



IMPROVEMENT PERMIT

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

For Office Use Only

*CDP File Number 365302 - 1
County ID Number: 1845-28-5392
Evaluated For: NEW

PERMIT VALID UNTIL: 11/01/2026

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

Applicant: BRANDON WIGGINS

Address: 30 BOTTOMLAND DR

City: YOUNGSVILLE

State/Zip: NC 27596

Phone #:

Property Owner:

Address:

City:

State/Zip:

Phone #:

Property Location & Site Information

Address/Road #: 210 SORREL DR
FRANKLINTON, NC 27525

Subdivision: WOODLAND Phase: NEW Lot: 31
Directions PARK

Structure: SINGLE FAMILY

of Bedrooms: 3

of People: 3

*Water Supply: N/A

210 SORREL DR

Initial System

*Site Classification: Provisionally Suitable

Design Flow: 360

Soil Application Rate: 0.3000

*System Classification/Description:

TYPE III B. SYSTEM W/SINGLE EFFLUENT PUMP

*Proposed System:
25% REDUCTION

System Specifications

Minimum Trench Depth: Inches

Maximum Trench Depth 24 Inches

Septic Tank: 1000 Gallons

Pump Required ☒ Yes ☐ No ☐ May Be Required

Pump Tank: 1000 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 III B. SYSTEM W/SINGLE EFFLUENT PUMP

*Proposed System:
25% REDUCTION

Minimum Trench Depth: Inches

Maximum Trench Depth 24 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 (1.1938(h)).

Authorized State Agent:

Leonard, Shad

Date of Issue:

11/01/2021

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: 365302 - 1
County ID Number: 1845-28-5392
Evaluated For: NEW

PERMIT VALID UNTIL: 11/01/2026

☐ Open Pump System Sheet

Applicant: BRANDON WIGGINS

Address: 30 BOTTLAND DR

City: YOUNGSVILLE

State/Zip: NC 27596

Phone #: _____

Property Owner: _____

Address: _____

City: _____

State/Zip: _____

Phone #: _____

Property Location & Site Information

Address/Road #: 210 SORREL DR
FRANKLINTON, NC 27525

Subdivision: WOODLAND
PARK

Phase: NEW Lot: 31

Directions:

Structure: SINGLE FAMILY

210 SORREL DR

of Bedrooms: 3

of People: 3

*Water Supply: NEW WELL

System Specifications

*Site Classification: Provisionally Suitable

Design Flow: 360

Soil Application Rate: 0.3000

Minimum Trench Depth: _____ Inches

Maximum Trench Depth: 24 Inches

*System Classification/Description:

TYPE III B. SYSTEM W/SINGLE EFFLUENT PUMP

Minimum Soil Cover: _____ Inches

Maximum Soil Cover: _____ Inches

*Proposed System:

25% REDUCTION

*Distribution Type: PRESSURE MANIFOLD

Nitrification Field: _____ Sq. ft.

No. Drain Lines: 9

Total Trench Length: 335 ft.

Trench Spacing: 9 - _____

Trench Width: 3 - _____

Aggregate Depth: _____ inches

☐ Inches O.C.

☒ Feet O.C.

☐ Inches

☒ Feet

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 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: Leonard, Shad

Date of Issue: 11/01/2021

☐ Hand Drawing

☐ Import Drawing

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

Total Time : (HH:MM) _____



File # 365302 PIN# 1845-28-5392

Property Address: 210 Sorrel Dr

Applicant or Owner Name: Brandon Wiggins

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** 11-1-21 EHS: Shad Lawrence

**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 335' Type System P to A Max Trench Depth 24"

Septic Contractor _____ Septic/Pump tank dates _____ Pump fee? ☒ Yes ☐ No

Well Contractor UpFront Well Grout date: 3-11-2022 10:00 50' Pump fee due prior to O.P.

- See Attached Layout and Tap Chart
- Install system as designed by CCSC.
- Pump to P. Manifold



Well Construction Permit

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

For Office Use Only

*CDP File Number 365302

PIN Number: 1845-28-5392

Tax Lot #: 31 Tax Block #: 047209

Evaluated For: SINGLE FAMILY \ WELL

Property Owner: BRANDON WIGGINS

Address: 30 BOTTOMLAND DR

City: YOUNGSVILLE

State/Zip: NC / 27596

Phone #: _____

Applicant: BRANDON WIGGINS

Address: 30 BOTTOMLAND DR

City: YOUNGSVILLE

State/Zip: NC / 27596

Phone #: _____

Property Location & Site Information

Address/Road #:

210 SORREL DR

FRANKLINTON NC, 27525

210 SORREL DR

Subdivision:

WOODLAND PARK

Phase:

Lot:

31

*Proposed use of Well: SINGLE FAMILY

Directions

If Other: _____

Well Contractor Information

Drilling Contractor:

Driller Registration:

Permit Conditions

*Permit Conditions

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. No volume of quality of water is guaranteed by the Health Department.

*Issued By: Leonard, Shad

*Date of Issue: 11/01/2021

Authorized State Agent: _____

☐ Hand Drawing ☐ Import Drawing

Owner/Applicant: _____

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

CCSC SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Sheet:
Property ID:
Lot #: 28
File #:
ApplID:

Owner: Roost Construction

Address:

Proposed Facility: 3-Bedroom

Design Flow (.1949) 360 gal/day

Location of Site: Woodland Park 31

Water Supply: ☐ Public ☐ Individual ☒ Well ☐ Spring ☐ Other

Evaluation Method: ☒ Auger Boring ☐ Pit ☐ Cut

Type of Wastewater: ☒ Sewage ☐ Industrial Process ☐ Mixed

Applicant:

Date Evaluated: 9/24/2021

Property Size:

Property Recorded:

P R O F I L E #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941		b PROFILE FACTORS				Profile Class & LTAR
			.1941 Structure/ Texture	.1941 Consistence Mineralogy	.1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	
1	R, 5%	A, 0-3	Gr, Loam	VFR, NS, NP					PS, 0.3
		Bt, 3-42+	SBK, Clay	FI, SS, SP, SEXP		PS			



Description	Initial System	Repair System
Available Space (.1945)	Yes	Yes
System Type(s)	Accepted	Panel Blocok
Site LTAR	.3	.3

Other Factors (.1946):

Soil Evaluation By: Jason Hall

Others Present:

Site Classification (.1948):

Site Evaluation By:

Others Present:

COMMENTS:

Sheet:
FILE #:

<u>Landscape Position</u>	<u>Group</u>	<u>Texture</u>	<u>.1955 LTAR</u>	<u>Structure</u>
R-Ridge	I	S-Sand	1.2 - 0.8	SG-Single Grain
SS-Shoulder Slope		LS-Loamy Sand		M-Massive
LS-Linear Slope	II	SL-Sandy Loam L-Loam	0.8 - 0.6	CR-Crumb
FS-Foot Slope				GR-Granular
NS-Nose Slope				SBK-Subangular Blocky
HS-Head Slope	III	SI-Silt SICL-Silty Clay Loam CL-Clay Loam SCL-Sandy Clay Loam	0.6 - 0.3	ABK-Angular Blocky
CC-Concave Slope				PL-Platy
CV-Convex Slope				PR-Prismatic
T-Terrace				
FP-Flood Plain	IV	SC-Sandy Clay SIC-Silty Clay C-Clay	0.4 - 0.1	

Consistence

Moist

VFR-Very Friable
FR-Friable
FI-Firm
VFI-Very Firm
EFI-Extremely Firm

Consistence

Wet

NS-Non-Sticky
SS-Slightly Sticky
S-Sticky
VS-Very Sticky
NP-Non-Plastic
SP-Slightly Plastic
P-Plastic
VP-Very Plastic

Mineralogy

SEXP-Slightly Expansive
EXP-Expansive

Sketch of Soil Evaluation Locations

Woodland Park 31 System

Bench Mark	0.00	is = 100.00	Location of BM					Elevation Head	9.40
Pump tank elev.	8	92.00	Pump elev.	87.00			Manifold elev.		96.40
line	color	rod read	Elevation	length	hole size	flow/tap	gal/day	trench area	LINE LTAR
1	Blue	4.60	95.40	50	1/2in SCH 80	5.48	61.10	150	0.4073
2&3	Org/PPL	5.00	95.00	55	1/2in SCH 80	5.48	61.10	165	0.3703
4&5	Yel/Red	6.00	94.00	65	1/2in SCH 40	7.11	79.27	195	0.4065
6&7	Blue/Org	8.00	92.00	75	1/2in SCH 40	7.11	79.27	225	0.3523
8&9	PPL/NF	9.20	90.80	90	1/2in SCH 40	7.11	79.27	270	0.2936

	total	feet =	335	gal/min =	32.29	<u>LTAR =</u>	0.3000
						<u>LTAR + %5</u>	0.3150
% of Dose Vol.	75	<u>Des. Flow</u>	360			(ltar W/ INOV)	0.4000
Dose Volume	163.31	Pump Run=	11.15			(ltar W/ INOV + 5%)	0.4200
Dose Pump Time	5.06	Tank Gal/IN	21				
Drawdown in Inches	7.78						

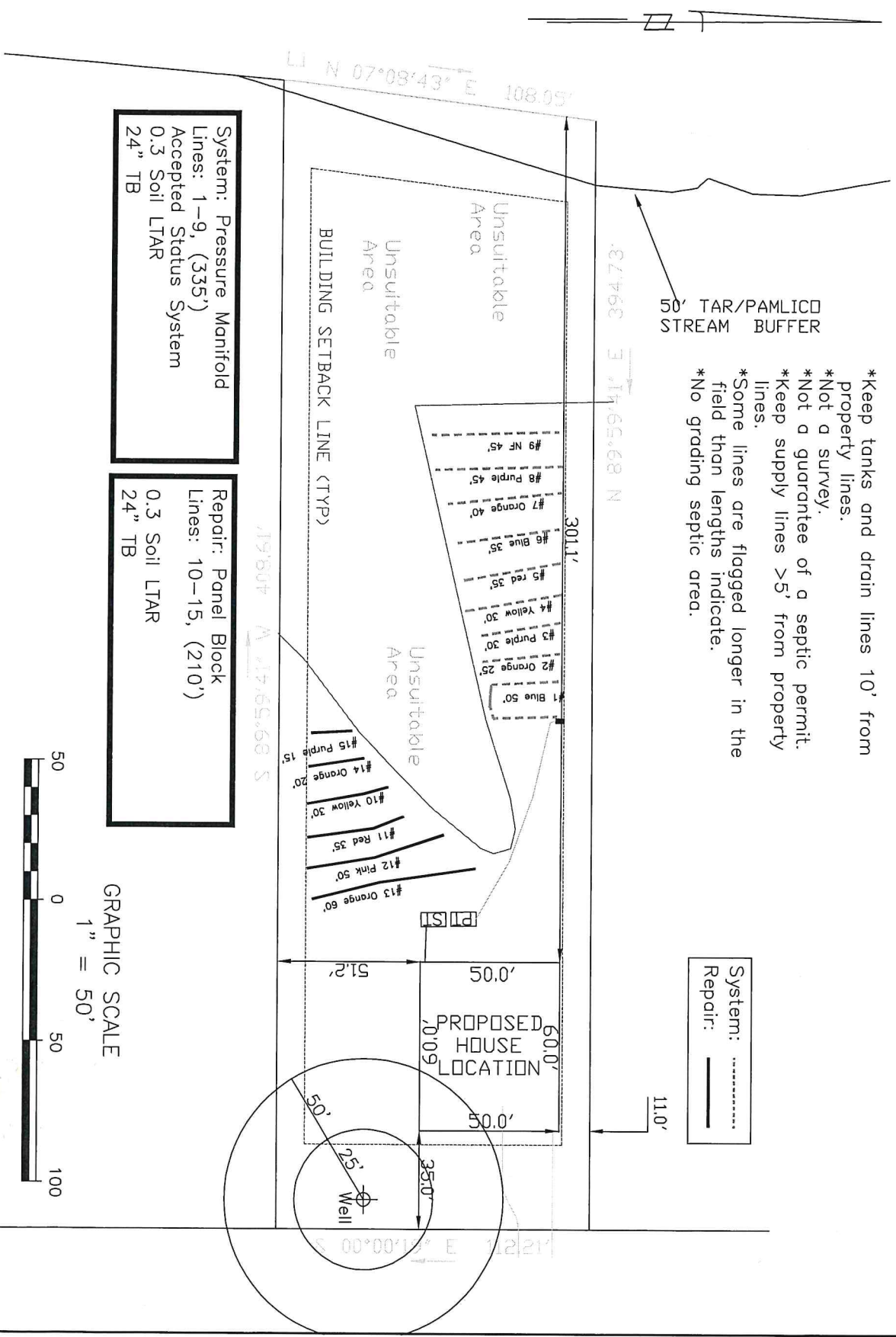
31 repair/Panel Block

Bench Mark	8.00	is = 100.00	Location of BM					Elevation Head	6.10
Pump tank elev.	5	103.00	Pump elev.	98.00			Manifold elev.		104.10
line	color	rod read	Elevation	length	hole size	flow/tap	gal/day	trench area	LINE LTAR
10&11	Yel/Red	4.90	103.10	65	3/4in SCH 80	10.1	147.85	195	0.7582
12	Pink	5.40	102.60	50	1/2in SCH 40	7.11	104.08	150	0.6939
13	Orange	6.10	101.90	60	3/4in SCH 80	10.1	147.85	180	0.8214
14	PPI/Org	5.30	102.70	35	1/2in SCH 80	5.48	80.22	105	0.7640

	total	feet =	210	gal/min =	32.79	<u>LTAR =</u>	0.6000
						<u>LTAR + %5</u>	0.6300
% of Dose Vol.	75	<u>Des. Flow</u>	480			(ltar W/ INOV)	0.8000
Dose Volume	102.38	Pump Run=	14.64			(ltar W/ INOV + 5%)	0.8400
Dose Pump Time	3.12	Tank Gal/IN	21				
Drawdown in Inches	4.88						

- *Keep tanks and drain lines 10' from property lines.
- *Not a survey.
- *Not a guarantee of a septic permit.
- *Keep supply lines >5' from property lines.
- *Some lines are flagged longer in the field than lengths indicate.
- *No grading septic area.

System:
Repair: ———



System: Pressure Manifold
Lines: 1-9, (335')
Accepted Status System
0.3 Soil LTAR
24" TB

Repair: Panel Block
Lines: 10-15, (210')
0.3 Soil LTAR
24" TB

GRAPHIC SCALE
1" = 50'



Central Carolina Soil Consulting, PLLC
1900 South Main Street, Suite 110
Wake Forest, North Carolina 27587
Phone (919)569-6704 Fax (919)569-6703

3-Bedroom Septic Layout
Lot 31, Woodland Park Subdivision
Franklin County, North Carolina

Job# : 3953
Drawn By : JH
Date : 09/24/2021
Revision: