Franklin County Health Department
Division of Environmental Health
107 Industrial Drive-Suite C
Louisburg, North Carolina 27549

Phone: 919-496-8100 | Fax: 919-496-8136

Well Permit

Permit Number: 10746 Type: N PIN : Date: 12/4/2018

Applicant: WINSLOW CUSTOM HOMES
PO BOX 610
YOUNGSVILLE, NC 27596
Telephone: (919) 398-3618

Owner:
Telephone:

Subdivision: WILLOW BEND Lot Number: 3 Size: 0.929

Physical Address/ Location /Directions 30 WILLOW BEND DR

WELL INFORMATION:

WELL TYPE: _____ D WELL DEPTH: _____ FT WELL YIELD: _____ GPM

STAT LEVEL: _____ FT CASE TYPE: _____ P CASE DEPTH: _____ FT

COMMENTS:

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: 12/17/18 EHS: Crystal Evans

GROUT INSPECTION DATE: _____ EHS: _____

WELL HEAD INSPECTION DATE: _____ EHS: _____

CERTIFICATE OF COMPLETION DATE: _____ EHS: _____

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

Franklin County Health Department

Name: WINSLOW CUSTOM Permit Number 10746

LOCATION LAT N 36 ° ' LONG W 78 ° 0 '

WELL DRILLING CONTRACTOR: ____ REG #: 0

PUMP INSTALLER: ____ REG #: 0

SEPTIC SYSTEM LAYOUT AND WELL LOCATION

* Drawing not to scale *