



Well Construction Permit

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

For Office Use Only

*CDP File Number 418096

PIN Number: _____

Tax Lot #: _____ Tax Block #: 050854

Evaluated For: SINGLE FAMILY \ WELL

PERMIT VALID UNTIL: 09/26/2029

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

Applicant: Joe Procopio
Address: 1600 Heritage Commerce Court #109
City: Wake Forest
State/Zip: NC / 27587
Phone #: _____

Property Location & Site Information

Address/Road #: 10 Serenity Woods Trail
Franklinton NC, 27525
Subdivision: _____ Phase: _____ Lot: _____
*Proposed use of Well: SINGLE FAMILY
If Other: _____
Applicant Email: _____
Owner Email: _____
Directions: 10 Serenity Woods Trail

Well Contractor Information

Drilling Contractor: _____ Driller Registration: _____

Permit Conditions

*Permit Conditions
Well sited for front yard. Respect all setbacks and be 25 ft from house.

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: 09/26/2024

☒ 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: 418096 - 1
County ID Number: _____
Evaluated For: NEW

PERMIT VALID UNTIL: 09/26/2029

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

Applicant: Joe Procopio
Address: 1600 Heritage Commerce Court #109
City: Wake Forest
State/Zip: NC 27587
Phone #: _____

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

Property Location & Site Information

Address: 10 Serenity Woods Trail
Franklinton, NC 27525
Subdivision: _____ Block/Phase: NEW Lot: _____
Directions
Road #: 10 Serenity Woods Trail
Structure: SINGLE FAMILY
of Bedrooms: 4
of People: 4
*Water Supply: N/A

System Specifications

Initial System

Usable Soil Depth: 38
Design Flow: 480
Soil Application Rate: 0.3000

Minimum Trench Depth: _____ Inches
Maximum Trench Depth: 24 Inches

*System Classification/Description:

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: 36
Soil Application Rate: 0.300

Minimum Trench Depth: _____ Inches
Maximum Trench Depth: 22 Inches

*System Classification/Description:

Pump Required: ☐ Yes ☒ No ☐ May Be Required

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

*Proposed System: 25% REDUCTION

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

Trench depth includes a 2 inch slope correction. Attempt to install 4 lines, at 100 ft each. But, if that will not work due to setbacks/contour, install 5 lines at 80 ft each.

CDP File Number: 418096

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(f)(a)).

Authorized State Agent:

Jones, Lori

Date of Issue:

09/26/2024

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: 418096 - 1
County ID Number: _____
Evaluated For: NEW

PERMIT VALID UNTIL: 09/26/2029

☐ Open Pump System Sheet

Applicant: Joe Procopio
Address: 1600 Heritage Commerce Court #109
City: Wake Forest
State/Zip: NC 27587
Phone #: _____

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

Property Location & Site Information

Address/Road #: 10 Serenity Woods Trail Subdivision: _____ Phase: NEW Lot: _____
Franklinton, NC 27525

Directions:

Structure: SINGLE FAMILY 10 Serenity Woods Trail

of Bedrooms: 4

of People: 4

*Water Supply: _____

System Specifications

Usuable Soil Depth: 38

Minimum Trench Depth: _____ Inches

Design Flow: 480

Maximum Trench Depth: 24 Inches

Soil Application Rate: 0.3000

Minimum Soil Cover: _____ Inches

*System Classification/Description: _____

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: 4

Pump Required: ☐ Yes ☒ No ☐ May Be Required

Total Trench Length: 400 ft.

☐ Inches O.C.

Pump Tank: _____ 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:

Trench depth includes a 2 inch slope correction. Attempt to install 4 lines, at 100 ft each. But, if that will not work due to setbacks/contour, install 5 lines at 80 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 (.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: Jones, Lori

Date of Issue: 09/26/2024

☒ Hand Drawing

☐ Import Drawing

Site Plan/Drawing attached.

Total Time : (HH:MM) _____

A hand-drawn site plan of a property. The plan shows a rectangular lot with a house in the center. The house is labeled "House". To the right of the house is a "Driveway". To the left of the house is a "Repair" area, indicated by three curved lines. Further left is an "Easement" area, indicated by a vertical line. The lot is bounded by "Peaceful Dr." on the top and "Serenity Woods" on the right. A "Well Site" is marked with a circle containing a crosshair. Dimensions are given in feet: 30' for the width of the easement, 20' for the width of the repair area, 15' for the width of the driveway, 30' for the width of the house, 30' for the width of the lot, and 30' for the width of the driveway. A north arrow is shown in the upper right corner.