



Well Construction Permit

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

For Office Use Only

*CDP File Number 404932

PIN Number: _____

Tax Lot #: _____ Tax Block #: 014322

Evaluated For: _____

PERMIT VALID UNTIL: 02/26/2029

Property Owner: BYRD STRATEGIC SERVICES, INC

Address: PO BOX 27472

City: RALEIGH

State/Zip: NC / 27611

Phone #: _____

Applicant: ANDREW BYRD

Address: PO BOX 27472

City: RALEIGH

State/Zip: NC / 27611

Phone #: _____

Property Location & Site Information

Address/Road #:

Subdivision: _____

Phase: _____

Lot: _____

721 NC 58 HWY

CASTALIA NC, 27816

*Proposed use of Well:

If Other:

Applicant Email:

Owner Email:

Directions: 721 NC 58 HWY

Well Contractor Information

Drilling Contractor:

Driller Registration:

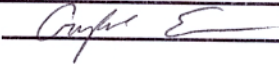
Permit Conditions

*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. 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: Ennis, Crystal

*Date of Issue: 02/27/2024

Authorized State Agent: 

Owner/Applicant: _____

☒ Hand Drawing

☐ Import Drawing

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



File # 404932 PIN# _____

Property Address: 721 NC 58 Hwy

Applicant or Owner Name: Andrew Byrd

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**: 2-27-24 EHS: [Signature]

**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 _____ Pump Tank _____ Drainfield _____ Type System _____ Max Trench Depth _____

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

Well Contractor _____ Well Grout date: _____ *Drawing not to scale

