



Well Construction Permit

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

For Office Use Only

*CDP File Number 413186

PIN Number: _____

Tax Lot #: _____ Tax Block #: _____

Evaluated For: _____

PERMIT VALID UNTIL: 05/30/2029

Property Owner: Cantiere Homes Inc

Address: 8617 Bishop Pine Lane

City: Wake Forest

State/Zip: NC / 27587

Phone #: _____

Applicant: Cantiere Homes Inc

Address: 8617 Bishop Pine Lane

City: Wake Forest

State/Zip: NC / 27587

Phone #: _____

Property Location & Site Information

Address/Road #: _____

70 Basil Court

Franklinton NC, 27525

Subdivision: _____

Phase: _____

Lot: _____

*Proposed use of Well: _____

If Other: _____

Applicant Email: _____

Owner Email: _____

Directions: 70 Basil Court

Well Contractor Information

Drilling Contractor: _____

Driller Registration: _____

Permit Conditions

*Permit Conditions

Well sited for front center of house, respecting 25ft setback from house.

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: 05/30/2024

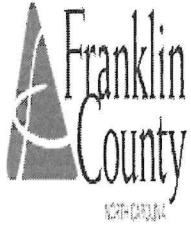


Hand Drawing



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 413186 - 1
County ID Number: _____
Evaluated For: NEW

PERMIT VALID UNTIL: 05/30/2029

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

Applicant: Cantiere Homes Inc
Address: 8617 Bishop Pine Lane
City: Wake Forest
State/Zip: NC 27587
Phone #: _____

Property Owner: Cantiere Homes Inc
Address: 8617 Bishop Pine Lane
City: Wake Forest
State/Zip: NC. 27587
Phone #: _____

Property Location & Site Information

Address: 70 Basil Court Franklinton, NC 27525 Subdivision: _____ Block/Phase: NEW Lot: _____
Road #: _____
Structure: SINGLE FAMILY Directions: 70 Basil Court
of Bedrooms: 4
of People: 8
*Water Supply: N/A

System Specifications

Initial System

Usable Soil Depth: 36

Design Flow: 480

Soil Application Rate: 0.3000

Minimum Trench Depth: _____ Inches

Maximum Trench Depth: 24 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: 1000 Gallons

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

Repair System

Usable Soil Depth: 36

Soil Application Rate: 0.300

*System Classification/Description:

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

*Proposed System:

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

Since this is a deep yard, builder has option to allow for pool space and to convey such wishes to the installer. If pool allowance is to be considered, the closest septic line should be no closer than 40-50 ft from the house. Lot was completely

CDP File Number: 413186

County ID Number:

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(f)).

Authorized State Agent: Jones, Lori Date of Issue: 05/30/2024

Total Time: (HH:MM)



Hand Drawing



Import Drawing

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

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Construction Authorization

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

For Office Use Only

*CDP File Number: 413186 - 1
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PERMIT VALID UNTIL: 05/30/2029

☐ Open Pump System Sheet

Applicant: Cantiere Homes Inc
Address: 8617 Bishop Pine Lane
City: Wake Forest
State/Zip: NC 27587
Phone #: _____

Property Owner: Cantiere Homes Inc
Address: 8617 Bishop Pine Lane
City: Wake Forest
State/Zip: NC. 27587
Phone #: _____

Property Location & Site Information

Address/Road #: 70 Basil Court Franklinton, NC 27525 Subdivision: _____ Phase: NEW Lot: _____

Directions:

Structure: SINGLE FAMILY 70 Basil Court

of Bedrooms: 4

of People: 8

*Water Supply: _____

System Specifications

Usuable Soil Depth: 36

Minimum Trench Depth: _____ Inches

Design Flow: 480

Maximum Trench Depth: 24 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: 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

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:

Since this is a deep yard, builder has option to allow for pool space and to convey such wishes to the installer. If pool allowance is to be considered, the closest septic line should be no closer than 40-50 ft from the house. Lot was completely wooded during soil evaluation making it difficult to fully assess the contour.

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: 05/30/2024

☒ Hand Drawing

☐ Import Drawing

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

Total Time : (HH:MM) _____



Bella Terra

File# 413186

PIN#

Property Address: 70 Basil Ct Lot 13

Applicant Or Owner Name: Cantiere 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 **5-30-2024

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 Gravity/Plow Max trench depth 24"

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

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

Bedrooms: 4

If Repair: _____

Acreage: 1.81

Parcel ID: 049652

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

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

Not completely wooded; could not see all 4 residential home corners; nor could assess contour.

