Well Construction Permit

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

For Office Use Only

*CDP File Number 417993

PIN Number:

Tax Lot #: 83 Tax Block #: 051010

Evaluated For: SINGLE FAMILY \ WELL

PERMIT VALID UNTIL: 09/24/2029

Property Owner:

Address:

City:

State/Zip: NC

Phone #:

Applicant: Braelynn Homes

Address: PO Box 1179

City: Youngsville

State/Zip: NC / 27596

Phone #:

Property Location & Site Information

Address/Road #: 80 Purslane Dr
Franklinton NC, 27525

Subdivision: Woodland Park Phase: Lot: 83

*Proposed use of Well: SINGLE FAMILY

If Other:

Applicant Email:

Owner Email:

Directions: 80 Purslane Dr

Well Contractor Information

Drilling Contractor:

Driller Registration:

Permit Conditions

*Permit Conditions
Well sited for front yard. Respect all setbacks: 25 ft from house, 50 ft from 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

*Date of Issue: 09/24/2024

☑ Hand Drawing ○ Import Drawing

Authorized State Agent:

Owner/Applicant:

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

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PERMIT VALID UNTIL: 09/24/2029

IMPROVEMENT PERMIT

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

For Office Use Only

*CDP File Number: 417993 - 1
County ID Number:
Evaluated For: NEW

PERMIT VALID UNTIL: 09/24/2029

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

Applicant:	Braelynn Homes
Address:	PO Box 1179
City:	Youngsville
State/Zip:	NC 27596
Phone #:	

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

Property Location & Site Information

Address: 80 Purslane Dr Franklinton, NC 27525
Subdivision: Woodland Park
Block/Phase: NEW
Lot: 83

Road #:
Structure: SINGLE FAMILY
# of Bedrooms: 4
# of People: 6
*Water Supply: N/A

Directions

80 Purslane Dr

System Specifications

Initial System

Usable Soil Depth: 44
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: 30 Inches

Septic Tank: 1000 Gallons
Pump Required (X) Yes ( ) No ( ) May Be Required
Pump Tank: 1000 Gallons

Repair System Required: (X) Yes ( ) No ( ) No, but has Available Space

Repair System

Usable Soil Depth: 40
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: 30 Inches

Pump Required: (X) 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**

CDP File Number: 417993

County ID Number:

The Department and Local Health Department may impose conditions on the issurance 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 it 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((a).

Authorized State Agent: Jones, Lori

Date of Issue: 09/24/2024

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: 417993 - 1
County ID Number:
Evaluated For: NEW

PERMIT VALID UNTIL: 09/24/2029

☐ Open Pump System Sheet

Applicant:	Braelynn Homes
Address:	PO Box 1179
City:	Youngsville
State/Zip:	NC 27596
Phone #:	

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

Property Location & Site Information

Address/Road #: 80 Purslane Dr Franklinton, NC 27525
Subdivision: Woodland Park Phase: NEW Lot: 83

Directions:

80 Purslane Dr

Structure: SINGLE FAMILY
# of Bedrooms: 4
# of People: 6
*Water Supply:

System Specifications

Usable Soil Depth: 44
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: 30 Inches
Minimum Soil Cover: ____ Inches
Maximum Soil Cover: ____ Inches
*Distribution Type: PUMP TO GRAVITY

Nitrification Field: ____ Sq. ft.
No. Drain Lines: 5
Total Trench Length: 400 ft.
Trench Spacing: ____ - 9
Trench Width: ____ - 3
Aggregate Depth: ____ inches

◯ Inches O.C. (X) Feet O.C.
◯ Inches (X) Feet

Septic Tank: 1,000 Gallons
Pump Required: (X) 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 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 regaurding system location, installation, operation, maintenance, monitoring, reporting and repair (per rule .0301((a)).

Authorized State Agent: Jones, Lori
Date of Issue: 09/24/2024

✓ Hand Drawing ◯ Import Drawing

****Site Plan/Drawing attached.****
Total Time : (HH:MM) ____

Sept 24

Franklin County
NORTH CAROLINA
A Research Triangle Region Community

File# 417993 Lot 83 PIN# _____

Property Address: 80 Purslane Dr. Frk

Applicant Or Owner Name: Braelynn Homes

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:** 9-24-24 **EHS:** Paul 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 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 1000 Pump Tank 1000 Drain field 3'x400' Type System Pump/Dbox Accepted Max trench depth 30"

Septic Contractor _____ Septic/Pump tank dates _____ PUMP FEE PAID _____

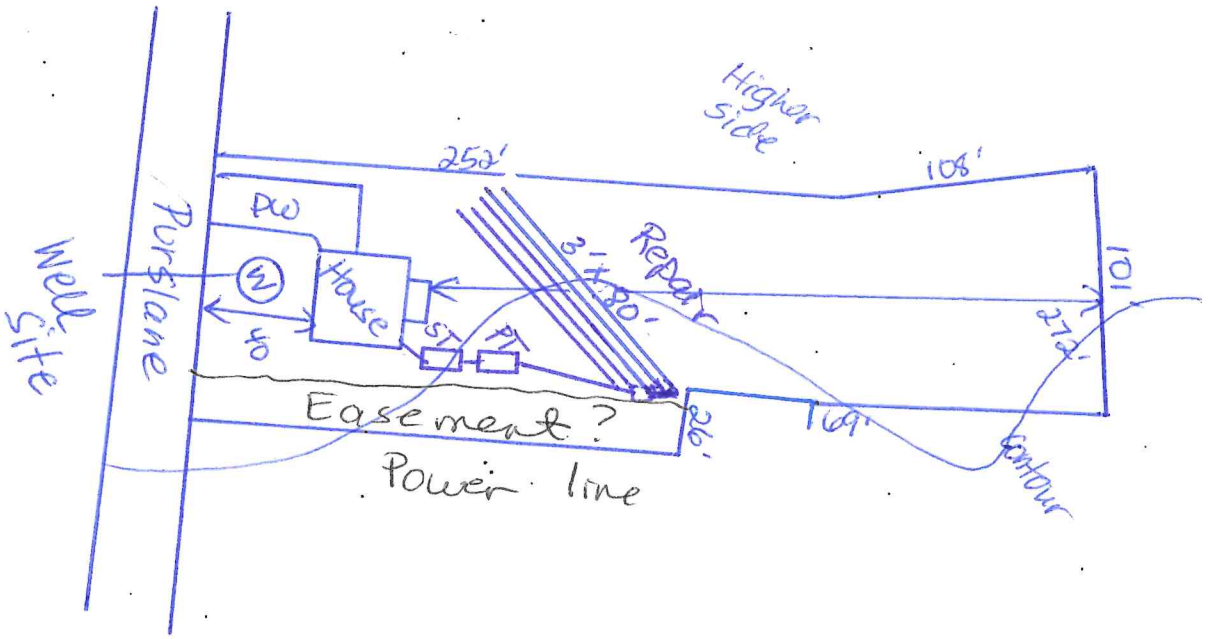
Well Contractor _____ Well Head Date: _____ PUMP FINAL: _____ N/A (CIRCLE)

Bedrooms: 4 Acreage: _____

If Repair: na Parcel ID: 051010

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

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



Cdp- 417993

Franklin County
NORTH CAROLINA

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

Issued to: Braelynn Homes **Location: 80 Purslane Drive FRANKLINTON , NC 27525**

NEW SEPTIC APPLICATION
NEW WELL APPLICATION

COR1

Application Type: NEW SEPTIC NEW WELL
Application Number: E-24-670
Building Type:
Project Type: Single Family Dwelling
# of Bedrooms: 4
Residential Project Type:
Building Foundation: Crawlspace
Water Source: New Well

Preferred Type of Septic System: (2) Accepted (polystyrene, chamber)
Parcel ID #: 051010

Date: August 29, 2024
Acreage:
Zoning: R-30
# of Occupants: 6
Commercial Project Type:
Square Footage of Facility:
Number of Employees:
Number of Seats:
Notes:
Subdivsion: NULL Woodland Park #83

Applicant Information

Applicant Name: Braelynn Homes
Address: PO Box 1179 Youngsville , NC 27596
Phone: 9198802006 Email: mike@braelynnhomes.com

Property Owner Information

Owner Name: NULL
Address: NULL NULL , NULL NULL
Phone: Email:

General Contractor Information

Contractor Name: Braelynn Homes, LLC
Address: PO Box 1179 Youngsville , NC 27596
Phone: (919) 880-2006 Email: mike@braelynnhomes.com

Zoning

Zoning Permit #: Z-24-1295
Front Setback: 30
Left Setback: 10
County Water: No
Right 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? No
Are there any underground utilities on the site? No

IF THE INFORMATION IN THE APPLICATION FOR A SEPTIC PERMIT IS FALSIFIED, CHANGED, OR THE STIE IS ALETERED, 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 (including septic), and the desired features on site, as well as making the site accessible for evaluation. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. Permit issuance shall in no way be