



Well Construction Permit

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

For Office Use Only

*CDP File Number 403114

PIN Number: _____

Tax Lot #: 26 Tax Block #: 049665

Evaluated For: _____

PERMIT VALID UNTIL: 12/06/2028

Property Owner: _____

Address: _____

City: _____

State/Zip: NC

Phone #: _____

Applicant: BULMARO RODRIGUEZ

Address: 5 W MASON ST

City: FRANKLINTON

State/Zip: NC / 27525

Phone #: _____

Property Location & Site Information

Address/Road #: _____ Subdivision: BELLA TERRA Phase: _____ Lot: 26

40 WOODFORD WAY

FRANKLINTON NC, 27525

*Proposed use of Well:

If Other:

Applicant Email:

Owner Email:

Directions: 40 WOODFORD

Well Contractor Information

Drilling Contractor: _____

Driller Registration: _____

Permit Conditions

*Permit Conditions

Well sited for front left property corner. Respect both 25 ft setback from house and 50 ft setback from any septic.

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

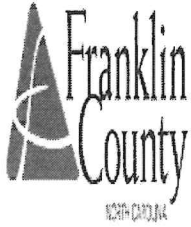
Authorized State Agent: _____

Owner/Applicant: _____

*Date of Issue: 12/07/2023

☒ Hand Drawing ☐ Import Drawing

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



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IMPROVEMENT PERMIT

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

For Office Use Only

*CDP File Number 403114 - 1
County ID Number: _____
Evaluated For: NEW

PERMIT VALID UNTIL: 12/07/2028

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

Applicant: BULMARO RODRIGUEZ
Address: 5 W MASON ST
City: FRANKLINTON
State/Zip: NC 27525
Phone #: _____

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

Property Location & Site Information

Address: 40 WOODFORD WAY Subdivision: BELLA TERRA Block/Phase: NEW Lot: 26
FRANKLINTON, NC 27525
Directions
Road #: _____
Structure: SINGLE FAMILY 40 WOODFORD
of Bedrooms: 4
of People: 2
*Water Supply: N/A

System Specifications

Initial System

*Site Classification: Provisionally Suitable

Design Flow: 480

Soil Application Rate: 0.3000

*System Classification/Description:

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

*Proposed System:
25% REDUCTION

Minimum Trench Depth: _____ Inches

Maximum Trench Depth: 20 Inches

Septic Tank: 1000 Gallons

Pump Required: ☐ Yes ☒ No ☐ May Be Required

Pump Tank: _____ Gallons

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

Repair System

*Site Classification: Provisionally Suitable

Soil Application Rate: 0.300

*System Classification/Description:

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

*Proposed System: 25% REDUCTION

Minimum Trench Depth: _____ Inches

Maximum Trench Depth: 20 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

Lot will not have room for an inground pool due to area that useable soil is located for septic and repair septic. Lot was wooded; if contour or line length is different when laid out contact EHS. If 100 ft lines are attainable, diagram can be altered to

CDP File Number: 403114

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 (.1938(b)).

Authorized State Agent: Jones, Lori Date of Issue: 12/07/2023

☒ Hand Drawing

☐ Import Drawing

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

Total Time: (HH:MM)
____ : ____



Construction Authorization

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

For Office Use Only

*CDP File Number: 403114 - 1
County ID Number: _____
Evaluated For: NEW

PERMIT VALID UNTIL: 12/07/2028

☐ Open Pump System Sheet

Applicant: BULMARO RODRIGUEZ
Address: 5 W MASON ST
City: FRANKLINTON
State/Zip: NC 27525
Phone #: _____

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

Property Location & Site Information

Address/Road #: 40 WOODFORD WAY Subdivision: BELLA TERRA Phase: NEW Lot: 26
FRANKLINTON, NC 27525 **Directions:**
Structure: SINGLE FAMILY 40 WOODFORD
of Bedrooms: 4
of People: 2
*Water Supply: _____

System Specifications

*Site Classification: Provisionally Suitable Minimum Trench Depth: _____ Inches
Design Flow: 480 Maximum Trench Depth: 20 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: 5 Pump Required: ☐ Yes ☒ No ☐ May Be Required
Total Trench Length: 400 ft. ☐ Inches O.C. Pump Tank: _____ Gallons
☒ Feet O.C. Grease Trap: _____ Gallons
Trench Spacing: _____ - 9 ☐ Inches
Trench Width: _____ - 3 ☒ Feet
Aggregate Depth: _____ inches 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:

Lot will not have room for an inground pool due to area that useable soil is located for septic and repair septic. Lot was wooded; if contour or line length is different when laid out contact EHS. If 100 ft lines are attainable, diagram can be altered to reflect 4 lines at 3x100 ft each.

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: 12/07/2023

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

Total Time : (HH:MM) _____

☒ Hand Drawing

☐ Import Drawing



Lot 26

File #: 403114 PIN# _____

Property Address: 40 Woodford Way

Applicant or Owner Name: Bulmaro Rodriguez

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**: 12-7-2023 EHS: Lou 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 na Drainfield 3'x400' Type System Gravity/Dbox Max Trench Depth 20"

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

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

Bedrooms: 4

If Repair: na

Acreage: .733

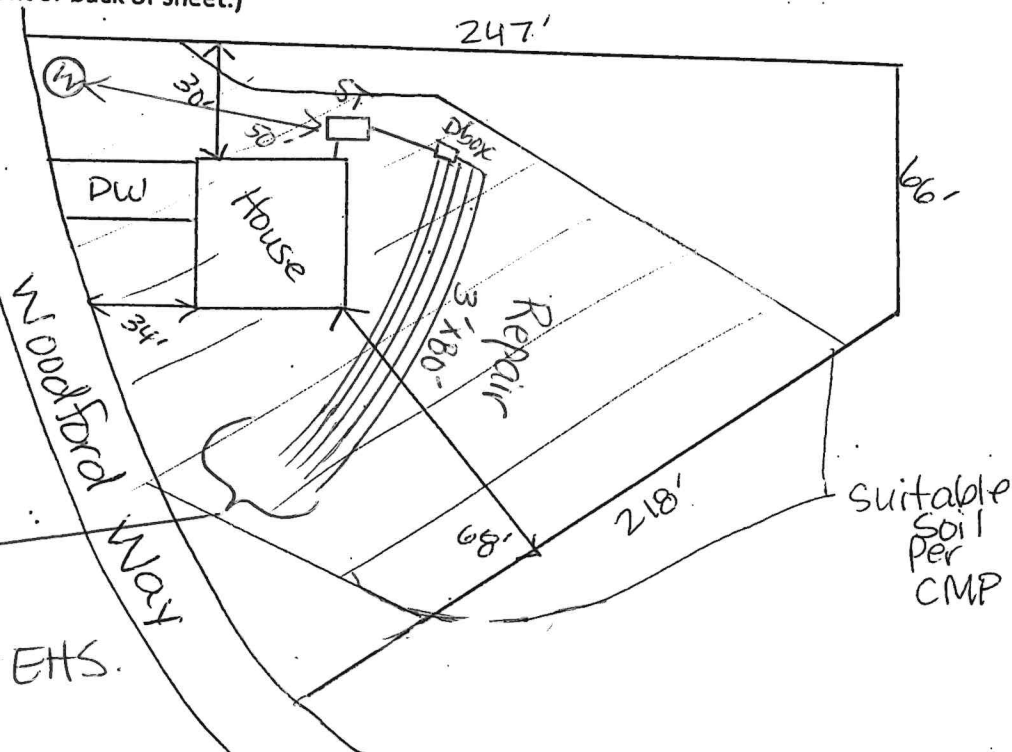
Parcel ID: 049 1665

*Drawing not to scale (if large acreage, may be portion)

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

No room for pool on this lot due to restrictions on useable soil

If 4
3'x100'
lines fit
contact EHS.



PRELIMINARY PLOT PLAN FOR

LILIUM HOMES

LOT 26, BELLA TERRA SUBDIVISION

40 WOODFORD WAY

REF: B.M. 2023, PG. 105-107

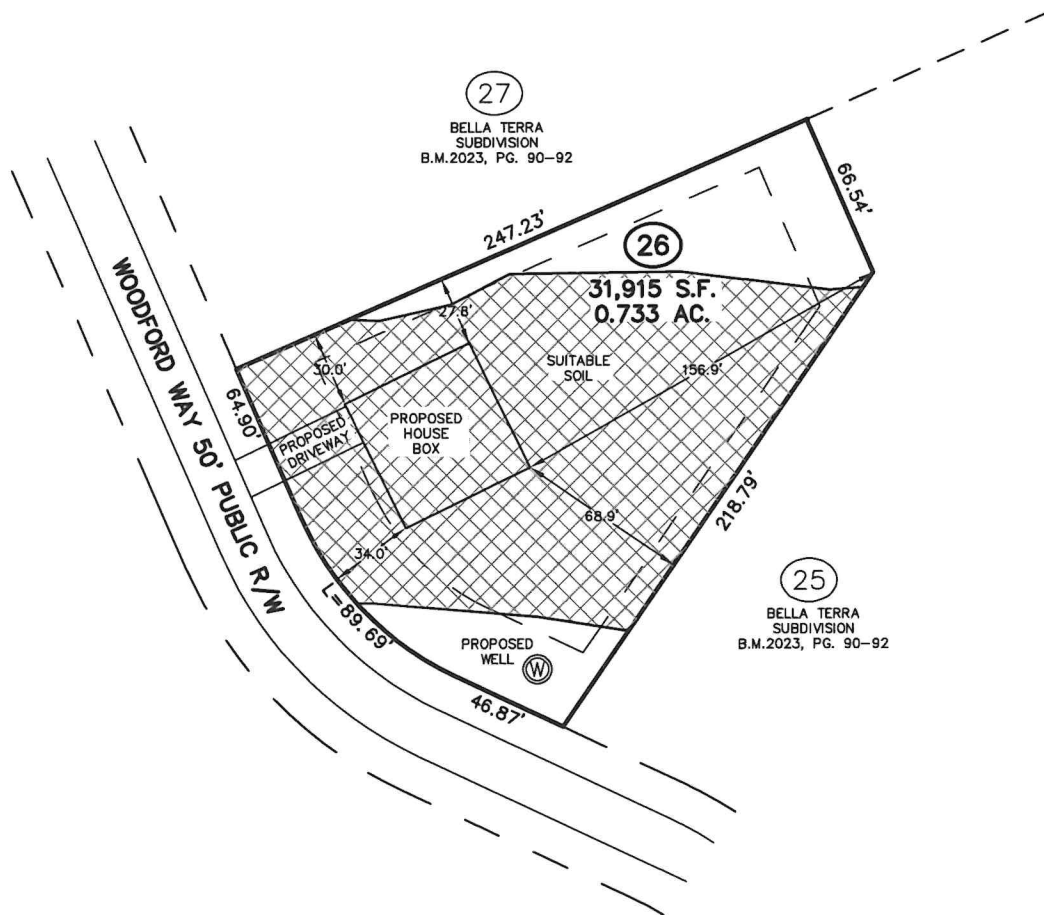
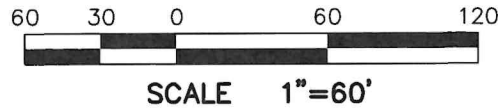
FRANKLINTON TOWNSHIP

FRANKLIN COUNTY, NORTH CAROLINA

JUNE 1, 2023

REVISED NOVEMBER 6, 2023

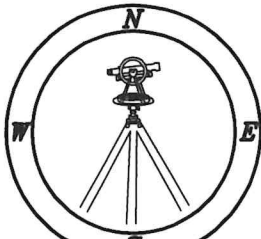
ZONED AR



IMPERVIOUS SURFACE TABLE

HOUSE	3,025 S.F.
DRIVEWAY	550 S.F.
MISC./UTILITIES	18 S.F.
TOTAL IMPERVIOUS AREA	3,593 S.F.
MAX IMPERVIOUS ALLOWED	15,226 S.F.

THIS SURVEYOR DOES NOT
WARRANTY THE ACCURACY
OF ARCHITECTURAL DIMENSIONS.
THEY ARE TO BE VERIFIED BY
THE CONTRACTOR.



CMP

Professional Land Surveyors
C-1525

333 S. White Street
Post Office Box 1253
Wake Forest, N.C. 27588
(919) 550-3118

NOTES:

-THIS PLAN DOES NOT REFLECT AN
ACTUAL SURVEY. IT IS A PRELIMINARY
PLAN AND SHOULD BE USED FOR ITS
INTENDED PURPOSE ONLY.
-NOT FOR RECORDATION, CONVEYANCES,
OR SALES.



CDP#
403114

Franklin County Environmental Health
127 S Bickett Blvd.
Louisburg, NC 27549
Phone (919) 496-8100
www.franklincountync.gov

Issued to: **BULMARO RODRIGUEZ**

Location: **40 Woodford Way FRANKLINTON , NC 27525**

**NEW SEPTIC APPLICATION
NEW WELL APPLICATION**

Application Type: NEW SEPTIC NEW WELL

Application Number: E-23-1129

Building Type:

Project Type: Single Family Dwelling

of Bedrooms: 4

Residential Project Type: Single Family Dwelling

Building Foundation: Crawlspace

Water Source: New Well

Date: November 20, 2023

Acreage:

Zoning: AR

of Occupants: 2

Commercial Project Type:

Square Footage of Facility:

Number of Employees:

Number of Seats:

Preferred Type of Septic System: (1) Conventional (rock)

Notes:

Parcel ID #: 049665

Subdivision: NULL

Lot #26

Bella Terra

Applicant Information

Applicant Name: BULMARO RODRIGUEZ

Address: 5 W Mason St. Franklinton , NC 27525

Phone: 9194220355

Email: liliumhomesnc@gmail.com

Property Owner Information

Owner Name: NULL

Address: NULL NULL , NULL NULL

Phone:

Email:

General Contractor Information

Contractor Name: Lilium Homes Inc.

Address: 12801 Camp Kanata Rd Wake Forest , NC 27587

Phone: (919) 605-3275

Email:

Zoning

Zoning Permit #: Z-23-1731

County Water: No

Front Setback: 30

Right Setback: 10

Left Setback: 10

Rear Setback: 25

The applicant shall notify the Environmental Health Department upon submittal of this application if any of the following apply to the property/site in question. If this answer is "Yes" the applicant must attach supporting documentation and/or show their location on the plot/site plan.

Does the site contain any jurisdictional wetlands? No

Does the site contain, or have within 100 feet, any existing wells and/or septic systems? No

Is any wastewater going to be generate other than domestic sewage? No

Is the site subject to approval by an other public agency? No

Are there any easements or right-of-ways on this site? Yes

Are there any underground utilities on the site? No

Call Environmental Health (919-496-8100) in order to schedule an appointment with an environmental Health Specialist for your lot evaluation. Please contact the Environmental Health Department to determine the status of your application prior to visiting the Planning & Inspections Department to obtain a building permit.

IF THE INFORMATION IN THE APPLICATION FOR A SEPTIC PERMIT IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN ANY RELATED PERMITS AND CONSTRUCTION AUTHORIZATIONS SHALL BECOME INVALID. This application is valid for one year from the date of application payment. The septic system approval (permit) is valid for five years from the date of Improvement Permit issuance, or without expiration by request with proper documentation. The applicant is responsible for the proper identification and labeling of all property lines, and existing utilities

Sheet 1 of 1 (f+b)
PROPERTY ID #: _____
COUNTY: Franklin

Lot 28

APPLICATION DATE 11-20-23

DATE EVALUATED:

PROPERTY SIZE:

PROPERTY RECORDED:

TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

passed on
thickly wooded lot

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM	OTHER FACTORS (.1946):
able Space (.1945)			SITE CLASSIFICATION (.1948):
n Type(s)			EVALUATED BY:
TAR	13	3	OTHER(S) PRESENT:
ENTS:			