Well Construction Permit

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

For Office Use Only

*CDP File Number 418946

PIN Number:

Tax Lot #: _____ Tax Block #: 012369

Evaluated For: SINGLE FAMILY \ WELL

PERMIT VALID UNTIL: 10/02/2029

Property Owner:	Prestige Home Solutions
Address:	500 Cardinal Dr
City:	Raleigh
State/Zip:	NC / 27604
Phone #:	

Applicant:	Chris Papadopoulos
Address:	500 Cardinal Dr
City:	Raleigh
State/Zip:	NC / 27604
Phone #:	

Property Location & Site Information

Address/Road #: 218 Trinity Church Rd
Louisburg NC, 27549

Subdivision: _____ Phase: _____ Lot: _____

*Proposed use of Well: SINGLE FAMILY

If Other:

Applicant Email:

Owner Email:

Directions: 218 Trinity Church Rd

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: Ennis, Crystal

*Date of Issue: 10/03/2024

Authorized State Agent: Crystal Ennis

Owner/Applicant:

○ Hand Drawing ○ Import Drawing

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

Franklin County
NORTH CAROLINA
A Research Triangle Region Community

File# 418946 PIN# 2818-46-4905

Property Address: 218 Trinity Church Rd

Applicant Or Owner Name: Chris Papadopoulos

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:** 10-2-24 **EHS:** Crystal Evans

****Any previously dated CA diagram is revoked and/or invalid. Confirm this is the valid diagram for the site before beginning any construction.**

Installation inspections may be scheduled the day before or the day of installation by 9am. Contact 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 permit 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_____ Pump Tank_____ Drain field_____ Type System_____ Max trench depth_____

Septic Contractor_____ Septic/Pump tank dates_____ PUMP FEE PAID _____

Well Contractor _____ Well Head Date: _____ PUMP FINAL: _____ N/A (CIRCLE)

* Drawing not to scale*