



Well Construction Permit

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

For Office Use Only

*CDP File Number 393214

PIN Number: _____

Tax Lot #: 15 Tax Block #: 049317

Evaluated For: _____

PERMIT VALID UNTIL: 05/16/2028

Property Owner: _____

Address: _____

City: _____

State/Zip: NC

Phone #: _____

Applicant: THOMAS PETRUCCELI

Address: 1116 HAWK HOLLOW LN

City: WAKE FOREST

State/Zip: NC / 27587

Phone #: _____

Property Location & Site Information

Address/Road #: _____ Subdivision: HARVEST VIEW ESTATES Phase: _____ Lot: 15

85 HARVEST VIEW WAY

FRANKLINTON NC, 27525

*Proposed use of Well:

If Other:

Applicant Email:

Owner Email:

Directions: 85 HARVEST VIEW WY

Well Contractor Information

Drilling Contractor: _____

Driller Registration: _____

Permit Conditions

*Permit Conditions

Well in front yard, right of driveway. respect 25 setback from house. Find safe location for rig from deep ditch at front of property.

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: Jones, Lori

Authorized State Agent: _____

Owner/Applicant: _____

*Date of Issue: 05/16/2023



Hand Drawing



Import Drawing

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



Well Construction Permit

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

For Office Use Only

*CDP File Number 393214

PIN Number: _____

Tax Lot #: 15 Tax Block #: 049317

Evaluated For: _____

PERMIT VALID UNTIL: 05/16/2028



IMPROVEMENT PERMIT

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

For Office Use Only

*CDP File Number 393214 - 1
County ID Number:
Evaluated For: NEW

PERMIT VALID UNTIL: 05/16/2028

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

Applicant: THOMAS PETRUCCELI
Address: 1116 HAWK HOLLOW LN
City: WAKE FOREST
State/Zip: NC 27587
Phone #:

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

Property Location & Site Information

Address: 85 HARVEST VIEW WAY
FRANKLINTON, NC 27525
Subdivision: HARVEST VIEW Block/Phase: NEW Lot: 15
Directions ESTATES
Road #: 85 HARVEST VIEW WY
Structure: SINGLE FAMILY
of Bedrooms: 4
of People: 3
*Water Supply: N/A

System Specifications

Initial System

*Site Classification: Provisionally Suitable
Design Flow: 480
Soil Application Rate: 0.3000

Minimum Trench Depth: Inches
Maximum Trench Depth: 24 Inches

*System Classification/Description:

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

Pump Required ☐ Yes ☐ No ☒ May Be Required

*Proposed System:
25% REDUCTION

Septic Tank: 1000 Gallons

Pump Tank: 1000 Gallons

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

* 15A NCAC 18A. 1945 * Repair Area Exempt

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

Contour difficult to assess due to wooded lot. If gravity is not achieved with system in best area, a pump should be used.

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 (.1938(b)).

Authorized State Agent:

Jones, Lori

Date of Issue:

05/16/2023

Total Time: (HH:MM)



Hand Drawing



Import Drawing

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



Construction Authorization

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

For Office Use Only

*CDP File Number: 393214 - 1
County ID Number: _____
Evaluated For: NEW

PERMIT VALID UNTIL: 05/16/2028

☐ Open Pump System Sheet

Applicant: THOMAS PETRUCCELI
Address: 1116 HAWK HOLLOW LN
City: WAKE FOREST
State/Zip: NC 27587
Phone #: _____

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

Property Location & Site Information

Address/Road #: 85 HARVEST VIEW WAY Subdivision: HARVEST VIEW Phase: NEW Lot: 15
FRANKLINTON, NC 27525 Directions: ESTATES
Structure: SINGLE FAMILY 85 HARVEST VIEW WY
of Bedrooms: 4
of People: 3
*Water Supply: NEW WELL

System Specifications

*Site Classification: Provisionally Suitable Minimum Trench Depth: _____ Inches
Design Flow: 480 Maximum Trench Depth: 24 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: N/A
Nitrification Field: _____ Sq. ft. Septic Tank: 1,000 Gallons
No. Drain Lines: 4 Pump Required: ☐ Yes ☐ No ☒ May Be Required
Total Trench Length: 400 ft. ☐ Inches O.C. Pump Tank: 1,000 Gallons
Trench Spacing: _____ - 9 ☒ Feet O.C. Grease Trap: _____ Gallons
Trench Width: _____ - 3 ☒ Inches Septic Tank Installer
Aggregate Depth: _____ inches ☒ Feet 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:

Contour difficult to assess due to wooded lot. If gravity is not achieved with system in best area, a pump should be used.

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 (.1937(g)). 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

Authorized State Agent: Jones, Lori Date of Issue: 05/16/2023

☒ Hand Drawing ☐ Import Drawing

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

Total Time : (HH:MM) _____



393214. Lot 9

Property Address: 85 Harvest View Way

Applicant or Owner Name: Thomas Petrucci

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: 5-16-2023 EHS: Leri Jones

**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 1000 Pump Tank 1000 (maybe) Drainfield 3'x400' Type System Gravity/ID box if poss. Max Trench Depth 24"

Septic Contractor _____ Septic/Pump tank dates _____ Pump fee? NO YES pd _____

Well Contractor _____ Well Grout date: _____ or self grout Well Head Date: _____

Bedrooms: 4

If Repair: na

Benchmark/Elevation: _____

Tank Mfr: _____

STB: _____ Gallons: _____

Distance from house: _____ ft

Elevation: _____ Filter: _____

Dbox Elevation: _____

Supply Line Length: _____

Line(s)	Feeder (ft)	Line (ft)	Elevation
1			
2			
3			
4			
5			
6			
7			

Product: EZ flow or Chambers / LP

Pump Mfr: _____

STB: _____ Gallons: _____

Alarm: _____ Water Dose: _____

Water to manifold/dbox: _____

If dbox, flow adjusters correct: _____

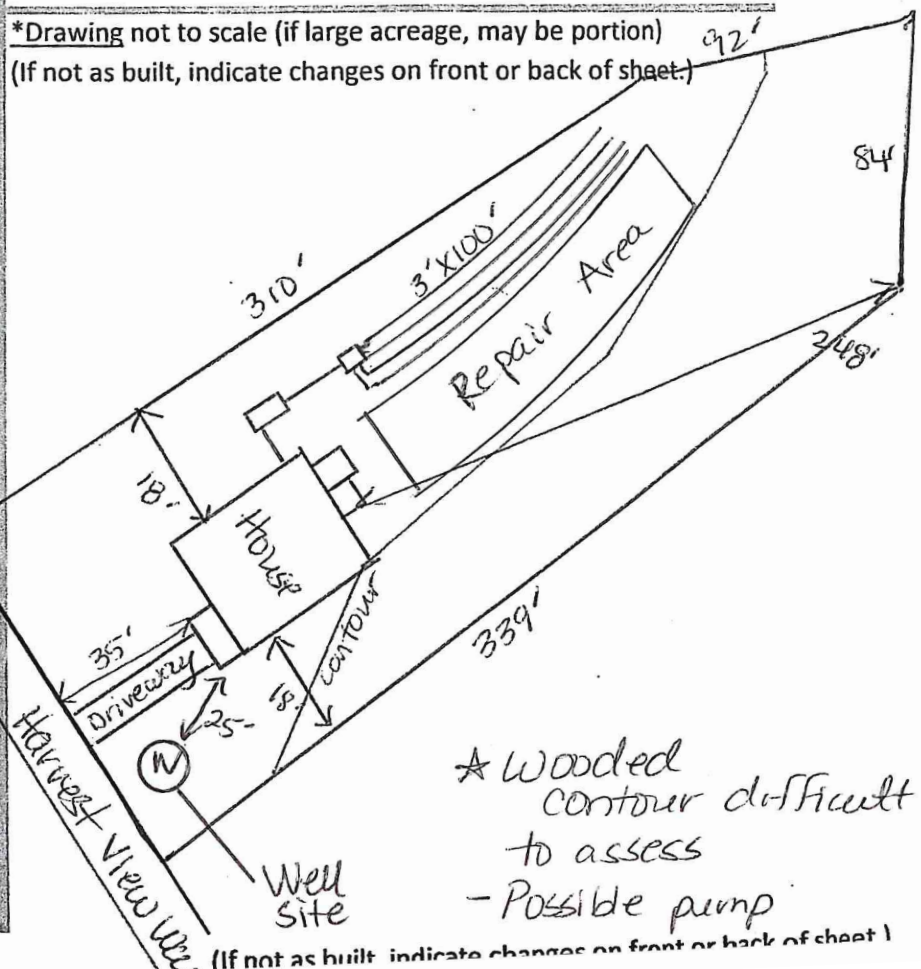
If manifold, water pressure correct: _____

Dbox location: _____

Acreage: .712

Parcel ID: 049317

*Drawing not to scale (if large acreage, may be portion)
(If not as built, indicate changes on front or back of sheet.)



(If not as built indicate changes on front or back of sheet)

OWNER: Thomas Petrucci
ADDRESS: 1116 Hawk Hollow Ln
PROPOSED FACILITY: Resid. PROPOSED DESIGN FLOW (1949): 480
LOCATION OF SITE: SS Harvest Creek

DATE EVALUATED:

PROPERTY RECORDED:

EVALUATION METHOD: ☒ Auger Boring ☐ Pit ☐ Cut

TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

- 24 install

up & down
this lot: stumps
up & down
over