



Well Construction Permit

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

For Office Use Only

*CDP File Number 353278

PIN Number: 1876-49-4755

Tax Lot #: 7 Tax Block #: 030470

Evaluated For: _____

Property Owner: JENNIFER ARTEAGA

Address: 5432 DUCKLING WAY

City: RALEIGH

State/Zip: NC / 27610

Phone #: _____

Applicant: JENNIFER ARTEAGA

Address: 5432 DUCKLING WAY

City: RALEIGH

State/Zip: NC / 27610

Phone #: _____

Property Location & Site Information

Address/Road #:

MONTGOMERY RD

FRANKLINTON NC, 27525

MONTGOMERY RD

Subdivision:

MITCHINERS WOODS

Phase: _____

Lot: 7

*Proposed use of Well: _____

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: Ennis, Crystal

Authorized State Agent: *Crystal Ennis*

Owner/Applicant: _____

*Date of Issue: 03/25/2021



Hand Drawing



Import Drawing

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



IMPROVEMENT PERMIT

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

For Office Use Only

*CDP File Number 353278 - 1
County ID Number: 1876-49-4755
Evaluated For: NEW

PERMIT VALID UNTIL: 03/25/2026

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

Applicant: JENNIFER ARTEAGA

Address: 5432 DUCKLING WAY

City: RALEIGH

State/Zip: NC 27610

Phone #:

Property Owner: JENNIFER ARTEAGA

Address: 5432 DUCKLING WAY

City: RALEIGH

State/Zip: NC. 27610

Phone #:

Property Location & Site Information

Address/Road #: MONTGOMERY RD
FRANKLINTON, NC 27525

Subdivision: MITCHINERS

Phase: NEW

Lot: 7

Structure: MOBILE HOME

Directions WOODS

MONTGOMERY RD

of Bedrooms: 4

of People: 6

*Water Supply: N/A

System Specifications

Initial System

*Site Classification: Provisionally Suitable

Design Flow: 480

Soil Application Rate: 0.3000

Minimum Trench Depth: Inches

Maximum Trench Depth: 20 Inches

*System Classification/Description:

TYPE III B. SYSTEM W/SINGLE EFFLUENT PUMP

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

*Site Classification: Provisionally Suitable

Soil Application Rate: 0.300

Minimum Trench Depth: Inches

Maximum Trench Depth: 20 Inches

*System Classification/Description:

TYPE III B. SYSTEM W/SINGLE EFFLUENT PUMP

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

Install on contour. Maintain proper setbacks. Pump to D-box. May encounter rock.

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: Ennis, Crystal

Date of Issue: 03/25/2021

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: 353278 - 1
County ID Number: 1876-49-4755
Evaluated For: NEW

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☐ Open Pump System Sheet

Applicant: JENNIFER ARTEAGA

Address: 5432 DUCKLING WAY

City: RALEIGH

State/Zip: NC 27610

Phone #: _____

Property Owner: JENNIFER ARTEAGA

Address: 5432 DUCKLING WAY

City: RALEIGH

State/Zip: NC. 27610

Phone #: _____

Property Location & Site Information

Address/Road #: MONTGOMERY RD
FRANKLINTON, NC 27525

Subdivision: MITCHINERS
WOODS

Phase: NEW Lot: 7

Directions:

Structure: MOBILE HOME MONTGOMERY RD

of Bedrooms: 4

of People: 6

*Water Supply: NEW WELL

System Specifications

*Site Classification: Provisionally Suitable

Design Flow: 480

Soil Application Rate: 0.3000

Minimum Trench Depth: _____ Inches

Maximum Trench Depth: 20 Inches

Minimum Soil Cover: _____ Inches

*System Classification/Description:

TYPE III B. SYSTEM W/SINGLE EFFLUENT PUMP

Maximum Soil Cover: _____ Inches

*Proposed System:

25% REDUCTION

*Distribution Type: PUMP TO GRAVITY

Nitrification Field: _____ Sq. ft.

No. Drain Lines: 4

Total Trench Length: 400 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:

Install on contour. Maintain proper setbacks. Pump to D-box. May encounter rock.

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: Ennis, Crystal

Date of Issue: 03/25/2021

☐ Hand Drawing

☐ Import Drawing

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

Total Time : (HH:MM) _____



File # 353278 PIN# 1876-49-4755

Property Address: Montgomery Rd.

Applicant or Owner Name: Jennifer Arteaga

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**: 3-25-21 EHS: Cyph En

**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 400' Type System Pto Acc Max Trench Depth 20"

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

Well Contractor _____ Well Grout date: _____

Drawing not to scale
 May encounter rock

