

Well Construction Permit

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

For Office Use Only

*CDP File Number 443026

PIN Number: _____

Tax Lot #: 131 Tax Block #: 051023

Evaluated For: SINGLE FAMILY \ WELL

PERMIT VALID UNTIL: 01/02/2030

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

Applicant: Dustin Moore
Address: 848 Cooke Rd
City: Louisburg
State/Zip: NC / 27549
Phone #: _____

Property Location & Site Information

Address/Road #: _____ Subdivision: Woodland Park Phase: _____ Lot: 131
215 Purslane Dr
Franklinton NC, 27525
*Proposed use of Well: SINGLE FAMILY
If Other: _____
Applicant Email: _____
Owner Email: _____

Directions: 215 Purslane Dr

Well Contractor Information

Drilling Contractor: _____ Driller Registration: _____

Permit Conditions

*Permit Conditions

Well sited for front left corner, right of driveway. Respect 25 ft setback from house and 50 setback from any septic.

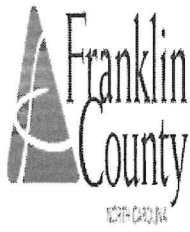
Well location, construction and protection must meet all state and local regulations and must be inspected and approved by an authorized representative of the Local Health Department. The permit may be revoked at any time for failure to comply with existing regulations. The siting of approved well construction 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
Authorized State Agent: _____
Owner/Applicant: _____

*Date of Issue: 01/02/2025

☒ 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 443026 - 1

County ID Number: _____

Evaluated For: NEW

PERMIT VALID UNTIL: 01/02/2030

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

Applicant: Dustin Moore
Address: 848 Cooke Rd
City: Louisburg
State/Zip: NC 27549
Phone #: _____

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

Property Location & Site Information

Address: 215 Purslane Dr Franklinton, NC 27525 Subdivision: Woodland Park Block/Phase: NEW Lot: 131

Directions

Road #: 215 Purslane Dr

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: 26 Inches

*System Classification/Description:

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

Septic Tank: 1000 Gallons
Pump Required ☒ Yes ☐ No ☐ May Be Required

*Proposed System:
25% REDUCTION

Pump Tank: 1000 Gallons

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

Repair System

Usable Soil Depth: 38

Soil Application Rate: 0.300

Minimum Trench Depth: _____ Inches

Maximum Trench Depth: 26 Inches

*System Classification/Description:

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

Pump Required: ☒ Yes ☐ No ☐ May Be Required

*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

IF THIS IS/BECOMES A PUMP SYSTEM AND THE TOTAL LINES EXCEED 4, THEN A PRESSURE MANIFOLD IS REQUIRED. PLEASE NOTIFY EHS SO THAT THE PERMIT CAN BE CHANGED TO CALL FOR A PRESSURE MANIFOLD RATHER THAN A DBOX.

Allow for pool space. Closest line should be no closer than 50 ft from back of house.

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(fa)).

Authorized State Agent:

Jones, Lori

Date of Issue:

01/02/2025

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: 443026 - 1
County ID Number: _____
Evaluated For: NEW

PERMIT VALID UNTIL: 01/02/2030

☐ Open Pump System Sheet

Applicant: Dustin Moore
Address: 848 Cooke Rd
City: Louisburg
State/Zip: NC 27549
Phone #: _____

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

Property Location & Site Information

Address/Road #: 215 Purslane Dr Franklinton, NC 27525 Subdivision: Woodland Park Phase: NEW Lot: 131
Directions:
Structure: SINGLE FAMILY 215 Purslane Dr
of Bedrooms: 4
of People: 4
*Water Supply: NEW WELL

System Specifications

Usuable Soil Depth: 38 Minimum Trench Depth: _____ Inches
Design Flow: 480 Maximum Trench Depth: 26 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: PRESSURE MANIFOLD
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: 1,000 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:

IF THIS IS/BECOMES A PUMP SYSTEM AND THE TOTAL LINES EXCEED 4, THEN A PRESSURE MANIFOLD IS REQUIRED. PLEASE NOTIFY EHS SO THAT THE PERMIT CAN BE CHANGED TO CALL FOR A PRESSURE MANIFOLD RATHER THAN A DBOX.

Allow for pool space. Closest line should be no closer than 50 ft from back of house.

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: 01/02/2025



Hand Drawing



Import Drawing

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

Total Time : (HH:MM) _____



File# 443026 PIN# _____
Lot 131

Property Address: 215 Purslane

Applicant Or Owner Name: Dustin Moore

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**: 1-2-2025

EHS: Joni 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 Accepted Max trench depth 26"

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

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

Bedrooms: 4

Acreage: .8

If Repair: na

Parcel ID: 051023

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

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

