



Well Construction Permit

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

For Office Use Only

*CDP File Number 393272

PIN Number: _____

Tax Lot #: 117 Tax Block #: 049235

Evaluated For: _____

PERMIT VALID UNTIL: 04/17/2028

Property Owner: _____

Address: _____

City: _____

State/Zip: NC

Phone #: _____

Applicant: MATT BALDWIN

Address: 4009 GRAHM SHERRON RD

City: WAKE FOREST

State/Zip: NC / 27587

Phone #: _____

Property Location & Site Information

Address/Road #: _____ Subdivision: WOODLAND PARK Phase: _____ Lot: 117

110 LILAC DR

FRANKLINTON NC, 27525

*Proposed use of Well:

If Other:

Applicant Email:

Owner Email:

Directions: 110 LILAC DR

Well Contractor Information

Drilling Contractor: _____

Driller Registration: _____

Permit Conditions

*Permit Conditions

Well in front yard left of driveway, close to center of house. At least 20 feet from front property line and 20 feet from driveway.

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: 04/17/2023



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 393272 - 1
County ID Number: _____
Evaluated For: NEW

PERMIT VALID UNTIL: 04/17/2028

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

Applicant: MATT BALDWIN
Address: 4009 GRAHM SHERRON RD
City: WAKE FOREST
State/Zip: NC 27587
Phone #: _____

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

Property Location & Site Information
Address: 110 LILAC DR FRANKLINTON, NC 27525 Subdivision: WOODLAND Block/Phase: NEW Lot: 117
Directions PARK
Road #: _____
Structure: SINGLE FAMILY 110 LILAC DR
of Bedrooms: 3
of People: 6
*Water Supply: N/A

Initial System

*Site Classification: Provisionally Suitable

Design Flow: 360

Soil Application Rate: 0.3000

*System Classification/Description:

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

*Proposed System:
25% REDUCTION

System Specifications

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

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: 04/17/2023

☒ 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: 393272 - 1

County ID Number: _____

Evaluated For: NEW

PERMIT VALID UNTIL: 04/17/2028

☐ Open Pump System Sheet

Applicant: MATT BALDWIN

Address: 4009 GRAHM SHERRON RD

City: WAKE FOREST

State/Zip: NC 27587

Phone #: _____

Property Owner: _____

Address: _____

City: _____

State/Zip: _____

Phone #: _____

Property Location & Site Information

Address/Road #: 110 LILAC DR FRANKLINTON, Subdivision: WOODLAND Phase: NEW Lot: 117
NC 27525

Directions: PARK

Structure: SINGLE FAMILY

110 LILAC DR

of Bedrooms: 3

of People: 6

*Water Supply: _____

System Specifications

*Site Classification: Provisionally Suitable

Minimum Trench Depth: _____ Inches

Design Flow: 360

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: 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

☐ Inches

Aggregate Depth: _____ inches

☒ Feet

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: 04/17/2023

☒ Hand Drawing

☐ Import Drawing

Site Plan/Drawing attached.

Total Time : (HH:MM) _____



Lot 117

File # 393272 PIN# _____

Property Address: 110 Lilac Dr

Applicant or Owner Name: Braelyn Hones
Yngs.

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**: 4-17-2023 EHS: Lori 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' x 300' Type System Gravity/Dbox Max Trench Depth 20"

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

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

Bedrooms: 3

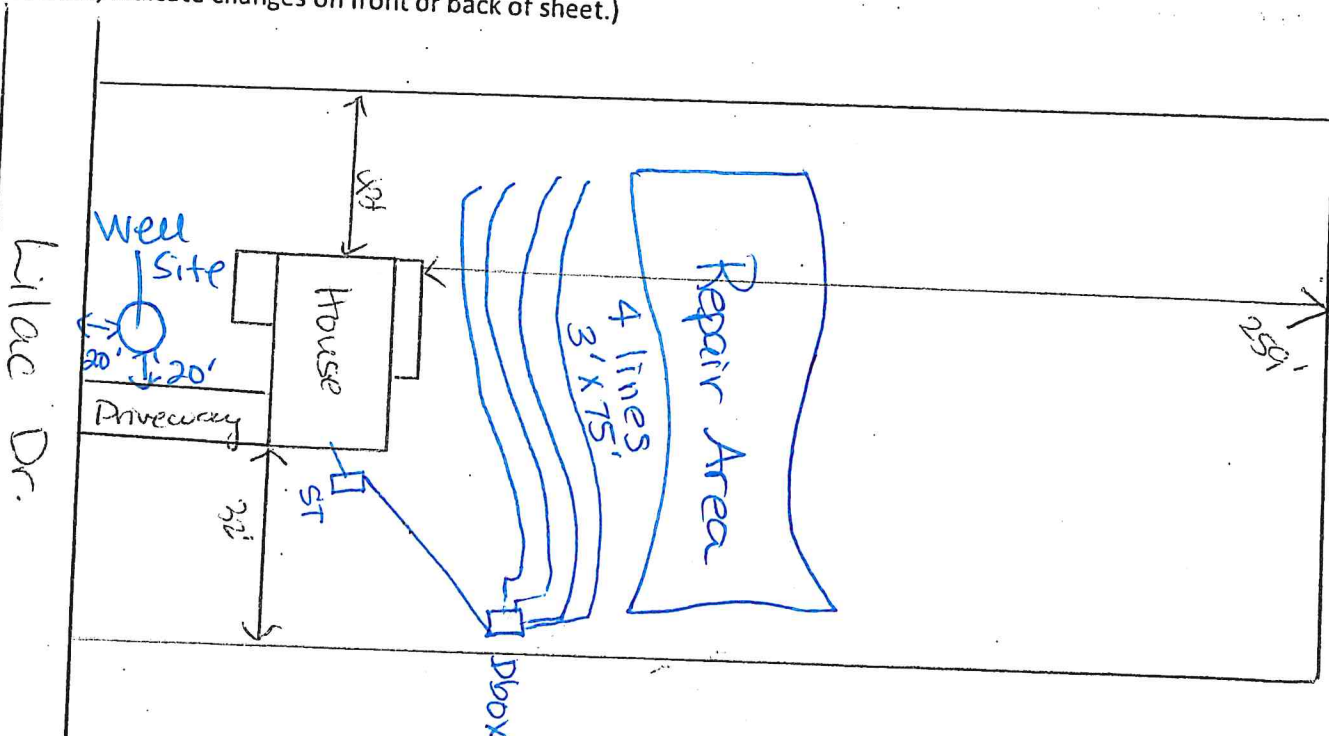
If Repair: na

Acreage: _____

Parcel ID: 049235

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

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



SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM
(Complete all fields in full)

Lot 117

OWNER: Matt Baldwin

ADDRESS: 401 Wood Ave

PROPOSED FACILITY: Residential

PROPOSED DESIGN FLOW (.1949): 360

APPLICATION DATE 4-13-23

DATE EVALUATED: 4-17-2023

LOCATION OF SITE: 110 Lilac Dr.

PROPERTY SIZE:

PROPERTY RECORDED:

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

EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut

TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO GLASS	.1944 RESTR HORIZ	
1	Linear	0-6	Gc/CL	FSSPSE	9	35"			PS
	chg	6-29	SB/L	FISPSE					
		29-35	SB/SIL	FISPSE					
	5%	Sap @ 35"			Beautiful Clay				.3
2	2" SC				35				
					-12				
					33/34				
					34				
					-12				
					22				
					-2" SC				
					20				
					Install				

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM	OTHER FACTORS (.1946):
Table Space (.1945)			SITE CLASSIFICATION (.1948): <u>PS</u>
mm Type(s)			EVALUATED BY: <u>Lois Jones</u>
TAR	.3	.3	OTHER(S) PRESENT: <u> </u>
MENTS:			

over