



Well Construction Permit

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

For Office Use Only

*CDP File Number 403117

PIN Number: _____

Tax Lot #: 9 Tax Block #: 049648

Evaluated For: _____

PERMIT VALID UNTIL: 02/20/2029

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: 9
30 BASIL CT
FRANKLINTON NC, 27525
*Proposed use of Well: _____
If Other: _____
Applicant Email: _____
Owner Email: _____
Directions: 30 BASIL

Well Contractor Information

Drilling Contractor: _____

Driller Registration: _____

Permit Conditions

*Permit Conditions

Well sited for in front of house meeting 25 ft setback from house. Well just left of driveway, but having to be 50 ft from septic tank. Tank will be on side of home to achieve 15 ft setback to inground pool. If tank is on left side make sure this setback is met. If well needs to be moved to right of driveway and there is space, contact EHS.

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: 02/21/2024

☒ 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 403117

PIN Number: _____

Tax Lot #: 9

Tax Block #: 049648

Evaluated For: _____

PERMIT VALID UNTIL: 02/20/2029



IMPROVEMENT PERMIT

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

For Office Use Only

*CDP File Number 403117 - 1
County ID Number: _____
Evaluated For: NEW

PERMIT VALID UNTIL: 02/21/2029

***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: 30 BASIL CT FRANKLINTON, NC 27525 Subdivision: BELLA TERRA Block/Phase: NEW Lot: 9

Directions

Road #: _____
Structure: SINGLE FAMILY
of Bedrooms: 4
of People: 2
*Water Supply: N/A

System Specifications

Initial System

Usable Soil Depth: 36
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

Pump Tank: 1000 Gallons

*Proposed System:
25% REDUCTION

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

Repair System

Usable Soil Depth: 36
Soil Application Rate: 0.300
*System Classification/Description:
N/A

Minimum Trench Depth: _____ Inches

Maximum Trench: Depth: 24 Inches

Pump Required: ☒ Yes ☐ No ☐ May Be Required

Pump Tank: _____ Gallons

*Proposed System: 25% REDUCTION

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

The contour in the back of this house appears to be built up on the right side much higher than on the left. Therefore initial system is going in on the left where contour is better for line length and is most likely not disturbed. If, on this pump system

CDP File Number: 403117

County ID Number:

The Department and Local Health Department may impose conditions on the insurance 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(fa)).

Authorized State Agent:

Jones, Lori

Date of Issue:

02/21/2024

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: 403117 - 1
County ID Number: _____
Evaluated For: NEW

PERMIT VALID UNTIL: 02/21/2029

☐ 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 #: 30 BASIL CT FRANKLINTON, NC 27525 Subdivision: BELLA TERRA Phase: NEW Lot: 9
Directions:
Structure: SINGLE FAMILY 30 BASIL
of Bedrooms: 4
of People: 2
*Water Supply: _____

System Specifications

Usuable Soil Depth: 36 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: PUMP TO GRAVITY

Nitrification Field: _____ Sq. ft.
No. Drain Lines: 5 ☐ Inches O.C.
Total Trench Length: 400 ft. ☒ Feet O.C.
Trench Spacing: _____ - 9 ☐ Inches
Trench Width: _____ - 3 ☒ Feet
Aggregate Depth: _____ inches

Septic Tank: 1,000 Gallons
Pump Required: ☒ Yes ☐ No ☐ May Be Required

Pump Tank: 1,000 Gallons

Grease Trap: _____ Gallons

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 contour in the back of this house appears to be built up on the right side much higher than on the left. Therefore initial system is going in on the left where contour is better for line length and is most likely not disturbed. If, on this pump system lines are greater than 5 a manifold will be required. A pool is being planned for this lot so tank placement is better on the side of the house so that the 15 ft setback will not become an issue. Front of property is narrow and it widens as it goes back.

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: 02/21/2024

Site Plan/Drawing attached.

Total Time : (HH:MM) _____

☒ Hand Drawing ☐ Import Drawing



Franklin
County
NORTH CAROLINA

Applicant or Owner Name: Bulmaro Rodriguez

Environmental Health Septic/Well Permit Diagram

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**: 2-21-2024 EHS: Lori Jones
 **Any previously dated diagrams

**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 Drainfield 3' x 400' Type System Acrylic Max Trench Depth 24"

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

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

Bedrooms: 4

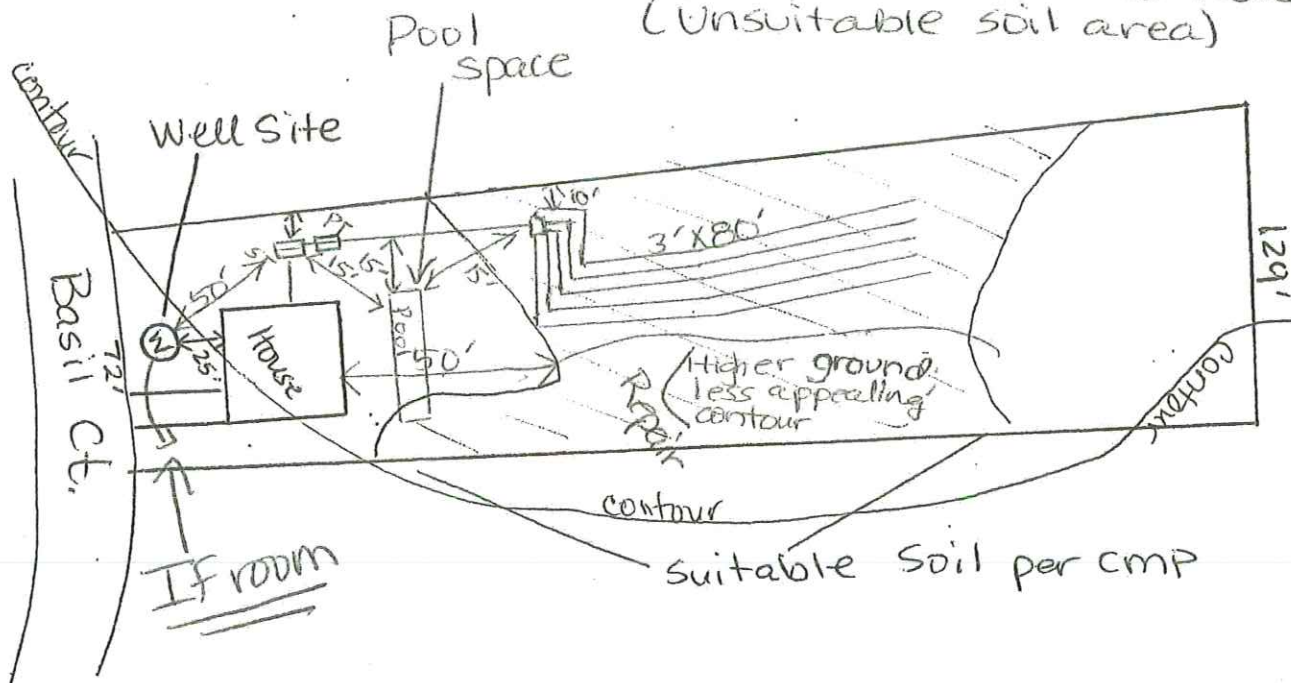
If Repair: na

Acreage: 1.206

Parcel ID: 049648

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

* No Septic leach lines closer than 50' to house. (Unsuitable soil area)



PRELIMINARY PLOT PLAN FOR

LILIUM HOMES

LOT 9, BELLA TERRA SUBDIVISION

30 BASIL COURT

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

FRANKLINTON TOWNSHIP

FRANKLIN COUNTY, NORTH CAROLINA

JUNE 1, 2023

NOVEMBER 6, 2023

ZONED AR

60 30 0 60 120

SCALE 1"=60'

8

BELLA TERRA
SUBDIVISION
B.M.2023, PG. 90-92

6

BELLA TERRA
SUBDIVISION
B.M.2023, PG. 90-92

10

BELLA TERRA
SUBDIVISION
B.M.2023, PG. 90-92

9

52,546 S.F.
1.206 AC.

4

BELLA TERRA
SUBDIVISION
B.M.2023, PG. 90-92

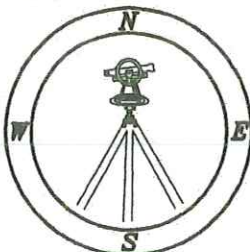
129.53'

N/F
GENESIS BUILDING, INC
D.B. 2241, PAGE 1655
M.B. 2021, PAGE 135
PIN# 1877-35-6409

IMPERVIOUS SURFACE TABLE

HOUSE	2,632 S.F.
DRIVEWAY	943 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)556-3148

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#
403117

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

Issued to: **BULMARO RODRIGUEZ**

Location: **30 Basil Court FRANKLINTON , NC 27525**

**NEW SEPTIC APPLICATION
NEW WELL APPLICATION**

Application Type: **NEW SEPTIC NEW WELL**

Application Number: **E-23-1131**

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 #: **049648**

Subdivision: **NULL**

Lot #9
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-23-1730**

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 and 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

Lot 9

APPLICATION DATE 11-20-23

DATE EVALUATED:

PROPOSED DESIGN FLOW (1949): 480

PROPERTY SIZE:

WATER SUPPLY: ☐ Private ☒ Public ☐ Well ☐ Spring ☐ Other

PROPERTY RECORDED:

TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

Pits
 + Rocks
 - Needs
 to
 be cleared
 + Pits

over