



*File #: 357338 - 2
PIN #: 1789-46-0451
Tax Lot #: 2
Tax Block #: 047148

WELL CONSTRUCTION RECORD

Owner: DENISE PEARCE
742 MCKNIGHT DR. SUITE 213

KNIGHTDALE, NC 27545

Directions

20 MITCHELL RIDGE DR

WELL HEAD CONSTRUCTION

Drilling Contractor: SAMMY RACKLEY

Driller Registration:

Date Drilled: 08/31/2021

Use of Well: SINGLE FAMILY

Total Depth: 182 Ft.

Static Water Level: 15 Ft.

Replacement Well: NO

Yield: 12 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: 01/25/2023

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 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.

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 #: 357338

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

3. Well Use:

4. Date Well(s) Completed: 8/31/2021 Well ID#

5a. Well Location:

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

RHC Construction

047148

Facility/Owner Name

Facility ID (if applicable)

20 Mitchell Ridge DR Youngsville 27596 Lot 2 Mitchell Ridge

Physical Address, City, and Zip

Franklin

1789-46-0451

County

Parcel Identification No. (PIN)

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

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

35.937054

N

-78.379053

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: 182 (ft.)

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

10. Static water level below top of casing: 15 (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): 12 Method of test: Air

13b. Disinfection type: HTH Amount: 12 OZ

Form GW-1

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

Revised 2/22/16

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.

4 ft.

Concrete

3

Grouting Through

4 ft.

50 ft.

Bentonite dry gran

10

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.

15 ft.

Brown Clay

15 ft.

45 ft.

Brown Sandstone

45 ft.

182 ft.

Light Gray Rock

ft.

ft.

ft.

ft.

ft.

ft.

ft.

ft.

21. REMARKS

Water zones at 55ft, 105ft and 135ft

22. Certification:

Sammy Rackley

8/31/2021

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 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 Processing 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, Underground 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.

Joel OR
Emailed 5/10

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

357338

Issued to: Denise Pearce

Location: 20 MITCHELL RIDGE DR YOUNGSVILLE, NC 27596

NEW SEPTIC APPLICATION
NEW WELL APPLICATION

1789-46-0451

Application Type: NEW SEPTIC NEW WELL

Application Number: E-21-364

Date: May 6, 2021

Building Type:

Acreage: .922

Project Type: New Construction Single Family Dwelling

Zoning: R-40

of Bedrooms: 3

of People: 4

Parcel ID #: 047148

Subdivision: NULL

Mitchell Ridge Lot 2

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-21-616

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.

May 6, 2021



Well Construction Permit

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

For Office Use Only

*CDP File Number 357338

PIN Number: 1789-46-0451

Tax Lot #: 2 Tax Block #: 047148

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 #:

Subdivision:

MITCHELL RIDGE

Phase: _____

Lot: 2

20 MITCHELL RIDGE DR

YOUNGSVILLE NC, 27596

*Proposed use of Well: _____

Directions

If Other: _____

20 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

*Date of Issue: 05/25/2021



Hand Drawing



Import Drawing

Authorized State Agent: _____

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

Owner/Applicant: _____



File # 357338

PIN#

Property Address: 20 Mitchell Ridge Dr

Applicant or Owner Name: Denise Pence

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 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.

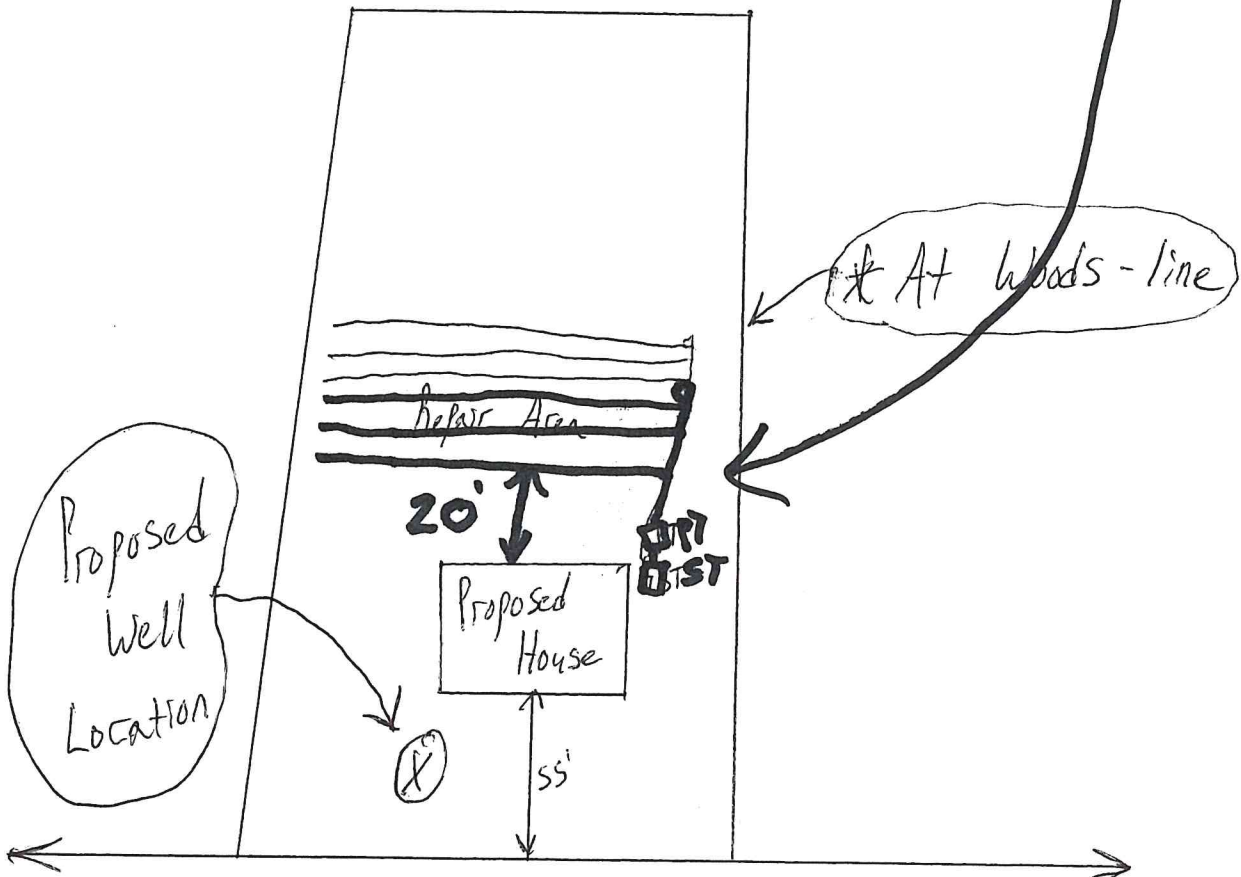
Septic Tank 1000 Pump Tank 1000 Drainfield 3'x300' Type System Pto Acc Max Trench Depth 28"

Septic Contractor _____ Septic/Pump tank dates _____

Well Contractor _____ Well Grout date: _____

Pump fee? Yes No

11/10/21 PS



Mitchell Ridge Dr



OPERATION PERMIT

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

For Office Use Only

*CDP File Number 357338 - 1

County ID Number: 1789-46-0451

Evaluated For: NEW

Property Owner: DENISE PEARCE

Address: 742 MCKNIGHT DR. SUITE 213

Road #:

City: KNIGHTDALE

State/Zip: NC/ 27596

Phone #:

Township:

Subdivision: MITCHELL RIDGE

Phase : NEW

Lot: 2

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: DBS

Specific System UNKNOWN

Installed:

STB: 1000

PT: 1000

Comments:

Certification #:

Septic Tank Date: 09/24/2021

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: _____

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 #: 357338

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

3. Well Use:

4. Date Well(s) Completed: 8/31/2021 Well ID#

5a. Well Location:

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

RHC Construction

047148

Facility/Owner Name

Facility ID (if applicable)

20 Mitchell Ridge DR Youngsville 27596 Lot 2 Mitchell Ridge

Physical Address, City, and Zip

Franklin

1789-46-0451

County

Parcel Identification No. (PIN)

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

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

35.937054

N

-78.379053

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: 182 (ft.)

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

10. Static water level below top of casing: 15 (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): 12 Method of test: Air

13b. Disinfection type: HTH Amount: 12 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.

4 ft.

Concrete

3

Grouting Through

4 ft.

50 ft.

Bentonite dry gran

10

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.

15 ft.

Brown Clay

15 ft.

45 ft.

Brown Sandstone

45 ft.

182 ft.

Light Gray Rock

ft.

ft.

ft.

ft.

ft.

ft.

ft.

ft.

21. REMARKS

Water zones at 55ft, 105ft and 135ft

22. Certification:

Sammy Rackley

8/31/2021

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 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, Underground 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.

Franklin County Zoning Permit

Issued to: Denise Pearce

Location: 20 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 8, 2021

Residential

Permit Type: Single Family Dwelling

Permit #: **Z-21-616**

Parcel ID #: 047148

Location: 20 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

Left Setback: 20

Rear Setback: 50

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: New SFD

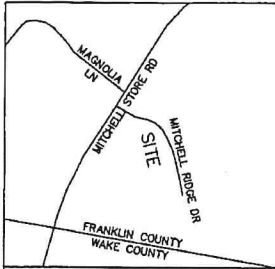
I hereby certify that all information I have provided to the Planning Department is true and accurate.

true

Tracy Walthour

Applicant Signature

Zoning Official Signature



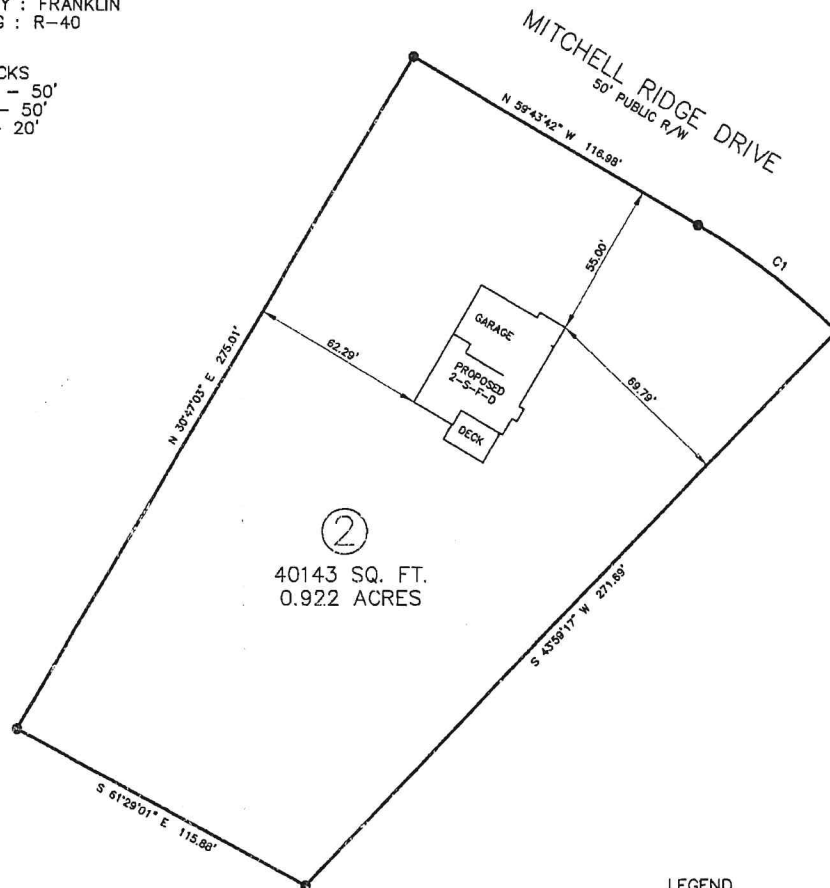
PRELIMINARY
NOT FOR SALES, RECORDING,
OR CONVEYANCE

VICINITY MAP N.T.S.

CURVE	RADIUS	ARC LENGTH	CHORD LENGTH	CHORD BEARING
C1	250.00'	61.42'	61.27'	N 52°41'23" W

ADDRESS : 20 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 2
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 357338 - 1
County ID Number: 1789-46-0451
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 27596
Phone #:

Property Owner: DENISE PEARCE
Address: 742 MCKNIGHT DR. SUITE 213
City: KNIGHTDALE
State/Zip: NC. 27596
Phone #:

Property Location & Site Information

Address/Road #: 20 MITCHELL RIDGE DR
Subdivision: MITCHELL Phase: NEW Lot: 2
Structure: YOUNGSVILLE, NC 27596
Directions RIDGE
of Bedrooms: 3 20 MITCHELL RIDGE DR
of People: 4
*Water Supply: N/A

System Specifications

Initial System

*Site Classification:

Design Flow: 360

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: 28 Inches

Septic Tank: 1000 Gallons

Pump Required ☒ Yes ☐ No ☐ May Be Required

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: 28 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: 357338 - 1

County ID Number: 1789-46-0451

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 27596
Phone #: _____

Property Owner: DENISE PEARCE
Address: 742 MCKNIGHT DR. SUITE 213
City: KNIGHTDALE
State/Zip: NC. 27596
Phone #: _____

Property Location & Site Information

Address/Road #: 20 MITCHELL RIDGE DR
YOUNGVILLE, NC 27596
Subdivision: MITCHELL RIDGE
Phase: NEW Lot: 2
Directions: 20 MITCHELL RIDGE DR
Structure: SINGLE FAMILY
of Bedrooms: 3
of People: 4
*Water Supply: _____

System Specifications

*Site Classification: _____ Minimum Trench Depth: _____ Inches
Design Flow: 360 Maximum Trench Depth: 28 Inches
Soil Application Rate: _____ Minimum Soil Cover: _____ Inches
*System Classification/Description: TYPE III B. SYSTEM W/SINGLE EFFLUENT PUMP Maximum Soil Cover: _____ Inches
*Proposed System: 25% REDUCTION *Distribution Type: PUMP TO GRAVITY
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
Trench Spacing: _____ - _____ ☐ Feet O.C. Grease Trap: _____ Gallons
Trench Width: _____ - _____ ☐ Inches
Aggregate Depth: _____ inches ☐ Feet 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) _____