Well Construction Permit

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

For Office Use Only

*CDP File Number 448397

PIN Number:

Tax Lot #: 134 Tax Block #: 051026

Evaluated For:

PERMIT VALID UNTIL: 02/03/2030

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

Applicant:	Matt Baldwin
Address:	401 Wait Ave
City:	Wake Forest
State/Zip:	NC / 27587
Phone #:	

Property Location & Site Information

Address/Road #: 175 Purslane Dr
Franklinton NC, 27525

Subdivision: Woodland Park Phase: Lot: 134

*Proposed use of Well:

If Other:

Applicant Email:

Owner Email:

Directions: 175 Purslane Dr

Well Contractor Information

Drilling Contractor:

Driller Registration:

Permit Conditions

*Permit Conditions

Well in front yard, most likely in front left corner left of driveway. If contour. once cleared for rig is better right of driveway, that will be fine. Respect setback of 25 ft from house and 50 ft from any septic component.

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: 02/03/2025

☑ Hand Drawing ○ Import Drawing

Site Plan/Drawing attached.

Authorized State Agent:

Owner/Applicant:

Well Construction Permit

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Tax Lot #: 134 Tax Block #: 051026

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IMPROVEMENT PERMIT

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

For Office Use Only

*CDP File Number: 448397 - 1
County ID Number:
Evaluated For: NEW

PERMIT VALID UNTIL: 02/03/2030

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

Applicant:	Matt Baldwin
Address:	401 Wait Ave
City:	Wake Forest
State/Zip:	NC 27587
Phone #:	

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

Property Location & Site Information

Address: 175 Purslane Dr Franklinton, NC 27525
Subdivision: Woodland Park
Block/Phase: NEW
Lot: 134

Road #:
Structure: SINGLE FAMILY
# of Bedrooms: 4
# of People: 6
*Water Supply: N/A

Directions

175 Purslane Dr

System Specifications

Initial System

Usable Soil Depth: 36
Design Flow: 480
Soil Application Rate: 0.3000

*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: 24 Inches

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

Repair System Required: (X) 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: 25% REDUCTION

Minimum Trench Depth: ____ Inches
Maximum Trench: Depth: 24 Inches

Pump Required: ◯ Yes ◯ No (X) 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**

This lot has some odd contour in back and is shaped with triangular septic area. If contour does not work to have even distribution, a serial system may be necessary. If a pump is needed, and the lines exceed 4, then a pressure manifold will need to be used.

CDP File Number: 448397

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: 02/03/2025

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: 448397 - 1
County ID Number:
Evaluated For: NEW

PERMIT VALID UNTIL: 02/03/2030

☐ Open Pump System Sheet

Applicant:	Matt Baldwin	Property Owner:	
Address:	401 Wait Ave	Address:	
City:	Wake Forest	City:	
State/Zip:	NC 27587	State/Zip:	
Phone #:		Phone #:	

Property Location & Site Information

Address/Road #: 175 Purslane Dr Franklinton, NC 27525
Subdivision: Woodland Park Phase: NEW Lot: 134

Directions:

175 Purslane Dr

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

System Specifications

Usuable Soil Depth: 36
Design Flow: 480
Soil Application Rate: 0.3000
*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: 24 Inches
Minimum Soil Cover: ____ Inches
Maximum Soil Cover: ____ Inches
*Distribution Type: GRAVITY - PARALLEL (eq. d-box)

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.
(X) Feet O.C.
◯ Inches
(X) Feet

Septic Tank: 1,000 Gallons
Pump Required: ◯ Yes ◯ No (X) 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:**

This lot has some odd contour in back and is shaped with triangular septic area. If contour does not work to have even distribution, a serial system may be necessary. If a pump is needed, and the lines exceed 4, then a pressure manifold will need to be used.

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: 02/03/2025

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

◔ Hand Drawing ◯ Import Drawing

Total Time : (HH:MM) ____

Franklin County
NORTH CAROLINA
A Research Triangle Region Community

File# 448397 PIN# _____

Lot 134

Property Address: 175 Purslane

Applicant Or Owner Name: Matt Baldwin

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:** 2-3-2025 **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 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 Maybe 1000 Drain field 3'x400' Type System Accepted Max trench depth 24"

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

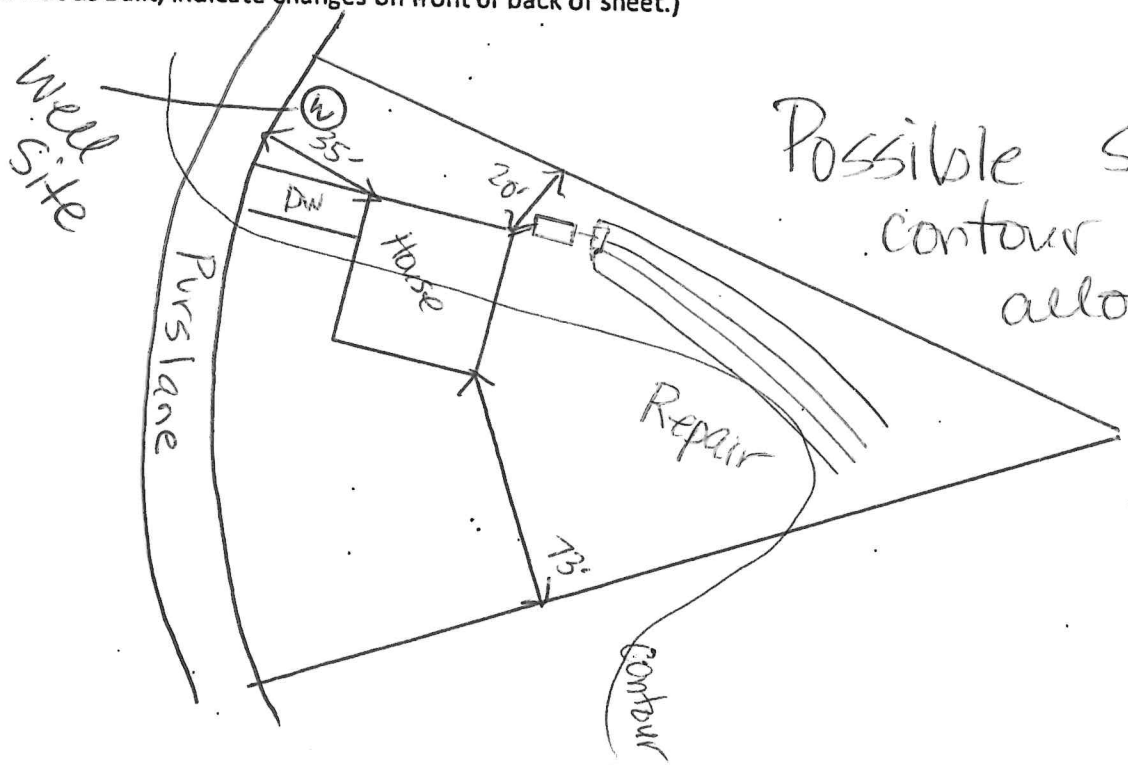
Well Contractor _____ Well Head Date: _____ PUMP FINAL: _____ N/A (CIRCLE)

Bedrooms: 4 Acreage: .8

If Repair: na Parcel ID: 051026

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

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



Possible serial if contour will not allow for even lines.