



IMPROVEMENT PERMIT

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

For Office Use Only

*CDP File Number 456645 - 1
County ID Number: _____
Evaluated For: NEW

PERMIT VALID UNTIL: 08/12/2030

***NOTE TO INSPECTIONS DIVISION:** Building Permits cannot be issued with this Improvement Permit.

Applicant: RHC Custom Construction
Address: 742 Mcknight Dr Suite 213
City: Knightdale
State/Zip: NC 27545
Phone #: _____

Property Owner: _____
Address: _____
City: _____
State/Zip: _____
Phone #: _____

Property Location & Site Information

Address: 70 Purslane Drive Franklinton, NC 27525 Subdivision: Woodland Park Block/Phase: NEW Lot: 82

Directions

Road #: _____
Structure: SINGLE FAMILY
of Bedrooms: 3
of People: 4
*Water Supply: N/A well

System Specifications

Initial System

Usable Soil Depth: 48

Design Flow: 360

Soil Application Rate: 0.3000

Minimum Trench Depth: _____ Inches

Maximum Trench Depth: 30 Inches

*System Classification/Description:

TYPE II A. CONV SYSTEM (SINGLE-FAMILY OR 480 GPD OR LESS)

Septic Tank: 1000 Gallons
Pump Required ☐ Yes ☒ No ☐ May Be Required

*Proposed System:
25% REDUCTION

Pump Tank: _____ Gallons

Repair System Required: ☒ Yes ☐ No ☐ No, but has Available Space

Repair System

Usable Soil Depth: _____

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: 30 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

CDP File Number: 456645

County ID Number:

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 (per rule .0301(a)).

Authorized State Agent: Wood, Jeffrey Date of Issue: 08/12/2025

Total Time: (HH:MM)

☐ Hand Drawing

☐ Import Drawing

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

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Construction Authorization

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

For Office Use Only

*CDP File Number: 456645 - 1
County ID Number: _____
Evaluated For: NEW

PERMIT VALID UNTIL: 08/12/2030

☐ Open Pump System Sheet

Applicant: RHC Custom Construction
Address: 742 Mcknight Dr Suite 213
City: Knightdale
State/Zip: NC 27545
Phone #: _____

Property Owner: _____
Address: _____
City: _____
State/Zip: _____
Phone #: _____

Property Location & Site Information

Address/Road #: 70 Purslane Drive Franklinton, NC 27525 Subdivision: Woodland Park Phase: NEW Lot: 82
Directions:
Structure: SINGLE FAMILY 70 Purslane Drive
of Bedrooms: 3
of People: 4
*Water Supply: PUBLIC well 3rd

System Specifications

Usable Soil Depth: 48 Minimum Trench Depth: _____ Inches
Design Flow: 360 Maximum Trench Depth: 30 Inches
Soil Application Rate: 0.3000 Minimum Soil Cover: _____ Inches
*System Classification/Description: TYPE II A. CONV SYSTEM (SINGLE-FAMILY OR 480 GPD OR LESS) Maximum Soil Cover: _____ Inches
*Proposed System: 25% REDUCTION *Distribution Type: GRAVITY - PARALLEL (eq. d-box)
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: _____ 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 (.0204(k)(1)). 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 and repair (per rule .0301(a)).

Authorized State Agent: Wood, Jeffrey Date of Issue: 08/12/2025

☐ Hand Drawing ☐ Import Drawing

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

Total Time : (HH:MM) _____



Well Construction Permit

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

For Office Use Only

*CDP File Number 456645

PIN Number: _____

Tax Lot #: 82 Tax Block #: 051009

Evaluated For: SINGLE FAMILY \ WELL

PERMIT VALID UNTIL: 08/12/2030

Property Owner: _____
Address: _____
City: _____
State/Zip: NC
Phone #: _____

Applicant: RHC Custom Construction
Address: 742 Mcknight Dr Suite 213
City: Knightdale
State/Zip: NC / 27545
Phone #: _____

Property Location & Site Information

Address/Road #: _____ Subdivision: Woodland Park Phase: _____ Lot: 82
70 Purslane Drive
Franklinton NC, 27525
*Proposed use of Well: SINGLE FAMILY
If Other: _____
Applicant Email: _____
Owner Email: _____
Directions: 70 Purslane Drive

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. Issuance of this well permit does not guarantee water quality or adequate water production from the well once it is installed or repaired.

*Issued By: Wood, Jeffrey
Authorized State Agent: _____
Owner/Applicant: _____

*Date of Issue: 08/12/2025

☒ Hand Drawing ☐ Import Drawing

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



File # 456645 PIN# _____

Property Address: 70 Purlane Dr

Applicant or Owner Name: RMC Construction

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**: 8/12/25 EHS: [Signature]

**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 1600 Pump Tank 1 Drainfield 3 x 300 Type System A Max Trench Depth 38"

Septic Contractor _____ Septic/Pump tank dates _____ Pump Fee Paid _____

Well Contractor _____ Well Head Date: _____ Pump Final: _____ N/A (circle)

