Well Construction Permit

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

For Office Use Only

*CDP File Number 449107

PIN Number:

Tax Lot #: Tax Block #: 050886

Evaluated For: SINGLE FAMILY \ WELL

PERMIT VALID UNTIL: 03/05/2030

Property Owner:	Ken Harvey Homes LLC
Address:	4909 Unicon Drive Suite 107
City:	Wake Forest
State/Zip:	NC / 27587
Phone #:	

Applicant:	Lisa Ferguson
Address:	4909 Unicon Drive Suite 107
City:	Wake Forest
State/Zip:	NC / 27587
Phone #:	

Property Location & Site Information

Address/Road #: Subdivision: Phase: Lot:

110 Broadleaf lane
Louisburg NC, 27549

*Proposed use of Well: SINGLE FAMILY

If Other:

Applicant Email:

Owner Email:

Directions: 110 Broadleaf Lane

Well Contractor Information

Drilling Contractor:

Driller Registration:

Permit Conditions

*Permit Conditions
Please install well according to CCSC design. Respect all setbacks.

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

*Date of Issue: 03/05/2025

○ Hand Drawing ☑ Import Drawing

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

Authorized State Agent:

Owner/Applicant:

Well Construction Permit

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

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*CDP File Number 449107

PIN Number:

Tax Lot #: _____ Tax Block #: 050886

Evaluated For: SINGLE FAMILY \ WELL

PERMIT VALID UNTIL: 03/05/2030

IMPROVEMENT PERMIT

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

For Office Use Only

*CDP File Number: 449107 - 1
County ID Number:
Evaluated For: NEW

PERMIT VALID UNTIL: 03/05/2030

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

Applicant:	Lisa Ferguson
Address:	4909 Unicon Drive Suite 107
City:	Wake Forest
State/Zip:	NC 27587
Phone #:	

Property Owner:	Ken Harvey Homes LLC
Address:	4909 Unicon Drive Suite 107
City:	Wake Forest
State/Zip:	NC. 27587
Phone #:	

Property Location & Site Information

Address: 110 Broadleaf lane Louisburg, NC 27549
Subdivision:
Block/Phase: NEW
Lot:
Road #:
Structure: SINGLE FAMILY
# of Bedrooms: 4
# of People: 6
*Water Supply: N/A

Directions

110 Broadleaf Lane

System Specifications

Initial System

Usable Soil Depth: 28
Design Flow: 480
Soil Application Rate: 0.2750

Minimum Trench Depth: ____ Inches
Maximum Trench Depth: 16 Inches

*System Classification/Description:
TYPE II A. CONV SYSTEM (SINGLE-FAMILY OR 480 GPD OR LESS)

Septic Tank: 1000 Gallons
Pump Required (X) Yes ( ) No ( ) May Be Required

*Proposed System:
25% REDUCTION

Pump Tank: 1000 Gallons

Repair System Required: (X) Yes ( ) No ( ) No, but has Available Space

Repair System

Usable Soil Depth: .26
Soil Application Rate: 0.300

Minimum Trench Depth: ____ Inches
Maximum Trench: Depth: 14 Inches

*System Classification/Description:
TYPE II A. CONV SYSTEM (SINGLE-FAMILY OR 480 GPD OR LESS)

Pump Required: (X) 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**

Please install septic and well in accordance with attached design sheets from CCSC. 2 inches of cover required on initial install.

CDP File Number: 449107

County ID Number:

The Department and Local Health Department may impose conditions on the issurance 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 it 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((a).

Authorized State Agent: Jones, Lori

Date of Issue: 03/05/2025

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: 449107 - 1
County ID Number:
Evaluated For: NEW

PERMIT VALID UNTIL: 02/26/2030

☐ Open Pump System Sheet

Applicant:	Lisa Ferguson
Address:	4909 Unicon Drive Suite 107
City:	Wake Forest
State/Zip:	NC 27587
Phone #:	

Property Owner:	Ken Harvey Homes LLC
Address:	4909 Unicon Drive Suite 107
City:	Wake Forest
State/Zip:	NC. 27587
Phone #:	

Property Location & Site Information

Address/Road #: 110 Broadleaf lane Louisburg, NC 27549
Subdivision:
Phase: NEW Lot:

Structure: SINGLE FAMILY
# of Bedrooms: 4
# of People: 6
*Water Supply: NEW WELL

Directions:

110 Broadleaf Lane

System Specifications

Usable Soil Depth: 28
Design Flow: 480
Soil Application Rate: 0.2750

*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: 16 Inches
Minimum Soil Cover: ____ Inches
Maximum Soil Cover: ____ Inches

*Distribution Type: PRESSURE MANIFOLD

Septic Tank: 1,000 Gallons

Nitrification Field: ____ Sq. ft.
No. Drain Lines: 5
Total Trench Length: 460 ft.
Trench Spacing: ____ - 9
Trench Width: ____ - 3
Aggregate Depth: ____ inches

◯ Inches O.C. (X) Feet O.C.
◯ Inches (X) Feet

Pump Required: (X) 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:**

Please install septic in accordance with provided design by CCSC. Respect all setbacks. TAP CHARTS NEED TO BE PROVIDED BY CCSC. The builder should have a copy to provide the installer, and a copy should be uploaded to the portal.

COVER required.

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 regaurding system location, installation, operation, maintenance, monitoring, reporting and repair (per rule .0301((a)).

Authorized State Agent: Jones, Lori
Date of Issue: 03/05/2025

◯ Hand Drawing (✓) Import Drawing

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

Total Time : (HH:MM) ____

Feb 27

Lot 32

Franklin County
NORTH CAROLINA

Parcel ID: 050886

File # 449107 PIN#

Property Address: 110 Broadleaf Ln

Applicant or Owner Name: Lisa Ferguson

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:** 2-26-25 **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 1000 Drainfield 3'x460' Type System Pump to Serial Accepted Max Trench Depth 16'

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

Well Contractor _____ Well Grout date: Head _____

Bedrooms: 4

2 in cover

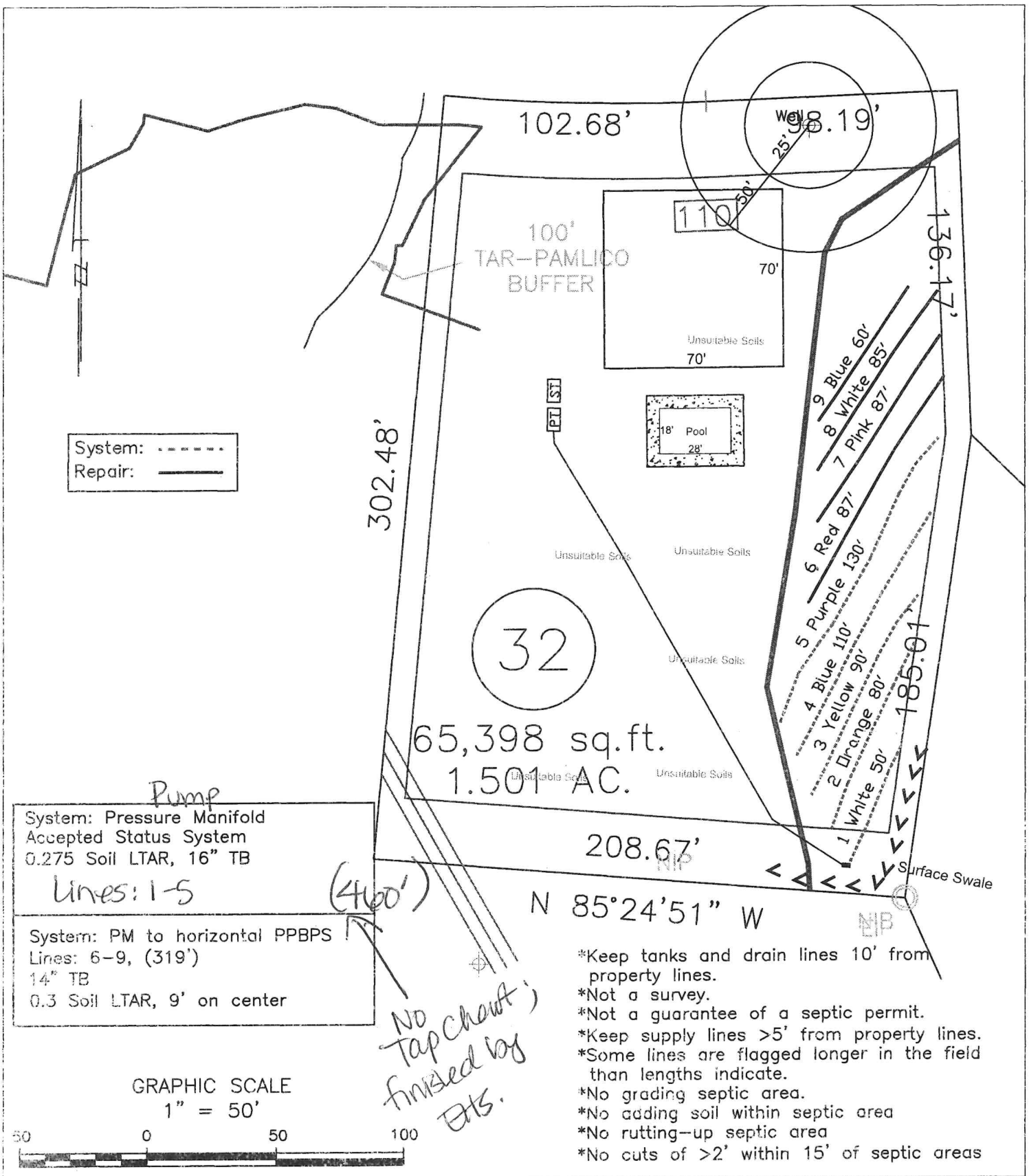
2.75 LTAR

* Drawing submitted by Soil Scientist

Please install septic system +well in accordance with attached design sheet(s) submitted by CCSC. Respect all setbacks.

> Enclosures / Attachments

* Cover required



*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.
*No adding soil within septic area
*No rutting-up septic area
*No cuts of >2' within 15' of septic areas

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

4-Bedroom Septic Layout
Lot 32 Grandiflora S/D
Franklin County, North Carolina

Job#:	3858
Drawn By:	JH
Date:	03/20/2024
Revision:	

Grandiflora lot 32
Initial System TAP CHART

Bench Mark:		is = 100.00	Location of BM:					**Elevation Head:**	16.40
Pump tank elev.		13	87.00	**Pump elev.**	81.60			**Manifold elevation:**	98.00
line	**color**	**rod read**	**Elevation**	**length**	**hole size**	**flow/tap**	**gal/day**	**trench area**	**LINE LTAR**
1	White	3.00	97.00	50	1/2in SCH 80	5.48	58.08	150	0.3872
2	Orange	3.40	96.60	80	1/2in SCH 40	7.11	75.35	240	0.3140
3	Yellow	3.80	96.20	90	3/4in SCH 80	10.1	107.04	270	0.3965
4	Blue	4.20	95.80	110	3/4in SCH 80	10.1	107.04	330	0.3244
5	Purple	4.60	95.40	130	3/4in SCH 40	12.5	132.48	390	0.3397

	total	**feet =**	**460**	**gal/min =**	**45.29**	**LTAR =**	**0.2750**
						LTAR + %5	**0.2888**
% of Dose Volume	75		**Des. Flow**	**480**		**(ltar W/ INOV)**	0.3667
Dose Volume	224.25		**Pump Run=**	10.60		**(ltar W/ INOV + 5%)**	0.3850
Dose Pump Time	4.95		**Tank Gal/IN**	19.65			
Drawdown in Inches	11.41						

Grandiflora lot 32
T&J Panel Block Repair System, TAP CHART

Bench Mark:		is = 100.00	Location of BM:					**Elevation Head:**	14.40			
Pump tank elev.		13	87.00	**Pump elev.**	81.60			**Manifold elevation:**	96.00			
line	**color**	**rod read**	**Elevation**	**length**	**hole size**	**flow/tap**	**gal/day**	**trench area**	**LINE LTAR**	**# of Panels**	**Spacing of Panels (in)**	**Feet of 1.5in PVC**
6	Red	5.00	95.00	87	3/4in SCH 80	10.1	129.59	261	0.4965	20	5.9	76
7	Pink	5.40	94.60	87	3/4in SCH 80	10.1	129.59	261	0.4965	20	5.9	76
8	White	5.50	94.50	85	3/4in SCH 80	10.1	129.59	255	0.5082	20	4.8	76
9	Blue	6.00	94.00	60	1/2in SCH 40	7.11	91.23	180	0.5068	14	5.1	52

		total feet =	**319**	**gal/min =**	**37.41**	**Total Number of Panels:**	**74**
						T&J Panel Block Orientation:	**Horizontal**
						LTAR =	**0.3000**
% of Dose Vol.	0		**Des. Flow**	**480**		**LTAR + %5**	**0.3150**
Dose Volume	266.40		**Pump Run=**	12.83		**(ltar W/ INOV)**	0.6000
Dose Pump Time	7.12		**Tank Gal/IN**	19.65		**(ltar W/ INOV + 5%)**	0.6300
Drawdown in Inches	13.56						

Backfill Sand Needed: **54.3 tons**
backfill sand needed +5%: **57.02 tons**

Total Footage of 1.5in PVC: **280**

Grandiflora lot 32
Initial System TAP CHART

Bench Mark:		is = 100.00	Location of BM:					**Elevation Head:**	16.40
Pump tank elev.		13	87.00	**Pump elev.**	81.60			**Manifold elevation:**	98.00
line	**color**	**rod read**	**Elevation**	**length**	**hole size**	**flow/tap**	**gal/day**	**trench area**	**LINE LTAR**
1	White	3.00	97.00	50	1/2in SCH 80	5.48	58.08	150	0.3872
2	Orange	3.40	96.60	80	1/2in SCH 40	7.11	75.35	240	0.3140
3	Yellow	3.80	96.20	90	3/4in SCH 80	10.1	107.04	270	0.3965
4	Blue	4.20	95.80	110	3/4in SCH 80	10.1	107.04	330	0.3244
5	Purple	4.60	95.40	130	3/4in SCH 40	12.5	132.48	390	0.3397

	total	**feet =**	**460**	**gal/min =**	**45.29**	**LTAR =**	**0.2750**
						LTAR + %5	**0.2888**
% of Dose Volume	75		**Des. Flow**	**480**		**(ltar W/ INOV)**	0.3667
Dose Volume	224.25		**Pump Run=**	10.60		**(ltar W/ INOV + 5%)**	0.3850
Dose Pump Time	4.95		**Tank Gal/IN**	19.65			
Drawdown in Inches	11.41						

Grandiflora lot 32
T&J Panel Block Repair System, TAP CHART

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Pump tank elev.		13	87.00	**Pump elev.**	81.60			**Manifold elevation:**	96.00		**Spacing of**	**Feet of**
line	**color**	**rod read**	**Elevation**	**length**	**hole size**	**flow/tap**	**gal/day**	**trench area**	**LINE LTAR**	**# of Panels**	**Panels (in)**	**1.5in PVC**
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Backfill Sand Needed: **54.3 tons**
backfill sand needed +5%: **57.02 tons**

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