

# IP / CONSTRUCTION AUTHORIZATION PERMIT

WHITE COPY (CUSTOMER)

YELLOW COPY (BUILDING INS)

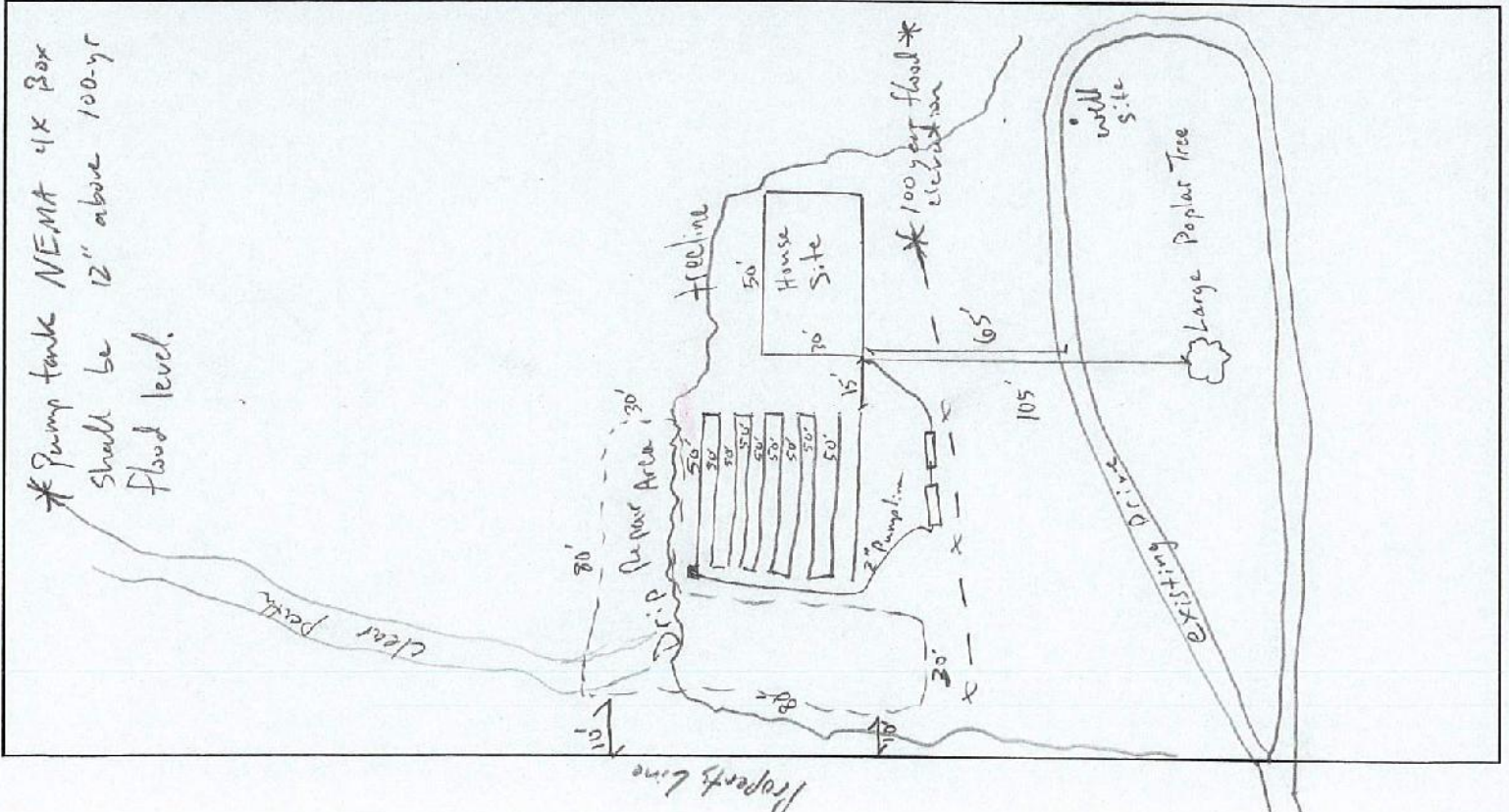
STOKES COUNTY HEALTH DEPARTMENT  
 ENVIRONMENTAL HEALTH SECTION  
 PHONE: 593-2403 FAX:336-593-4021

CONSTRUCTION AUTHORIZATION IS  
 REQUIRED BEFORE A BUILDING PERMIT  
 CAN BE ISSUED

ISSUE TO: Edson & Fatima Munekeata		PERMIT # 24665	TAX MAP # 238-1m
INITIAL SYSTEM Pump to LDP 8"	REPAIR SYSTEM Pump to Drip		LOT SIZE (AC) 10.3
NEW PIN# 6956-38-5260	PIN# 88-07633	PROPERTY LOCATION 1665 Mission Ext Rd	
DIRECTIONS Sheppard Mill Rd to Pitzer Rd. Right on Mission. Stay left to lot @ end on river.			
FACILITY TYPE SFD	SEPTIC (GAL) TANK 1000	# BEDROOMS 2	STONE DEPTH (IN) —
BASEMENT YES NO	PUMP TANK (GAL) 1000	LTAR .25	TRENCH DEPTH (IN) 14" low side
BASEMENT FIXTURES YES NO	DRAIN LINES (LF) 480	TRENCH WIDTH (IN) 12"	GPD 240
COMMENTS AND/OR CONDITIONS ① Trenches shall be back-filled with group I, II, or III soil. ② Trench depth is 14" low side of ditch.		# PEOPLE 4 MAX	WATER SUPPLY WELL SPRING PUBLIC
EHS Brandon Joyce	DATE 10-4-19	This permit expires 5 years from the original date of Improvement permit unless otherwise noted. 3-29-18	

THE CONSTRUCTION AUTHORIZATION IS SUBJECT TO REVOCATION IF THE SITE PLAN, PLAT, OR THE INTENDED USE CHANGES.

THIS CONSTRUCTION AUTHORIZATION IS SUBJECT TO COMPLIANCE WITH THE PROVISIONS OF THE LAWS AND RULES FOR SEWAGE TREATMENT AND DISPOSAL AND TO THE CONDITIONS OF THIS PERMIT. THE CONSTRUCTION AND INSTALLATION REQUIREMENTS OF RULES .1950, .1952, .1954, .1956, .1957, .1958, AND .1959 ARE INCORPORATED BY REFERENCE INTO THIS PERMIT AND SHALL BE MET. SYSTEMS SHALL BE INSTALLED IN ACCORDANCE WITH THE ATTACHED LAYOUT.



Well Permit

- NEW WELL  
 REPAIR WELL

**Environmental Health Section Stokes County Health Department**  
**P O Box 187 Danbury NC 27016 Phone 336-593-2403 Fax 336-593-4021**

NAME <b>MUNEKATA EDSON &amp; FATIMA</b>	PERMIT NUMBER <b>3278</b>
PHYSICAL ADDRESS <b>MISSION RD</b>	TAX MAP <b>88-07633</b>
<b>DANBURY NC 27016 LOT AREA 10.3</b>	<b>6956-38-52-60</b>
EHS <b>BRANDON JOYCE</b>	PERMIT DATE <b>10/4/2019</b>
LOCATION <b>SHEPPARD MILL RD TO PITZER RD. RIGHT ON MISSION RD. STAY LEFT AT BOTTOM OF HILL TO SITE AT END.</b>	

COMMENTS: **STAY 25' OFF RIVER, 100' OFF SEPTIC, and 25' from any structure.**

**WATER SUPPLY INFORMATION**

Well location, installation and protection must meet state and local regulations, and must be inspected and approved by a representative of the Stokes County Health Department before any portion of the installation is put to use. The siting of the well by the Health Department staff is to provide protection from known possible sources of contamination. No volume of water is guaranteed.

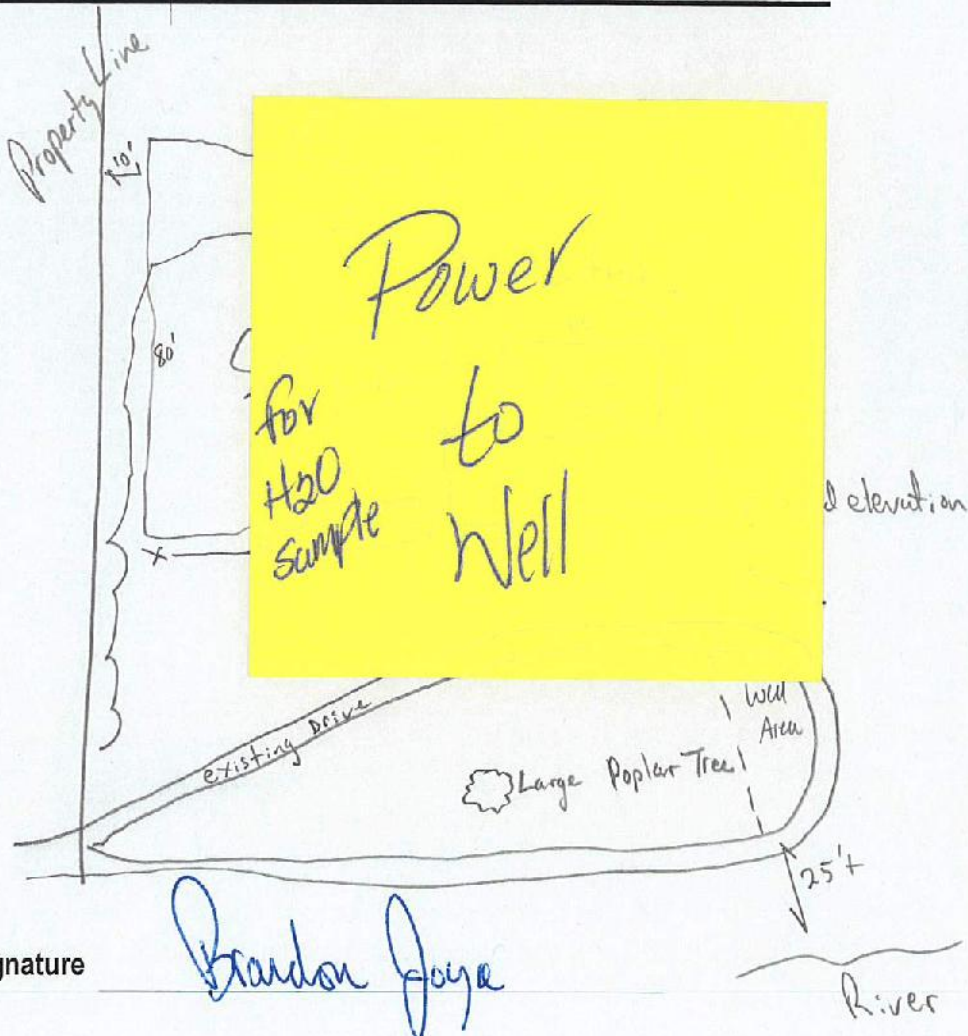
**PERMIT INFORMATION**

This well permit is valid for five years from the date of issuance. This permit must remain on the site at all times while construction is in progress. The permit may be revoked at any time for failure to comply with existing regulations.

**THIS WELL SITE MAY NOT BE CHANGED WITHOUT WRITTEN PERMISSION FROM A REPRESENTATIVE OF THE STOKES COUNTY HEALTH Department.**

**MINIMUM DISTANCES**

Septic tank drainfield	100 ft
Other subsurface ground absorption waste disposal systems	100 ft
Industrial/municipal sludge-spreading/waste-water-irrigation sites	100 ft
Water-tight sewage and liquid-water collection/ transfer facility	50 ft
Other sewage liquid-waste collection/ transfer system	100 ft
Animal feedlots/manure piles	100 ft
Cesspools and privies	100 ft
Fertilizer, pesticide, herbicide or other chemical storage areas	100 ft
Non-hazardous waste storage treatment/disposal lagoons	100 ft
Sanitary landfills	500 ft
Other non-hazardous solid-waste landfills	100 ft
Animal barns	100 ft
Building foundations	25 ft
Ponds, Lakes, Reservoirs	50 ft
Streams, creek, rivers	25 ft
Chemical/petroleum fuel underground storage tanks regulated under 15A NCAC 2N	
a. With secondary containment	50 ft
b. Without secondary containment	100 ft
All other potential sources of groundwater contamination	50 ft

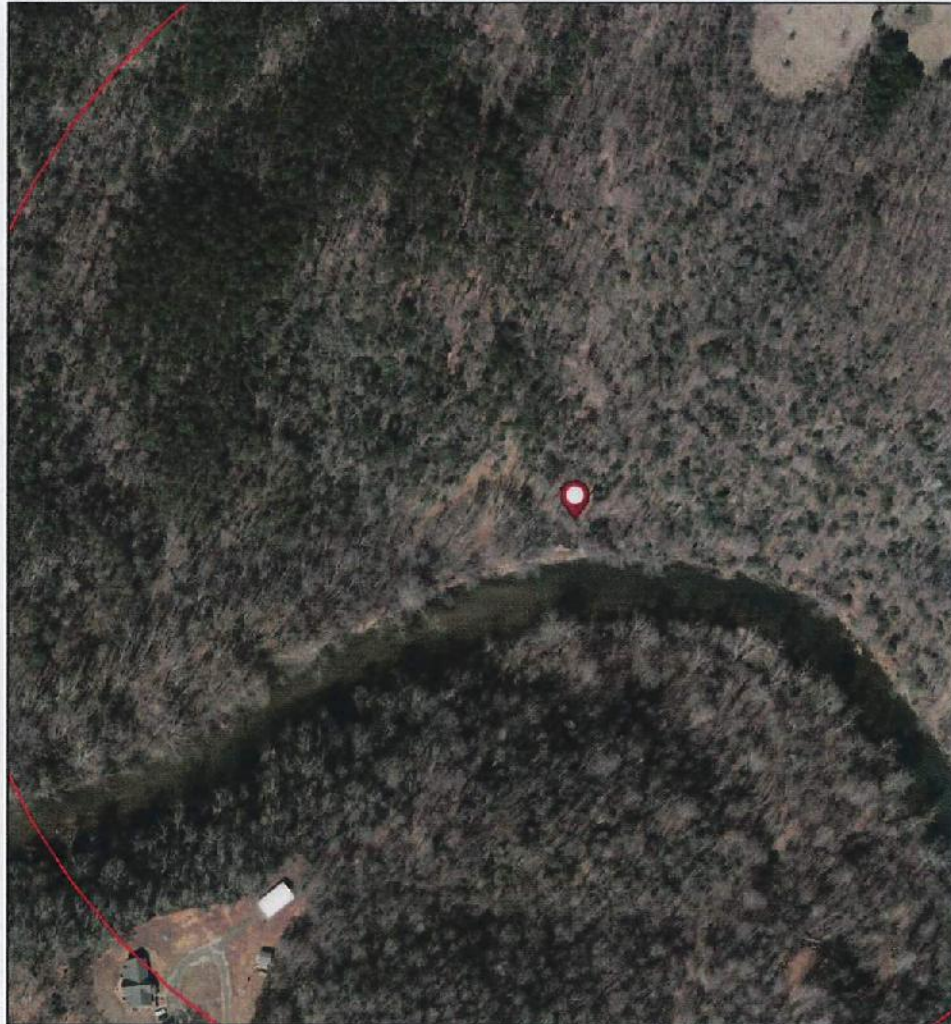




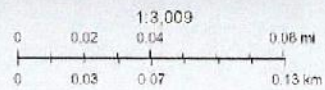
Area of Interest (AOI) Information

Area : 3,134,508.74 ft<sup>2</sup>

Oct 4 2019 15:07:44 Eastern Daylight Time



- Non-System
- Other System Roads
- Federal Route
- Non-Mainline
- \*\*\* Projected Route
- Ramp
- Rest Area
- Other State Agency Route
- Secondary Route
- Primary Roads
- Interstate



NCDOT GIS Unit. Source: Esri, DigitalGlobe, GeoEye, Earthstar Geographics, CNR/S-Airbus DS, USDA, USGS, AeroGRID, IGN, and the GIS User Community

## Summary

Name	Count	Area(ft <sup>2</sup> )	Length(ft)
Known Releases of Contamination	0	N/A	N/A

All North Carolina Department of Environmental Quality (NCDEQ) GIS data is expressly provided "AS IS" and "WITH ALL FAULTS". The NCDEQ makes no warranty of any kind, express or implied, concerning this information, including but not limited to any warranties of merchantability or fitness for any particular purpose. The NCDEQ assumes no responsibility or legal liability concerning the Data's accuracy, reliability, completeness, timeliness, or usefulness. The Data is not intended to constitute advice nor is it to be used as a substitute for specific advice from a professional. Users should not act (or refrain from acting) based upon information in the Data without independently verifying the information and obtaining any necessary professional advice. Users are solely responsible for ensuring the accuracy, currency and other qualities of any products derived from or in connection with the NCDEQ's Data. The Data is collected from various sources and may be modified over time without notice to improve spatial and attribute accuracy. The NCDEQ disclaims responsibility for the accuracy and attribution of GIS features and makes no warranty concerning same.

**WELL CONSTRUCTION RECORD (GW-1)**

Print Form

**1. Well Contractor Information:**

Raymond Brown

Well Contractor Name

2312

NC Well Contractor Certification Number

Raymond Brown well Company, Inc

Company Name

3278

**2. Well Construction Permit #:**

List all applicable well construction permits (i.e. UIC, County, State, Variance, etc.)

**3. Well Use (check well use):**

<b>Water Supply Well:</b>	
<input type="checkbox"/> Agricultural	<input type="checkbox"/> Municipal/Public
<input type="checkbox"/> Geothermal (Heating/Cooling Supply)	<input checked="" type="checkbox"/> Residential Water Supply (single)
<input type="checkbox"/> Industrial/Commercial	<input type="checkbox"/> Residential Water Supply (shared)
<input type="checkbox"/> Irrigation	
<b>Non-Water Supply Well:</b>	
<input type="checkbox"/> Monitoring	<input type="checkbox"/> Recovery
<b>Injection Well:</b>	
<input type="checkbox"/> Aquifer Recharge	<input type="checkbox"/> Groundwater Remediation
<input type="checkbox"/> Aquifer Storage and Recovery	<input type="checkbox"/> Salinity Barrier
<input type="checkbox"/> Aquifer Test	<input type="checkbox"/> Stormwater Drainage
<input type="checkbox"/> Experimental Technology	<input type="checkbox"/> Subsidence Control
<input type="checkbox"/> Geothermal (Closed Loop)	<input type="checkbox"/> Tracer
<input type="checkbox"/> Geothermal (Heating/Cooling Return)	<input type="checkbox"/> Other (explain under #21 Remarks)

4. Date Well(s) Completed: 12/26/2019

Well ID#

**5a. Well Location:**

Edson & Fatima Munezata

Facility/Owner Name

Facility ID# (if applicable)

1665 Mission Extension Rd. Danbury

Physical Address, City, and Zip

Stokes

County

Parcel Identification No. (PIN)

5b. Latitude and longitude in degrees/minutes/seconds or decimal degrees: (if well field, one lat/long is sufficient)

N W

6. Is (are) the well(s)  Permanent or  Temporary

7. Is this a repair to an existing well:  Yes or  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. For Geoprobe/DPT or Closed-Loop Geothermal Wells having the same construction, only 1 GW-1 is needed. Indicate TOTAL NUMBER of wells drilled:

9. Total well depth below land surface: 425 (ft)  
For multiple wells list all depths if different (example- 3@200' and 2@100')

10. Static water level below top of casing: 60 (ft)  
If water level is above casing, use "+"

11. Borehole diameter: (in.)

12. Well construction method:

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

**FOR WATER SUPPLY WELLS ONLY:**

13a. Yield (gpm) 20 Method of test: Sight

13b. Disinfection type: Hth Amount: 18

For Internal Use Only:

14. WATER ZONES					
FROM	TO	DESCRIPTION			
381 ft.	382 ft.				
ft.	ft.				
15. OUTER CASING (for multi-cased wells) OR LINER (if applicable)					
FROM	TO	DIAMETER	THICKNESS	MATERIAL	
0 ft.	35 ft.	6.1/4 in.	sdr21	pvc	
16. INNER CASING OR TUBING (geothermal closed-loop)					
FROM	TO	DIAMETER	THICKNESS	MATERIAL	
ft.	ft.	in.			
ft.	ft.	in.			
17. SCREEN					
FROM	TO	DIAMETER	SLOT SIZE	THICKNESS	MATERIAL
ft.	ft.	in.			
R.	R.	in.			
18. GROUT					
FROM	TO	MATERIAL	EMPLACEMENT METHOD & AMOUNT		
0 ft.	25 ft.	Cement	pour		
ft.	ft.				
ft.	ft.				
19. SAND/GRAVEL PACK (if applicable)					
FROM	TO	MATERIAL	EMPLACEMENT METHOD		
ft.	ft.				
ft.	ft.				
20. DRILLING LOG (attach additional sheets if necessary)					
FROM	TO	DESCRIPTION (color, hardness, soil/rock type, grain size, etc.)			
ft.	ft.	soil			
0 ft.	20 ft.	soil/sandrock			
20 ft.	425 ft.	bluegranite			
ft.	ft.				
ft.	ft.				
ft.	ft.				
ft.	ft.				
21. REMARKS					

**22. Certification:**

R-C Brown III - 03/02/2020  
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.

**SUBMITTAL INSTRUCTIONS**

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

Division of Water Resources, 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 one copy of this form within 30 days of completion of well construction to the following:

Division of Water Resources, 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.