



Well Construction Permit

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

For Office Use Only

*CDP File Number 354665

PIN Number: _____

Tax Lot #: 58 Tax Block #: 047236

Evaluated For: _____

Property Owner: BRANDON WIGGINS

Address: 30 BOTTOMLAND DR

City: YOUNGSVILLE

State/Zip: NC / 27596

Phone #: _____

Applicant: BRANDON WIGGINS

Address: 30 BOTTOMLAND DR

City: YOUNGSVILLE

State/Zip: NC / 27596

Phone #: _____

Property Location & Site Information

Address/Road #:

Subdivision:

WOODLAND PARK

Phase: _____

Lot: 58

205 SORRELL DRIVE

FRANKLINTON NC, 27525

*Proposed use of Well:

Directions

If Other: _____

205 SORRELL DRIVE

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: 05/19/2021



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 354665 - 1

County ID Number:

Evaluated For: NEW

PERMIT VALID UNTIL: 05/19/2026

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

Applicant: BRANDON WIGGINS

Address: 30 BOTTOMLAND DR

City: YOUNGSVILLE

State/Zip: NC 27596

Phone #:

Property Owner: BRANDON WIGGINS

Address: 30 BOTTOMLAND DR

City: YOUNGSVILLE

State/Zip: NC. 27596

Phone #:

Property Location & Site Information

Address/Road #: 205 SORRELL DRIVE
FRANKLINTON, NC 27525

Subdivision: WOODLAND PARK

Phase: NEW

Lot: 58

Structure: SINGLE FAMILY

Directions
205 SORRELL DRIVE

of Bedrooms: 3

of People: 3

*Water Supply: N/A

System Specifications

Initial System

*Site Classification: Provisionally Suitable

Design Flow: 360

Soil Application Rate: 0.3000

Minimum Trench Depth: Inches

Maximum Trench Depth: 24 Inches

*System Classification/Description:

TYPE IIA. CONV SYSTEM (SINGLE-FAMILY OR 480 GPD OR LESS)

*Proposed System:
25% REDUCTION

Septic Tank: 1000 Gallons

Pump Required: ☐ Yes ☐ No ☒ May Be Required

Pump Tank: Gallons

Repair System Required: ☒ Yes ☐ No ☐ No, but has Available Space

Repair System

*Site Classification: Provisionally Suitable

Soil Application Rate: 0.300

*System Classification/Description:

TYPE IIA. 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 ☒ 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

Install on contour. Maintain proper setbacks.

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:

05/19/2021

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: 354665 - 1
County ID Number: _____
Evaluated For: NEW

PERMIT VALID UNTIL: 05/19/2026

☐ Open Pump System Sheet

Applicant: BRANDON WIGGINS
Address: 30 BOTTOMLAND DR
City: YOUNGSVILLE
State/Zip: NC 27596
Phone #: _____

Property Owner: BRANDON WIGGINS
Address: 30 BOTTOMLAND DR
City: YOUNGSVILLE
State/Zip: NC. 27596
Phone #: _____

Property Location & Site Information

Address/Road #: 205 SORRELL DRIVE Subdivision: WOODLAND Phase: NEW Lot: 58
FRANKLINTON, NC 27525 **Directions:** PARK
Structure: SINGLE FAMILY 205 SORRELL DRIVE
of Bedrooms: 3
of People: 3
*Water Supply: NEW WELL

System Specifications

*Site Classification: Provisionally Suitable Minimum Trench Depth: _____ Inches
Design Flow: 360 Maximum Trench Depth: 24 Inches
Soil Application Rate: 0.3000 Minimum Soil Cover: _____ Inches
*System Classification/Description: TYPE II A. CONV SYSTEM (SINGLE-FAMILY OR 480 GPD OR LESS) Maximum Soil Cover: _____ Inches
*Proposed System: 25% REDUCTION *Distribution Type: GRAVITY - PARALLEL (eq. d-box)
Nitrification Field: _____ Sq. ft. Septic Tank: 1,000 Gallons
No. Drain Lines: 4 Pump Required: ☐ Yes ☐ No ☒ May Be Required
Total Trench Length: 300 ft. ☐ Inches O.C. Pump Tank: _____ Gallons
Trench Spacing: _____ - 9 ☒ Feet O.C. Grease Trap: _____ Gallons
Trench Width: _____ - 3 ☐ Inches Septic Tank Installer
Aggregate Depth: _____ inches ☒ Feet 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.

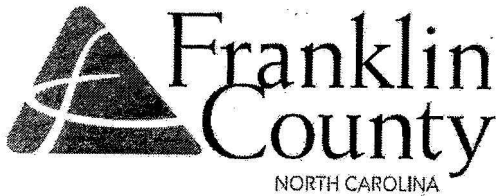
The Authorization for Wastewater System Construction shall be valid for a period equal to the period of validity of the Improvement Permit and may be issued at the same time the Improvement Permit issued (NCGS 130A-336(b)). If the installation has not been completed during the period of validity of the 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: 05/19/2021

☐ Hand Drawing ☐ Import Drawing

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

Total Time : (HH:MM) _____



File # 354665 PIN# _____

Property Address: 205 Sorrel Drive

Applicant or Owner Name: Brandon Wiggins

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**: 5-19-21 EHS: Crystal Enis

**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 / Drainfield 3'x300' Type System Acc Max Trench Depth 24"

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

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

