IMPROVEMENT PERMIT

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

For Office Use Only

*CDP File Number: 457535 - 1
County ID Number:
Evaluated For: NEW

PERMIT VALID UNTIL: 08/06/2030

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

Applicant:	Brandon Wiggins
Address:	3982 Old Fincastle Rd
City:	Fincastle
State/Zip:	VA 24090
Phone #:	

Property Owner:	Stella P Wiggins Estate
Address:	1701 Flat Rock Church Rd
City:	Louisburg
State/Zip:	NC. 27549
Phone #:	

Property Location & Site Information

Address: 50 Wiggins Road Louisburg, NC 27549
Subdivision:
Block/Phase: NEW
Lot:

Road #:
Structure: SINGLE FAMILY
# of Bedrooms: 4
# of People: 2
*Water Supply: N/A

Directions

50 Wiggins Road

System Specifications

Initial System

Usable Soil Depth: 48
Design Flow: 480
Soil Application Rate: 0.3500

*System Classification/Description:
TYPE III B. SYSTEM W/SINGLE EFFLUENT PUMP

*Proposed System:
25% REDUCTION

Minimum Trench Depth: ____ Inches
Maximum Trench Depth: 30 Inches

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

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

Repair System

Usable Soil Depth:
Soil Application Rate: 0.350

*System Classification/Description:
TYPE III B. SYSTEM W/SINGLE EFFLUENT PUMP

*Proposed System: 25% REDUCTION

Minimum Trench Depth: ____ Inches
Maximum Trench: Depth: 30 Inches

Pump Required: (X) 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**

CDP File Number: 457535 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: Wood, Jeffrey Date of Issue: 08/06/2025

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: 457535 - 1
County ID Number:
Evaluated For: NEW

PERMIT VALID UNTIL: 08/06/2030

☐ Open Pump System Sheet

Applicant:	Brandon Wiggins
Address:	3982 Old Fincastle Rd
City:	Fincastle
State/Zip:	VA 24090
Phone #:	

Property Owner:	Stella P Wiggins Estate
Address:	1701 Flat Rock Church Rd
City:	Louisburg
State/Zip:	NC. 27549
Phone #:	

Property Location & Site Information

Address/Road #: 50 Wiggins Road Louisburg, NC 27549
Subdivision:
Phase: NEW
Lot:

Directions:

50 Wiggins Road

Structure: SINGLE FAMILY
# of Bedrooms: 4
# of People: 2
*Water Supply: NEW WELL

System Specifications

Usuable Soil Depth: 48
Design Flow: 480
Soil Application Rate: 0.3500
*System Classification/Description: TYPE III B. SYSTEM W/SINGLE EFFLUENT PUMP
*Proposed System: 25% REDUCTION

Minimum Trench Depth: ____ Inches
Maximum Trench Depth: 30 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: 350 ft.
Trench Spacing: ____ - ____
Trench Width: ____ - ____
Aggregate Depth: ____ inches

◯ Inches O.C.
◯ Feet O.C.
◯ Inches
◯ Feet

Septic Tank: 1,000 Gallons
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:**

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: Wood, Jeffrey
Date of Issue: 08/06/2025

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

◯ Hand Drawing ◯ Import Drawing

Total Time : (HH:MM) ____

Well Construction Permit

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

For Office Use Only

*CDP File Number 457535

PIN Number:

Tax Lot #: Tax Block #: 042038

Evaluated For: SINGLE FAMILY \ WELL

PERMIT VALID UNTIL: 08/06/2030

Property Owner:	Stella P Wiggins Estate	Applicant:	Brandon Wiggins
Address:	1701 Flat Rock Church Rd	Address:	3982 Old Fincastle Rd
City:	Louisburg	City:	Fincastle
State/Zip:	NC / 27549	State/Zip:	VA / 24090
Phone #:		Phone #:	

Property Location & Site Information

Address/Road #: Subdivision: Phase: Lot:

50 Wiggins Road
Louisburg NC, 27549

*Proposed use of Well: SINGLE FAMILY

If Other:

Applicant Email:

Owner Email:

Directions: 50 Wiggins Road

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: Wood, Jeffrey

*Date of Issue: 08/06/2025

Authorized State Agent:

Owner/Applicant:

○ Hand Drawing ○ Import Drawing

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

Franklin County
NORTH CAROLINA

File # 457535 PIN# _____

Property Address: 50 Wiggins Rd

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:** 8/6/25 **EHS:** _____

****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.

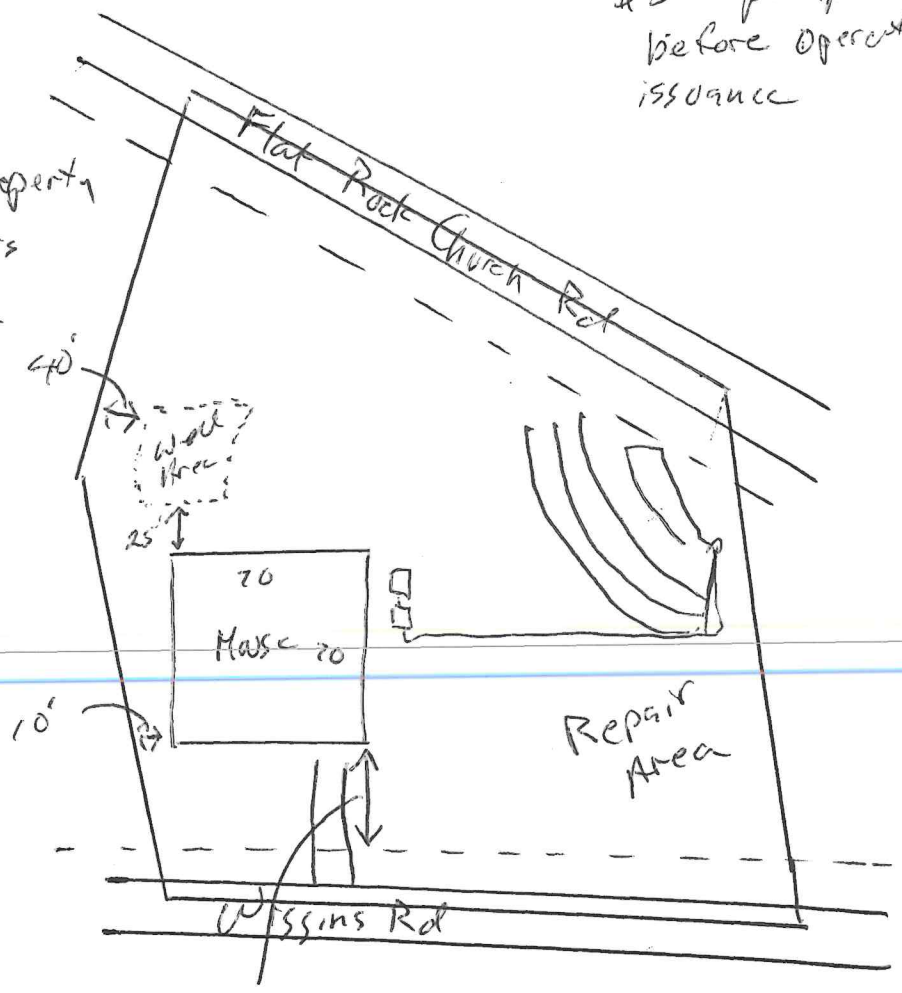
Septic Tank 1000 Pump Tank — Drainfield 3 X 350' Type System PtoA Max Trench Depth 30"

Septic Contractor _____ Septic/Pump tank dates _____ Pump Fee Paid _____

Well Contractor _____ Well Head Date: _____ Pump Final: _____ N/A (circle)

$50 pump fee to be paid before operations permit issuance

* Contact Health Dept if additional property to the left of house is obtained and well is desired in that location.



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