

WAKE COUNTY DEPARTMENT OF ENVIRONMENTAL SERVICES WELL AND SEWAGE SITE LOCATION PERMIT
NO PERMIT(S) FOR CONSTRUCTION, LOCATION OR RELOCATION ACTIVITY SHALL BE ISSUED
UNTIL AN AUTHORIZATION FOR WASTEWATER SYSTEM CONSTRUCTION HAS BEEN ISSUED

PERMIT VOID IF NOT IN COMPLIANCE WITH ZONING REGULATIONS AND/ OR IF SITE IS ALTERED OR INTENDED USE CHANGED

PERMIT#: D023058 STATUS: A APP. DATE: 11/01/2001 BLDG. PERMIT#: 0022697
PIN: 1743.01 25 8869 000 TAX MAP: 0557 0009 RECORDED: Y ORIG. PERMIT#:
TOWNSHIP: 17 ST MATTHEWS JURISDICTION: KNX ZONING: RA
APPLICANT: PARKER, JAMES & JUDY
5120 OLD FAISON ROAD
KNIGHTDALE, NC 27545
(919) 217-1937
USE: HD USE: 101 ONE-FAMILY HOUSE
EXIST USE:
DISPOSAL: N BEDROOMS: 3 BASEMENT: N #EMPLOYEES: 0
SITE: ADDRESS: 5120 OLD FAISON RD
SUBDIVISION: LOT: ACRES: 54.14
DIRECTION: TAKE 64 E R ON HODGE RD, 2 MILES CROSS RAILRD.8
MILES MAKE L ON OLD FAISON RD, .3MILES 1ST GRAV
ROAD ON LEFT, PROPERTY ON LEFT.

Well System: WATER: INDIVIDUAL - TYPE: NEW

WELL LOG INFORMATION: DEPTH: 240 CASING DEPTH: 33 YIELD: 30.0 STATIC LEVEL: 20
WELL CONTRACTOR: GRADY POOLE REG.# 00479 PUMP CONTRACTOR: REG.#
Construction Compliance GROUT APPROVED ☒ DATE 6/24/02 EHS
WELLHEAD APPROVED ☐ DATE 12/9/02 EHS
SYSTEM FINALIZED ☒ DATE 2/16/08 EHS

COMMENTS:

Operation Permit

DESIGN FLOW: _____ gal./min. ACTUAL FLOW: _____ INNOVATIVE LETTER: _____

INSTALLED BY: ASA Rhodes

INSTALLATION APPROVED BY: Ernest L. Carter

PROPRIETARY SYSTEM:

FILTER NO: _____

COMMENTS:

OPERATIONS PERMIT ISSUED? ☒

OP DATE: 12-9-02

BY: Ernest L. Carter

This permit is based in part on information provided by the homeowner or his/her representative in the application submitted for this permit. The Environmental Health Specialist is not responsible for false or misleading information contained in the application. The Environmental Health Specialist is also not responsible for concealed conditions on the property or for statements in this report that may have resulted from false or misleading statements provided to him in the application. Neither Wake County nor the Environmental Health Specialist warrants that the septic tank system will continue to function satisfactorily in the future or that the water supply will remain potable.

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IMPROVEMENT PERMIT

TANK SIZE: 1000 gal. PUMP Tank: 0 gal. SQ FT: 1200 STONE DEPTH: 12 in. MAX DEPTH LINE: 24 in.
WASTEWATER: INDIVIDUAL SEWAGE: DOMESTIC TYPE SYSTEM: II A PUMP: N P/M: N
DAILY FLOW: 360 gal/day DESIGN FEE REQ?: PAID?: WATER: INDIVIDUAL

COMMENTS:

IP ISSUED? Y DATE: 02/08/2002 BY: (ELC) *Everett L. Carter* PHONE#: 856-5380

AUTHORIZATION FOR WASTEWATER/WATER SYSTEM CONSTRUCTION

VOID SIXTY (60) MONTHS FROM DATE OF ISSUANCE

AUTHORIZATION CONDITIONS:

Contractors shall install system on contours, see attached site plan for wastewater system design and well location. No underground utilities, water lines or sprinkler systems may be located in the original system or repair areas. A septic tank filter with a riser for access is required. The wastewater system shall not be covered or placed into use until inspected by the Wake County Department of Environmental Services and an Operation Permit issued. **OTHER CONDITIONS:**
PUMP TO LARGE D. BOX. IF HARD ROCK IS ENCOUNTERED HARD PIPE OVER ROCK WITH SCH 40 PVC AND CONTINUE TRENCH LEAVING 2 FEET OF UNDISTURBED SOIL ON EITHER SIDE OF ROCK. CHIP OR RAKE BOTTOM 12 INCHES IF TRENCH SIDEWALLS TO REMOVE SLICK SURFACE IF PRESENT.

TANK SIZE: 1000 gal. PUMP TANK: 0 gal. SQ FT: 1200 STONE DEPTH: 12 in. MAX DEPTH LINE: 24 in.
MAINT: N OPER: N L/O: N TRENCH#: 3 LENGTH: 133 ft. WIDTH: 36 in. DESIGNER:
SUBFIELDS: _ DESIGN HEAD PRESSURE: _ DESIGN FLOW: _ gal/min DOSE VOLUME: 180 gal.

CA ISSUED? Y DATE: 10/24/2002 BY: (ELC) *Everett L. Carter* PHONE#: 856-5380

PERMIT NO. D023058

WELL CONSTRUCTION RECORD

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

WELL CONTRACTOR (INDIVIDUAL) NAME (print) JASON POOLECERTIFICATION # 2274WELL CONTRACTOR COMPANY NAME GRADY POOLE WELL CO.

PHONE # ()

STATE WELL CONSTRUCTION PERMIT#

ASSOCIATED WQ PERMIT#

(if applicable)

(if applicable)

1. WELL USE (Check Applicable Box): Residential ☒ Municipal/Public ☐ Industrial ☐ Agricultural ☐
Monitoring ☐ Recovery ☐ Heat Pump Water Injection ☐ Other ☐ If Other, List Use _____

2. WELL LOCATION:

Nearest Town: KNIGHTDALE County WAKE5120 OLD FAISON ROAD

(Street Name, Numbers, Community, Subdivision, Lot No., Zip Code)

☒ Topographic/Land setting
☐ Bridge ☐ Slope ☐ Valley ☐ Flat
(check appropriate box)
Latitude/longitude of well location

3. OWNER: JAMES PARKERAddress 5120 OLD FAISON ROAD

(Street or Route No.)

KNIGHTDALE, NC27545

City or Town

State

Zip Code

()-

Area code- Phone number

4. DATE DRILLED 6-24-025. TOTAL DEPTH: 2906. DOES WELL REPLACE EXISTING WELL? YES ☐ NO ☒7. STATIC WATER LEVEL Below Top of Casing: 20 FT.

(Use "+" if Above Top of Casing)

8. TOP OF CASING IS 1 FT. Above Land Surface*

*Top of casing terminated at or below land surface requires a variance in accordance with 15A NCAC 2C .0118.

9. YIELD (gpm): 30 METHOD OF TEST Flow10. WATER ZONES (depth): 80 230

(degrees/minutes/seconds)

Latitude/longitude source: ☐ GPS ☐ Topographic map
(check box)

DEPTH

From

To

DRILLING LOG

Formation Description

20sand290frank rock

LOCATION SKETCH

Show direction and distance in miles from at least two State Roads or County Roads. Include the road numbers and common road names.

11. DISINFECTION: Type _____ Amount _____

12. CASING: Wall Thickness _____

From 0 To 33 Ft. Diameter 6 Material GALV.

From _____ To _____ Ft. _____

From _____ To _____ Ft. _____

13. GROUT: Depth _____ Material _____ Method _____

From 1 To 20 Ft. portland cement dry mix

From _____ To _____ Ft. _____

14. SCREEN: Depth _____ Diameter _____ Slot Size _____ Material _____

From _____ To _____ Ft. _____ in. _____ in. _____

From _____ To _____ Ft. _____ in. _____ in. _____

15. SAND/GRAVEL PACK: Depth _____ Size _____ Material _____

From _____ To _____ Ft. _____

From _____ To _____ Ft. _____

16. REMARKS: _____

I DO HEREBY CERTIFY THAT THIS WELL WAS CONSTRUCTED IN ACCORDANCE WITH 15A NCAC 2C, WELL CONSTRUCTION STANDARDS, AND THAT A COPY OF THIS RECORD HAS BEEN PROVIDED TO THE WELL OWNER

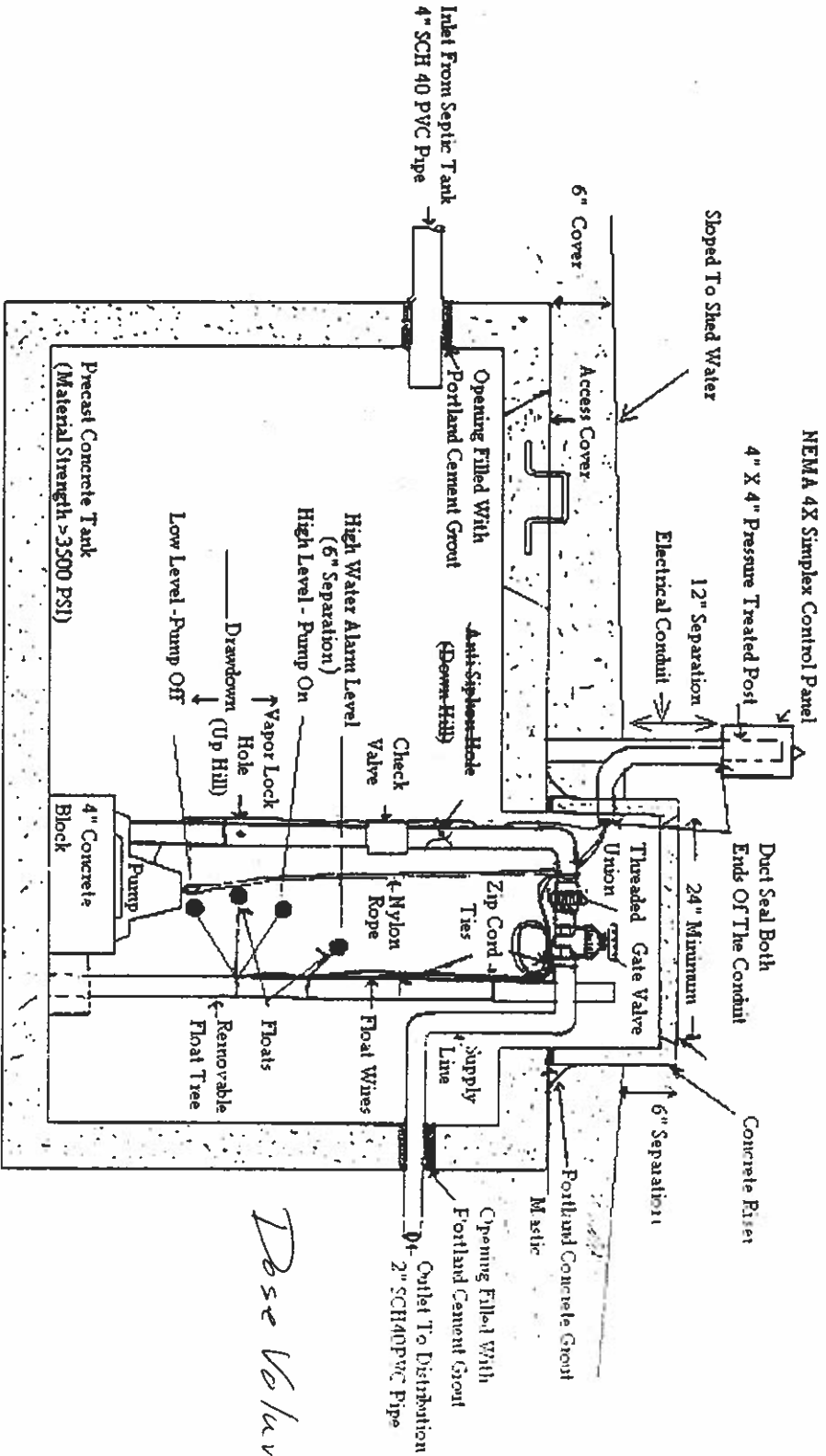
SIGNATURE OF PERSON CONSTRUCTING THE WELL

DATE

Submit the original to the Division of Water Quality, Groundwater Section, 1636 Mail Service Center - Raleigh, NC 27699-1636 Phone No. (919) 733-3221, within 30 days.

GW-1 REV. 07/2001

Wake County Department Of Environmental Services



1000 GALLON PUMP TANK

Dose Volume 180 gal