

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#: D035373 STATUS: A APP. DATE: 11/02/2005 BLDG. PERMIT#:
PIN: 1723.20 90 3497 000 TAX MAP: 0582 0126 RECORDED: Y ORIG. PERMIT#:
TOWNSHIP: 17 ST MATTHEWS JURISDICTION: RAX ZONING: R6
APPLICANT: WAKE COUNTY HOUSING (R. GARRIS
PO BOX 550
RALEIGH, NC 27602
(919) 856 - 6326
USE: HD USE: 0003 REPLACEMENT WELL
EXIST USE: 101 ONE-FAMILY HOUSE
DISPOSAL: BEDROOMS: 2 BASEMENT: N #EMPLOYEES: 0 FOUND DRAIN:
SITE: ADDRESS: 4410 POPLAR DR
SUBDIVISION: OLEY BRIDGES LOT: 13 ACRES: 0.27
DIRECTION: POOLE RD EAST, R ON OLD POOLE RD, R ON BETHEL,
L ON POPLAR

IMPROVEMENT PERMIT

TANK SIZE: ____ gal. PUMP Tank: ____ gal. SQ FT: ____ STONE DEPTH: in. MAX DEPTH LINE: ____ in.
WASTEWATER: INDIVIDUAL SEWAGE: DOMESTIC TYPE SYSTEM: NA PUMP: N P/M: N
DAILY FLOW: ____ gal/day DESIGN FEE REQ?: PAID?: WATER: INDIVIDUAL

COMMENTS:

IP ISSUED? DATE: BY: () PHONE#:

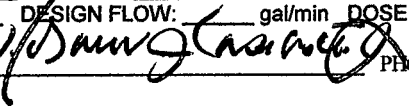
AUTHORIZATION FOR WASTEWATER/WATER SYSTEM CONSTRUCTION

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:**

TANK SIZE: ____ gal. PUMP TANK: ____ gal. SQ FT: ____ STONE DEPTH: in. MAX DEPTH LINE: ____ in.
MAINT: N OPER: N L/O: N TRENCH#: ____ LENGTH: ____ ft. WIDTH: ____ in. DESIGNER: ____
SUBFIELDS: ____ DESIGN HEAD PRESSURE: ____ DESIGN FLOW: ____ gal/min DOSE VOLUME: ____ gal.

CA ISSUED? Y DATE: 12/13/2005 BY: (HJC)  PHONE#: 856-7466

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Well System: WATER: INDIVIDUAL - TYPE: EXISTING

WELL LOG INFORMATION DEPTH: 360 CASING DEPTH: 75 YIELD: 1 STATIC LEVEL: 40
WELL CONTRACTOR: Bailey 806 REG.# 479 PUMP CONTRACTOR: 1021306 REG.# 5175
Construction Compliance GROUT APPROVED ☒ DATE 1/25/06 EHS 2/2/06
WELLHEAD APPROVED ☒ DATE 1/30/06 EHS 2/2/06
SYSTEM FINALIZED ☐ DATE EHS

COMMENTS: WELLSITE IS TO BE 25' FROM HOUSE FOUNDATION, 10' MINIMUM FROM FRONT PROPERTY LINE, AND 40' MINIMUM FROM LEFT PROPERTY LINE. A VARIANCE HAS BEEN GRANTED BY WAKE COUNTY TO LOCATE WELL 40' FROM NEIGHBOR'S WELL. THE EXISTING WELL MUST BE PROPERLY ABANDONED WITHIN 30 DAYS AFTER NEW WELL IS COMPLETED. A WELL ABANDONMENT RECORD MUST BE FORWARDED TO THIS OFFICE TO FINALIZE PERMIT.

Operation Permit

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

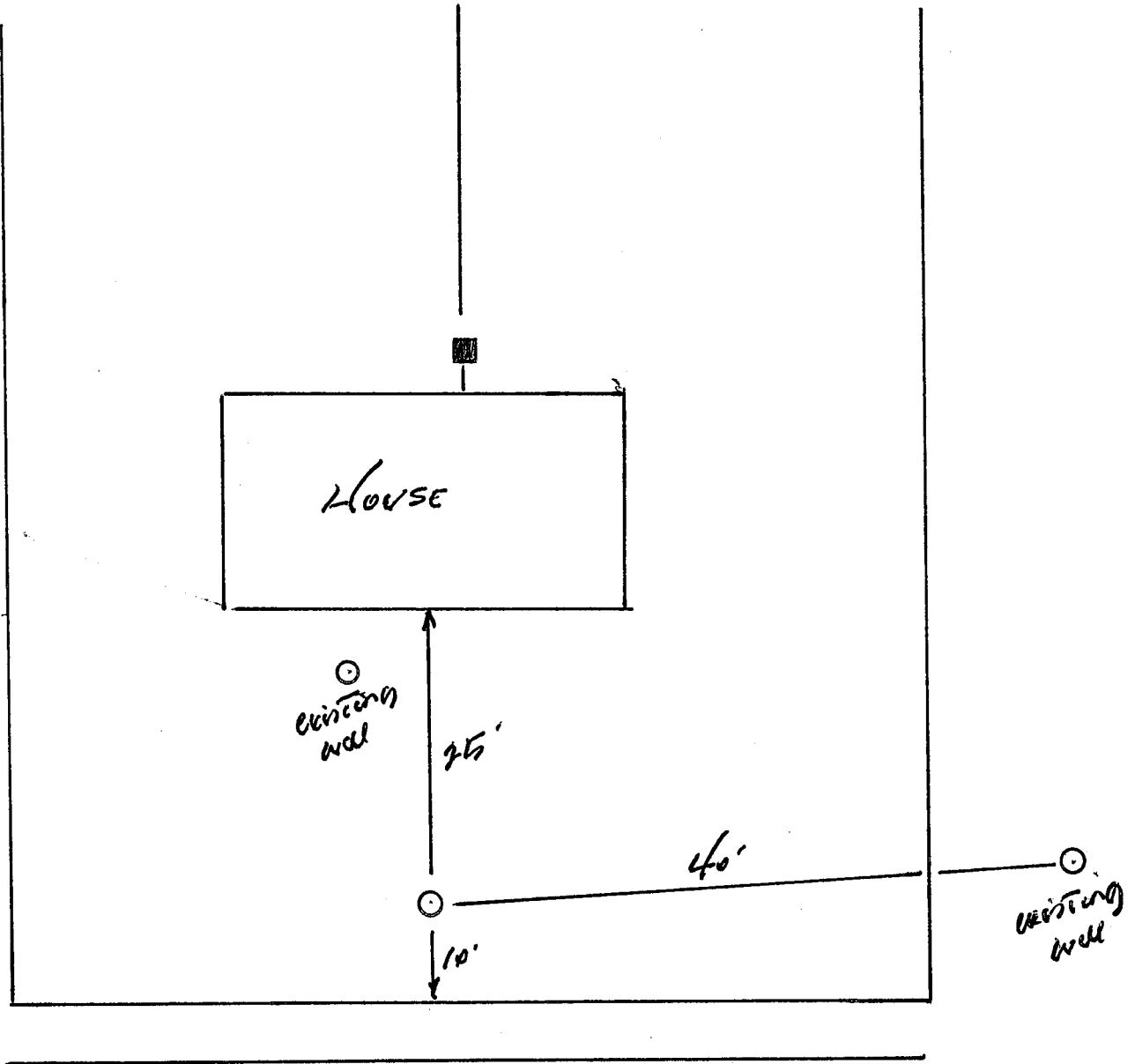
INSTALLED BY: _____ INSTALLATION APPROVED BY: _____
PROPRIETARY SYSTEM: _____ FILTER NO: _____
COMMENTS: _____

OPERATIONS PERMIT ISSUED? _____ OP DATE: _____ BY: _____

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.

As Built Information:

Date: _____ Benchmark: _____ Rod reading: _____ Distance to Structure: _____
ST: _____ gals ID#: _____ D.O.M.: _____ Elev.: _____ Distance to Well: _____
PT: _____ gals ID#: _____ D.O.M.: _____ Elev.: _____
D-box/FD/PM elev.: _____ Supply Line: _____ ft. Pump/Control Panel: _____
Line 1: _____ Date: _____
Line 2: _____ Date: _____
Line 3: _____ Date: _____
Line 4: _____ Date: _____
Line 5: _____ Date: _____
Distance to P/L: _____ Notes: _____



Grady Poole Well & Pump Co., Inc.5809 Farmwell Rd.
Raleigh, NC 27610
919-266-2185

PERMIT NO.D-035373

Jason

Jon

Grady

WELL CONSTRUCTION RECORD

WELL CONTRACTOR (INDIVIDUAL) NAME (print) Mark Price CERTIFICATION # 2782
 WELL CONTRACTOR COMPANY NAME GRADY POOLE WELL COMPANY PHONE # 919 266-2185
 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: RALEIGH County WAKE
LOT #13, OLEY BRIDGES, 4410 POPLAR DRIVE
 (Street Name, Numbers, Community, Subdivision, Lot No., Zip Code)

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

3. OWNER: R.A. DODSON CONSTRUCTION

Address PO BOX 411
 (Street or Route No.)

GARNE, R NC 27529
 City or Town State Zip Code

(919)- 552-8961
 Area code- Phone number

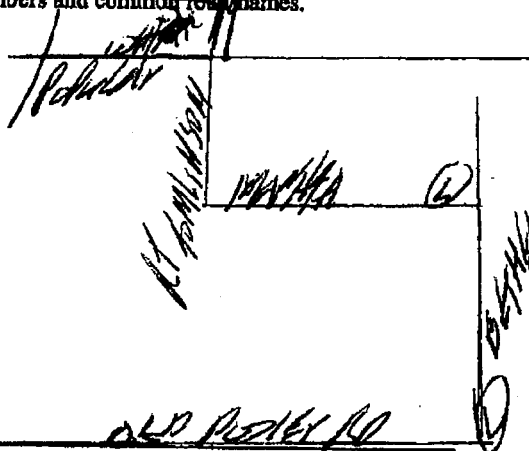
4. DATE DRILLED 1-26-06
 5. TOTAL DEPTH: 360
 6. DOES WELL REPLACE EXISTING WELL? YES ☒ NO ☐
 7. STATIC WATER LEVEL Below Top of Casing: 70 FT.
 (Use "4" if Above Top of Casing)
 8. TOP OF CASING IS 1 FT. Above Land Surface*
 *Top of casing terminated at/or below land surface requires a
 variance in accordance with 15A NCAC 2C .0118.
 9. YIELD (gpm): 1 METHOD OF TEST BLOW
 10. WATER ZONES (depth): 300

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

DEPTH		DRILLING LOG
From	To	Formation Description
0	15	TOP SOIL
15	65	CLAY
65	360	SANDSTONE
		GRANITE 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 HTH Amount 1 LB.
 12. CASING: Wall Thickness
 From 0 To 75 Ft. Diameter 6" or Weight/Ft. .188 Material GALV.
 From _____ To _____ Ft. _____
 From _____ To _____ Ft. _____
 13. GROUT: Depth Material Method
 From 0 To 20 PORTLAND/SCREENINGS GRAVITY
 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: OLD POLE 10

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

Mark Price
 SIGNATURE OF PERSON CONSTRUCTING THE WELL

1-26-06
 DATE