



IMPROVEMENT PERMIT

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

For Office Use Only

*CDP File Number 371567 - 1
County ID Number: 1856-11-9133
Evaluated For: NEW

PERMIT VALID UNTIL: 03/21/2027

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

Applicant: MARK DOWDY
Address: 4912 HERMITAGE DR
City: RALEIGH
State/Zip: NC 27612
Phone #:

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

Property Location & Site Information

Address/Road #: 20 WILDFLOWER LN
Subdivision: WILDFLOWER Phase: NEW Lot: 6
FRANKLINTON, NC 27525
Structure: SINGLE FAMILY
Directions: 20 WILDFLOWER LN
of Bedrooms: 3
of People: 5
*Water Supply: N/A

System Specifications

Initial System

*Site Classification: Suitable
Design Flow: 360
Soil Application Rate: 0.3000

Minimum Trench Depth: _____ Inches
Maximum Trench Depth: 16 Inches

*System Classification/Description:
TYPE II A. CONV SYSTEM (SINGLE-FAMILY OR 480 GPD OR LESS)
*Proposed System:
25% REDUCTION

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: 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: 16 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

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 (1.19.18(h)).

Authorized State Agent: Jones, Lori Date of Issue: 03/21/2022

☐ 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: _____

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*CDP File Number: 371567 - 1
County ID Number: 1856-11-9133
Evaluated For: NEW

PERMIT VALID UNTIL: 03/21/2027

☐ Open Pump System Sheet

Applicant: MARK DOWDY
Address: 4912 HERMITAGE DR
City: RALEIGH
State/Zip: NC 27612
Phone #: _____

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

Property Location & Site Information

Address/Road #: 20 WILDFLOWER LN Subdivision: WILDFLOWER Phase: NEW Lot: 6
FRANKLINTON, NC 27525 Directions: _____
Structure: SINGLE FAMILY 20 WILDFLOWER LN
of Bedrooms: 3
of People: 5
*Water Supply: NEW WELL

System Specifications

*Site Classification: Suitable Minimum Trench Depth: _____ Inches
Design Flow: 360 Maximum Trench Depth: 16 Inches
Soil Application Rate: 0.3000 Minimum Soil Cover: 2 Inches
*System Classification/Description: _____ Maximum Soil Cover: _____ Inches
TYPE II A. CONV SYSTEM (SINGLE-FAMILY OR 480 GPD OR LESS)
*Proposed System: _____ *Distribution Type: GRAVITY - PARALLEL (eq. d-box)
25% REDUCTION

Nitrification Field: _____ Sq. ft. Septic Tank: 1,000 Gallons
No. Drain Lines: 4 Pump Required: ☐ Yes ☒ No ☐ May Be Required
Total Trench Length: 300 ft. ☐ Inches O.C. Pump Tank: _____ Gallons
Trench Spacing: _____ - 9 ☒ Feet O.C. Grease Trap: _____ Gallons
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:

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: 03/21/2022

☐ Hand Drawing ☐ Import Drawing

Site Plan/Drawing attached.

Total Time : (HH:MM) _____



Well Construction Permit

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

For Office Use Only

*CDP File Number 371567

PIN Number: 1856-11-9133

Tax Lot #: 6 Tax Block #: 048069

Evaluated For: SINGLE FAMILY 1 WELL

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

Applicant: MARK DOWDY
Address: 4912 HERMITAGE DR
City: RALEIGH
State/Zip: NC / 27612
Phone #: _____

Property Location & Site Information

Address/Road #: _____ Subdivision: WILDFLOWER Phase: _____ Lot: 6
20 WILDFLOWER LN
FRANKLINTON NC, 27525
*Proposed use of Well: SINGLE FAMILY
Directions If Other: _____
20 WILDFLOWER LN

Well Contractor Information

Drilling Contractor: _____ Driller Registration: _____

Permit Conditions

*Permit Conditions

Well to go in back of house as center as possible, yet 50 feet from septic to allow options for neighboring lots.

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: 03/21/2022

☐ Hand Drawing ☐ Import Drawing

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



File # 371567 PIN# 0480169

Property Address: 20 Wildflower Ln

Applicant or Owner Name: Mark Dwyer

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**: _____ EHS: _____

**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'x300' Type System Gravity Accepted Max Trench Depth 16" w/ 2" cover
 Septic Contractor _____ Septic/Pump tank dates _____ Pump fee? NO YES pd _____

Well Contractor _____ Well Grout date: _____

Bedrooms: 3
 * Drawing not to scale

. 776 acre

