a above, also submit a copy of this form within 30 days of completion of well construction to the following:

Division of Water Quality, Undergroun Injection Control Program,  
1636 Mail Service Center, Raleigh, NC 27699-1636

**24c. For Water Supply Injection Wells:** In addition to sending the form to the address(es) above, also submit one copy of this form within 30 days of completion of well construction to the county health department of the county where constructed.