



Well Construction Permit

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

For Office Use Only

*CDP File Number 406778

PIN Number: _____

Tax Lot #: 9 Tax Block #: 048832

Evaluated For: _____

PERMIT VALID UNTIL: 03/01/2029

Property Owner: EL DORADO INVESTMENT GROUP

Address: 12801 CAMP KANATA RD

City: WAKE FOREST

State/Zip: NC / 27587

Phone #: _____

Applicant: BULMARO RODRIGUEZ

Address: 5 W MASON ST

City: FRANKLINTON

State/Zip: NC / 27525

Phone #: _____

Property Location & Site Information

Address/Road #:

15 GERANIUM DR

YOUNGSVILLE NC, 27596

Subdivision: LILYS MEADOW

Phase: _____ Lot: 9

*Proposed use of Well:

If Other:

Applicant Email:

Owner Email:

Directions: 15 GERANIUM DR

Well Contractor Information

Drilling Contractor:

Driller Registration:

Permit Conditions

*Permit Conditions

Well sited for front yard right of driveway. Please respect 25 ft setback from house.

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

Authorized State Agent: _____

Owner/Applicant: _____

*Date of Issue: 03/01/2024



Hand Drawing



Import Drawing

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



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IMPROVEMENT PERMIT

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

For Office Use Only

*CDP File Number 406778 - 1
County ID Number: _____
Evaluated For: NEW

PERMIT VALID UNTIL: 03/01/2029

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

Applicant: BULMARO RODRIGUEZ
Address: 5 W MASON ST
City: FRANKLINTON
State/Zip: NC 27525
Phone #: _____

Property Owner: EL DORADO INVESTMENT GROUP
Address: 12801 CAMP KANATA RD
City: WAKE FOREST
State/Zip: NC. 27587
Phone #: _____

Property Location & Site Information

Address: 15 GERANIUM DR Subdivision: LILYS MEADOW Block/Phase: NEW Lot: 9
YOUNGSVILLE, NC 27596

Directions

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

System Specifications

Initial System

Usable Soil Depth: 34

Design Flow: 480

Soil Application Rate: 0.3000

Minimum Trench Depth: _____ Inches

Maximum Trench Depth: 22 Inches

*System Classification/Description:

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

Pump Required ☒ Yes ☐ No ☐ May Be Required

Septic Tank: 1000 Gallons

Pump Tank: 1000 Gallons

*Proposed System:
25% REDUCTION

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

Repair System

Usable Soil Depth: 34

Soil Application Rate: 0.300

*System Classification/Description:

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

Pump Required: ☒ Yes ☐ No ☐ May Be Required

Pump Tank: _____ Gallons

*Proposed System: 25% REDUCTION

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

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 (per rule .0301((a)).

Authorized State Agent: Jones, Lori Date of Issue: 03/01/2024

☒ Hand Drawing

☐ Import Drawing

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

Total Time: (HH:MM)
____ : ____



Construction Authorization

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

For Office Use Only

*CDP File Number: 406778 - 1
County ID Number: _____
Evaluated For: NEW

PERMIT VALID UNTIL: 03/01/2029

☐ Open Pump System Sheet

Applicant: BULMARO RODRIGUEZ
Address: 5 W MASON ST
City: FRANKLINTON
State/Zip: NC 27525
Phone #: _____

Property Owner: EL DORADO INVESTMENT GROUP
Address: 12801 CAMP KANATA RD
City: WAKE FOREST
State/Zip: NC. 27587
Phone #: _____

Property Location & Site Information

Address/Road #: 15 GERANIUM DR Subdivision: LILYS MEADOW Phase: NEW Lot: 9
YOUNGSVILLE, NC 27596

Directions:

Structure: SINGLE FAMILY 15 GERANIUM DR

of Bedrooms: 4

of People: 4

*Water Supply: _____

System Specifications

Usable Soil Depth: 34

Minimum Trench Depth: _____ Inches

Design Flow: 480

Maximum Trench Depth: 22 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: PUMP TO GRAVITY

Nitrification Field: _____ Sq. ft.

Septic Tank: 1,000 Gallons

No. Drain Lines: 4

Pump Required: ☒ Yes ☐ No ☐ May Be Required

Total Trench Length: 400 ft.

☐ Inches O.C.

Pump Tank: 1,000 Gallons

Trench Spacing: _____ - 9

☒ Feet O.C.

Grease Trap: _____ Gallons

Trench Width: _____ - 3

☐ Inches

Aggregate Depth: _____ inches

☒ Feet

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 regarding system location, installation, operation, maintenance, monitoring, reporting and repair (per rule .0301((a)).

Authorized State Agent: Jones, Lori

Date of Issue: 03/01/2024

☒ Hand Drawing

☐ Import Drawing

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

Total Time : (HH:MM) _____



File #: 406778 Lot # 9

Property Address: 15 Geranium Dr

Applicant or Owner Name: Bulmaro Rodriguez

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**: 2-28-2024 EHS: Dei 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'x400' Type System Pump/Dray Max Trench Depth 22"

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

Well Contractor _____ Well Head date: _____ (If pump) Final Complete Date: _____

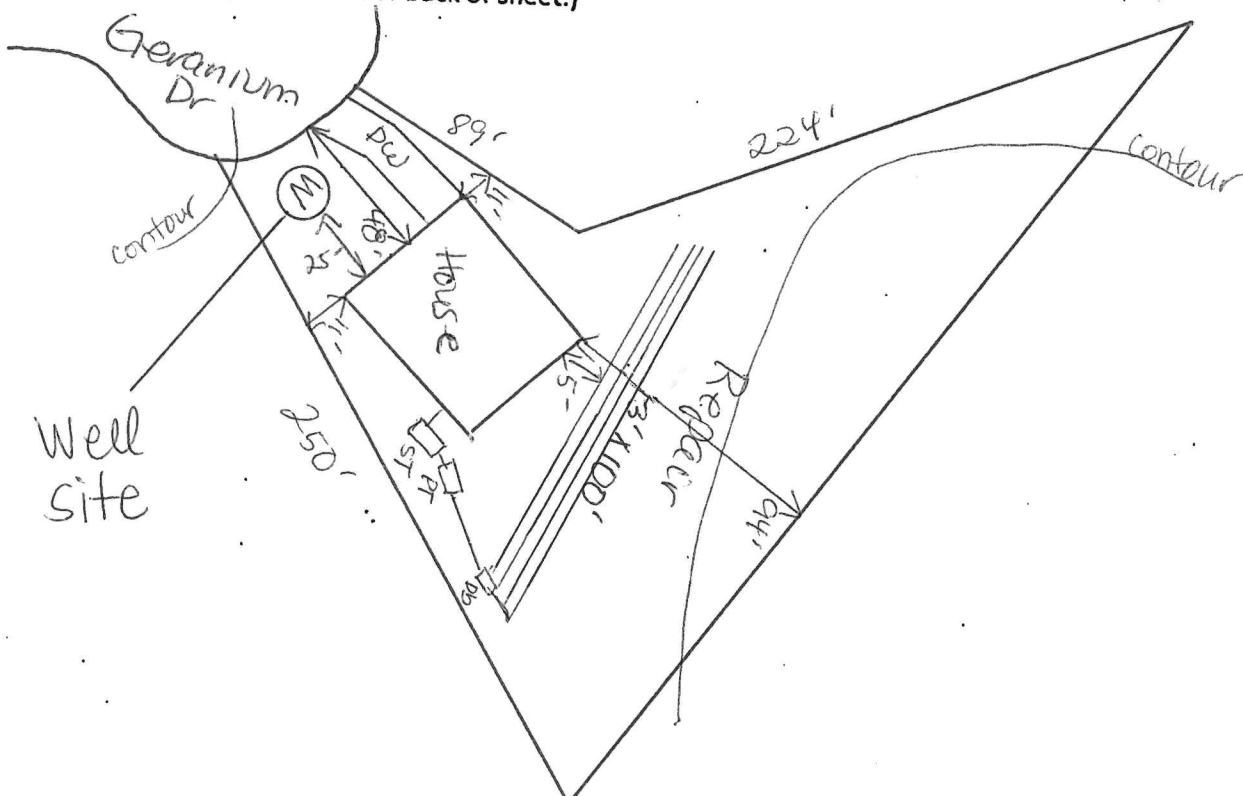
Bedrooms: 4

If Repair: na

Acreage: .77

Parcel ID: 048832

*Drawing not to scale (if large acreage, may be portion)
(If not as built, indicate changes on front or back of sheet.)

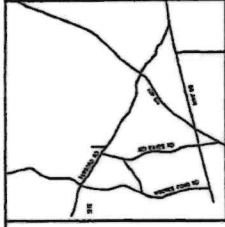
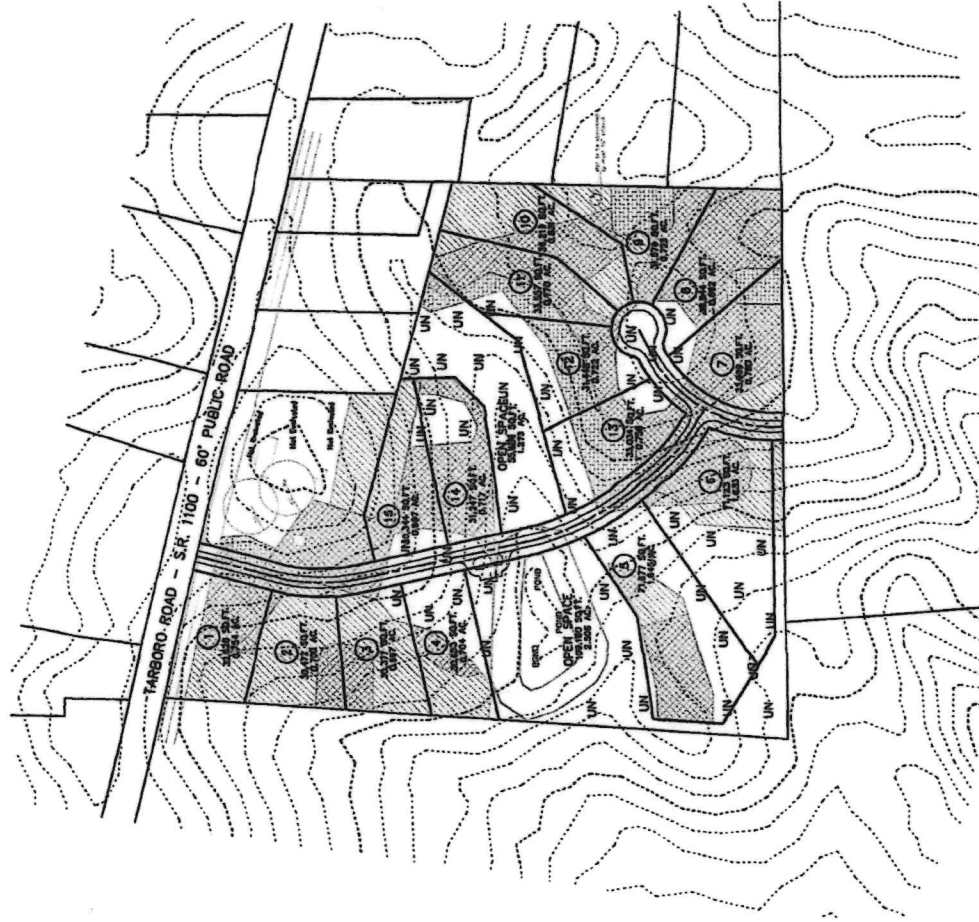


SITE DATA

TOTAL AREA =
(TO BE SUBDIVIDED)
LESS R/W =
LESS OPEN SPACE =
NET AREA =
TOTAL LOTS =
AVERAGE LOT SIZE =
TOTAL ROAD LENGTH =
PROPOSED USE =

18.0 AC.
1.7 AC.
3.6 AC.
12.7 AC.
15
0.85 AC.
1393'
RESIDENTIAL SINGLE
FAMILY SUBDIVISION

PRELIMINARY FOR REVIEW PURPOSES ONLY



VICINITY MAP

LEGEND:
1. EXISTING LOT LINES
2. EXISTING LOT AREAS
3. EXISTING LOT PERIMETERS
4. EXISTING LOT CORNERS
5. EXISTING LOT EASEMENTS
6. EXISTING LOT ENCUMBRANCES
7. EXISTING LOT INTERESTS
8. EXISTING LOT RIGHTS
9. EXISTING LOT CLAIMS
10. EXISTING LOT DEFENSES
11. EXISTING LOT PROCEEDINGS
12. EXISTING LOT SETTLEMENTS
13. EXISTING LOT AGREEMENTS
14. EXISTING LOT COVENANTS
15. EXISTING LOT RESTRICTIONS
16. EXISTING LOT COVENANTS
17. EXISTING LOT RESTRICTIONS
18. EXISTING LOT COVENANTS
19. EXISTING LOT RESTRICTIONS
20. EXISTING LOT COVENANTS

PRELIMINARY SUBDIVISION PLAN FOR
BRC HOMES

OWNER:
REF:
REF:

TOWNSHIP
COUNTY, NORTH CAROLINA
SCALE 1"=100'
JUNE 13, 2019
ZONED R-40
PIN # 1807-18-1205



PRELIMINARY
FOR REVIEW PURPOSES ONLY

CMP

CANTWORTH, MOSS & PANCERA, P.C. PROFESSIONAL LAND SURVEYORS, C-1525, 333 S. WHITE STREET, P.O. BOX 1253, WAKE FOREST N.C., 27588, (919) 558-3148



CDP#
406778

Franklin County Environmental Health
127 S Bickett Blvd.
Louisburg, NC 27549
Phone (919) 496-8100
www.franklincountync.gov

Issued to: **BULMARO RODRIGUEZ**

Location: **15 Geranium Drive YOUNGSVILLE , NC 27596**

**NEW SEPTIC APPLICATION
NEW WELL APPLICATION**

Application Type: NEW SEPTIC NEW WELL

Application Number: E-24-89

Building Type:

Project Type: Single Family Dwelling

of Bedrooms: 4

Residential Project Type: Single Family Dwelling

Building Foundation: Crawlspace

Water Source: New Well

Date: February 8, 2024

Acreage: 0.77

Zoning: R-30

of Occupants: 4

Commercial Project Type:

Square Footage of Facility:

Number of Employees:

Number of Seats:

Lot # 9

Preferred Type of Septic System: (1) Conventional (rock)

Parcel ID #: 048832

Notes:

Subdivision: LILYS MEADOW LOT

Applicant Information

Applicant Name: BULMARO RODRIGUEZ

Address: 5 W Mason St. Franklinton , NC 27525

Phone: 9194220355

Email: liliumhomesnc@gmail.com

Property Owner Information

Owner Name: EL DORADO INVESTMENT GROUP INC

Address: 12801 CAMP KANATA RD WAKE FOREST , NC 27587

Phone:

Email:

General Contractor Information

Contractor Name: Lilium Homes Inc.

Address: 5 W Mason St. Franklinton , NC 27525

Phone: (919) 605-3275

Email: brodriguez@lilium-homes.com

Zoning

Zoning Permit #: Z-23-104

Front Setback: 25

Left Setback: 10

County Water: No

Right Setback: 10

Rear Setback: 20

The applicant shall notify the Environmental Health Department upon submittal of this application if any of the following apply to the property/site in question. If this answer is "Yes" the applicant must attach supporting documentation and/or show their location on the plot/site plan.

Does the site contain any jurisdictional wetlands? No

Does the site contain, or have within 100 feet, any existing wells and/or septic systems? No

Is any wastewater going to be generated other than domestic sewage? No

Is the site subject to approval by an other public agency? No

Are there any easements or right-of-ways on this site? No

Are there any underground utilities on the site? No

IF THE INFORMATION IN THE APPLICATION FOR A SEPTIC PERMIT IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN ANY RELATED PERMITS AND CONSTRUCTION AUTHORIZATIONS SHALL BECOME INVALID. This application is valid for one year from the date of application payment. The septic system approval (permit) is valid for five years from the date of Improvement Permit issuance, or without expiration by request with proper documentation. The applicant is responsible for the proper identification and labeling of all property lines, and existing utilities (including septic), and the desired features on site, as well as making the site accessible for evaluation. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. Permit issuance shall in no way be

PRELIMINARY PLOT PLAN FOR

LILIUM HOMES

LOT 9, LILYS MEADOW SUBDIVISION

15 GERANIUM DRIVE

REF: D.B. 2186, PAGE 253

REF: P.B. 2022, PAGE 195-196

YOUNGSVILLE TOWNSHIP

FRANKLIN COUNTY, NORTH CAROLINA

JANUARY 24, 2022

REVISED FEBRUARY 5, 2024

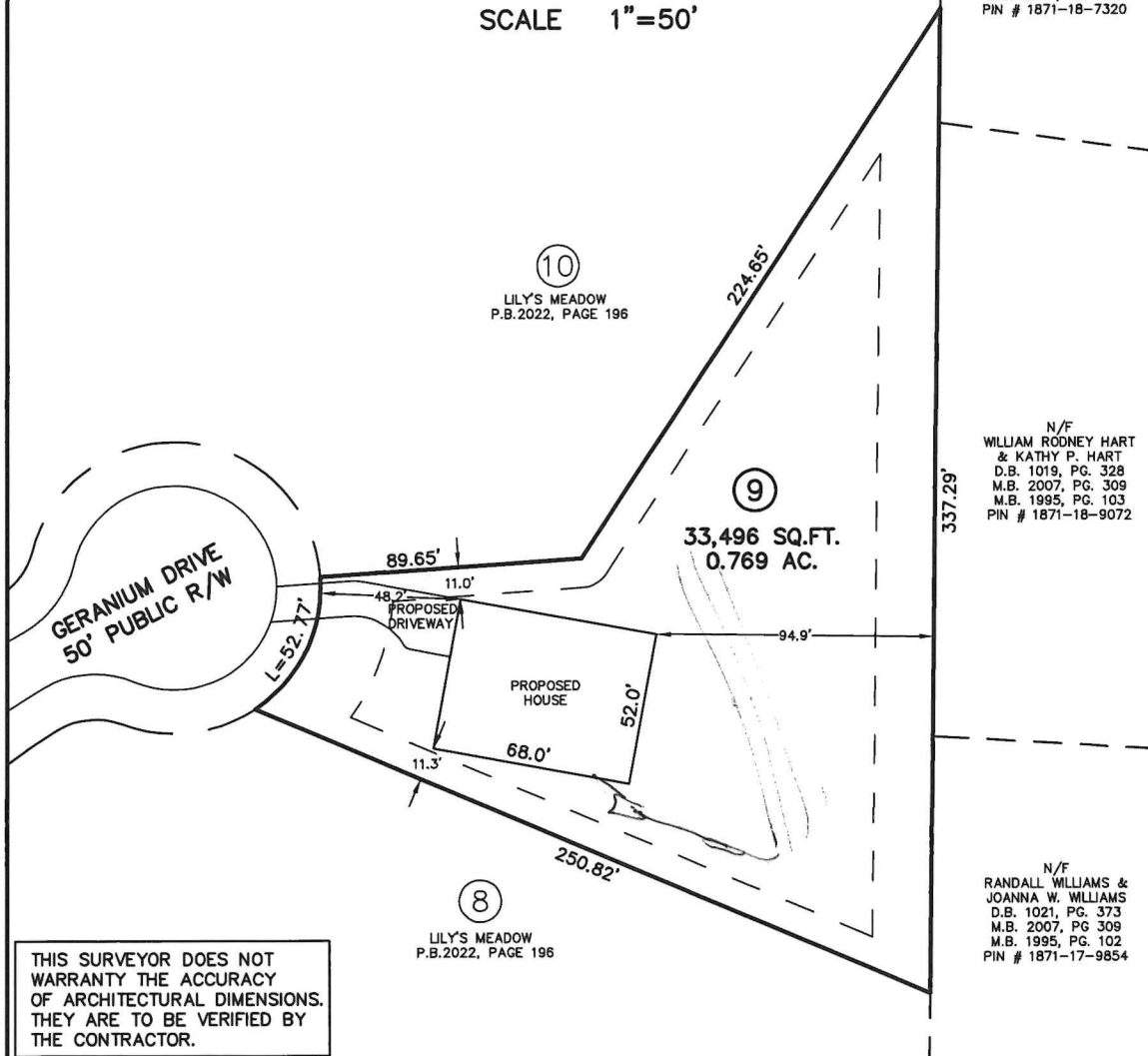
ZONED R-40

50 25 0 50 100

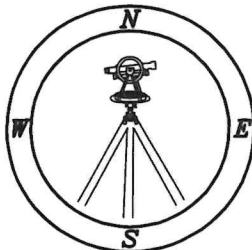


SCALE 1"=50'

N/F
LAWRENCE A. REIS SR.
D.B. 1647, PG. 347
M.B. 2007, PG. 309
PIN # 1871-18-7320



THIS SURVEYOR DOES NOT
WARRANTY THE ACCURACY
OF ARCHITECTURAL DIMENSIONS.
THEY ARE TO BE VERIFIED BY
THE CONTRACTOR.



CAWTHORNE, MOSS
& PANCIERA, P.C.

Professional Land Surveyors
C-1525

333 S. White Street
Post Office Box 1253
Wake Forest, N.C. 27588
(919)556-3148

NOTES:

-THIS PLAN DOES NOT REFLECT AN
ACTUAL SURVEY. IT IS A PRELIMINARY
PLAN AND SHOULD BE USED FOR ITS
INTENDED PURPOSE ONLY.
-NOT FOR RECORDATION, CONVEYANCES,
OR SALES.

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM
(Complete all fields in full)

lot: 9

APPLICATION DATE 2-8-2024

DATE EVALUATED:

PROPERTY SIZE:

PROPERTY RECORDED:

☐ Private ☐ Public ☒ Well ☐ Spring ☐ Other

HOD: ☒ Auger Boring ☐ Pit ☐ Cut

TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

		TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed						
#	1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (1941)	OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			1941 STRUCTURE/ TEXTURE	1941 CONSISTENCE/ MINERALOGY	1942 SOIL WEETNESS/ COLOR	1943 SOIL DEPTH	1956 SAPRO CLASS	
1		0-8 8-25 25-30	SC C			24 12 20		
		0-18	Gr/CL FISSPSE			24"		
		15-35	WT C FISPSE					
		0-15	Gr/CL FISSPSE			35		
		15-21	WT C FISPSE			12		
		21-35	SP/SC FISSPSE			23		
		CMP Sol Sheet						
		Entire lot suitable per CMP						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM	OTHER FACTORS (.1946):
le Space (.1945)			SITE CLASSIFICATION (.1948):
Type(s)			EVALUATED BY: <u>John Jones</u>
			OTHER(S) PRESENT: _____