Well Construction Permit

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

For Office Use Only

*CDP File Number 442862

PIN Number:

Tax Lot #: 19 Tax Block #: 050873

Evaluated For: SINGLE FAMILY \ WELL

PERMIT VALID UNTIL: 03/05/2030

Property Owner:		Applicant:	Bobby Sumner
Address:		Address:	PO Box 1011
City:		City:	Youngsville
State/Zip:	NC	State/Zip:	NC / 27596
Phone #:		Phone #:	H: (919) 422-5713

Property Location & Site Information

Address/Road #: 35 Broadleaf Lane
Louisburg NC, 27549

Subdivision: Grandiflora Phase: Lot: 19

*Proposed use of Well: SINGLE FAMILY

If Other:

Applicant Email:

Owner Email:

Directions: 35 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

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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: 442862 - 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:	Bobby Sumner
Address:	PO Box 1011
City:	Youngsville
State/Zip:	NC 27596
Phone #:	home: (919) 422-5713

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

Property Location & Site Information

Address: 35 Broadleaf Lane Louisburg, NC 27549
Subdivision: Grandiflora
Block/Phase: NEW
Lot: 19

Road #:
Structure: SINGLE FAMILY
# of Bedrooms: 3
# of People: 5
*Water Supply: N/A

Directions

35 Broadleaf Lane

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 (X) No ( ) May Be Required
Pump Tank: _____ 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: 50% REDUCTION

Minimum Trench Depth: _____ Inches
Maximum Trench: Depth: 24 Inches

Pump Required: ( ) Yes (X) 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**

Please install septic according to CCSC design. Respect all setbacks.

CDP File Number: 442862

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: 442862 - 1
County ID Number:
Evaluated For: NEW

PERMIT VALID UNTIL: 03/05/2030

☐ Open Pump System Sheet

Applicant:	Bobby Sumner
Address:	PO Box 1011
City:	Youngsville
State/Zip:	NC 27596
Phone #:	home: (919) 422-5713

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

Property Location & Site Information

Address/Road #: 35 Broadleaf Lane Louisburg, NC 27549
Subdivision: Grandiflora Phase: NEW Lot: 19

Structure: SINGLE FAMILY
# of Bedrooms: 3
# of People: 5
*Water Supply: NEW WELL

Directions:

35 Broadleaf Lane

System Specifications

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
Minimum Soil Cover: ____ Inches
Maximum Soil Cover: ____ Inches

*Distribution Type: PRESSURE MANIFOLD

Septic Tank: 1,000 Gallons

Nitrification Field: ____ Sq. ft.
No. Drain Lines: 4
Total Trench Length: 445 ft.
Trench Spacing: ____ - 9
Trench Width: ____ - 3
Aggregate Depth: ____ inches

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

Pump Required: ◯ Yes (X) No ◯ May Be Required
Pump Tank: ____ 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 according to CCSC design. Respect all setbacks.

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) ____

Franklin County
NORTH CAROLINA

Parcel ID: _____

File # 4428622 PIN# _____

Property Address: 35 Broadleaf

Applicant or Owner Name: Bobby Sumner

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:** 3-5-25 **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'x44S' Type System Press manif Accept. Max Trench Depth 24"

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

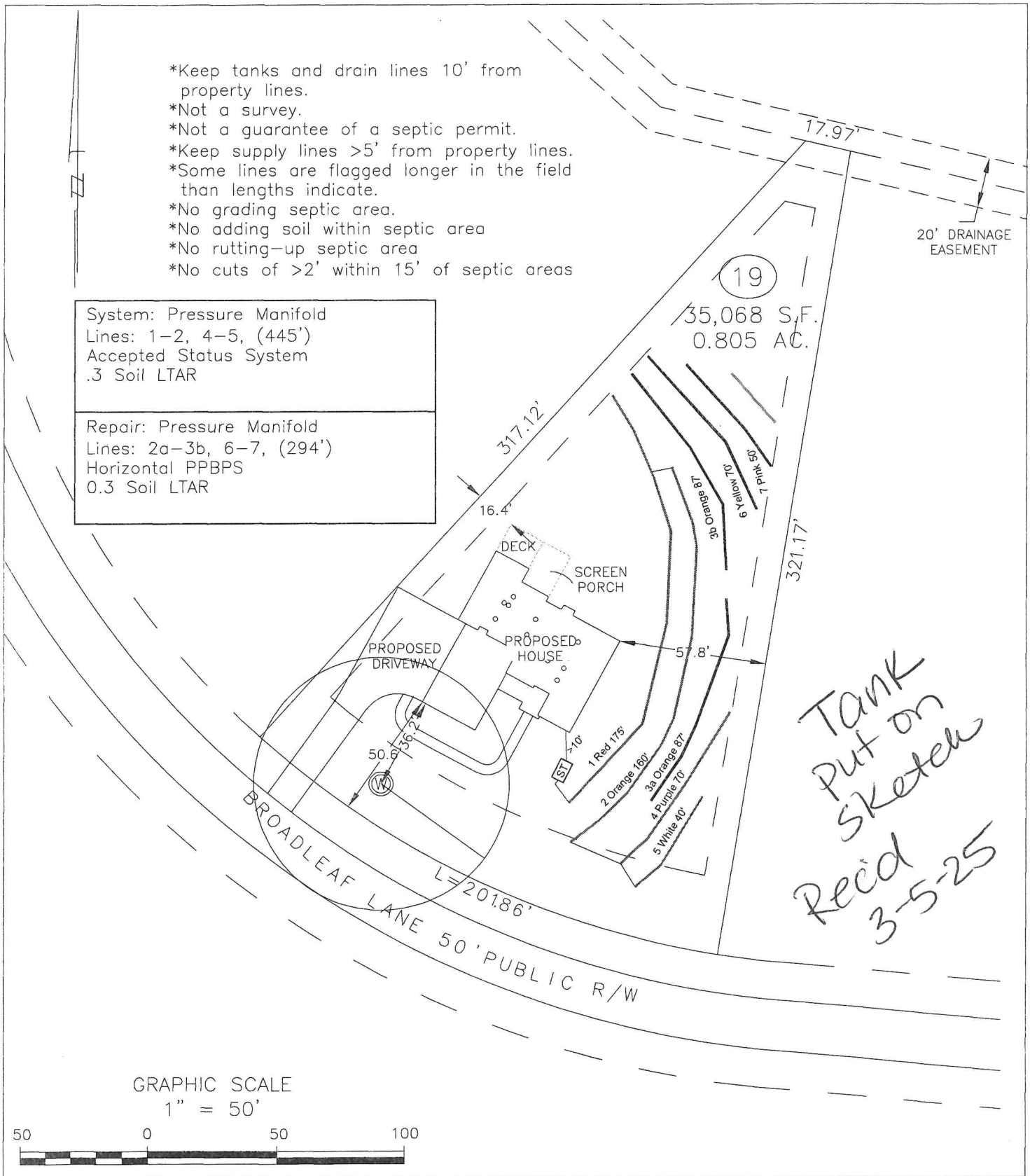
Well Contractor _____ Well ~~Grout~~ Head date: _____

Bedrooms: 4

* Drawing submitted by Soil Scientist

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

> Enclosures / Attachments



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 19 Grandiflora S/D
Franklin County, North Carolina

Job#:	3858
Drawn By:	AH
Date:	03/14/2024
Revision:	3/5/25