



Well Construction Permit

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

For Office Use Only

*CDP File Number 388388

PIN Number: _____

Tax Lot #: _____ Tax Block #: 049242

Evaluated For: _____

PERMIT VALID UNTIL: 01/20/2028

Property Owner: _____

Address: _____

City: _____

State/Zip: NC

Phone #: _____

Applicant: DUSTIN MOORE

Address: 848 COOKE RD

City: LOUISBURG

State/Zip: NC / 27549

Phone #: _____

Property Location & Site Information

Address/Road #: _____ Subdivision: _____ Phase: _____ Lot: _____

245 PURSLANE DR

FRANKLINTON NC, 27525

*Proposed use of Well:

If Other:

Applicant Email:

Owner Email:

Directions: 245 PURSLANE DR

Well Contractor Information

Drilling Contractor:

Driller Registration:

Permit Conditions

*Permit Conditions

Well to be installed according to sketch. Hugging front left property corner, at least 10 ft from left property line and 20 ft in from front property line.

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: 01/19/2023



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 388388 - 1

County ID Number: _____

Evaluated For: NEW

PERMIT VALID UNTIL: 01/19/2028

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

Applicant: DUSTIN MOORE

Address: 848 COOKE RD

City: LOUISBURG

State/Zip: NC 27549

Phone #: _____

Property Owner: _____

Address: _____

City: _____

State/Zip: _____

Phone #: _____

Property Location & Site Information

Address: 245 PURSLANE DR
FRANKLINTON, NC 27525

Subdivision: _____

Block/Phase: NEW

Lot: _____

Road #: _____

Directions

245 PURSLANE DR

Structure: SINGLE FAMILY

of Bedrooms: 3

of People: 4

*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: 30 Inches

*System Classification/Description:

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

*Proposed System:
25% REDUCTION

Minimum Trench Depth: _____ Inches

Maximum Trench Depth: 30 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

CDP File Number: 388388

County ID Number:

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:

Jones, Lori

Date of Issue:

01/19/2023



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: 388388 - 1

County ID Number: _____

Evaluated For: NEW

PERMIT VALID UNTIL: 01/19/2028

☐ Open Pump System Sheet

Applicant: DUSTIN MOORE

Address: 848 COOKE RD

City: LOUISBURG

State/Zip: NC 27549

Phone #: _____

Property Owner: _____

Address: _____

City: _____

State/Zip: _____

Phone #: _____

Property Location & Site Information

Address/Road #: 245 PURSLANE DR
FRANKLINTON, NC 27525

Subdivision: _____

Phase: NEW Lot: _____

Directions:

Structure: SINGLE FAMILY

245 PURSLANE DR

of Bedrooms: 3

of People: 4

*Water Supply: _____

System Specifications

*Site Classification: Provisionally Suitable

Minimum Trench Depth: _____ Inches

Design Flow: 360

Maximum Trench Depth: 30 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: 3

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

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 (.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: Jones, Lori

Date of Issue: 01/19/2023

☒ Hand Drawing

☐ Import Drawing

Site Plan/Drawing attached.

Total Time : (HH:MM) _____



File # 388 388 PIN# _____

Property Address: 245 Purslane Dr. Ph II

Applicant or Owner Name: Dustin Moore

Environmental Health Septic/Well Permit Diagram Lot 128

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**: 1-19-2023 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 na Drainfield 3'x300' Type System Gravity/pbox Max Trench Depth 30"
(achieve gravity if poss)

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

Well Contractor _____ Well Grout date: _____ or self grout Well Head Date: _____

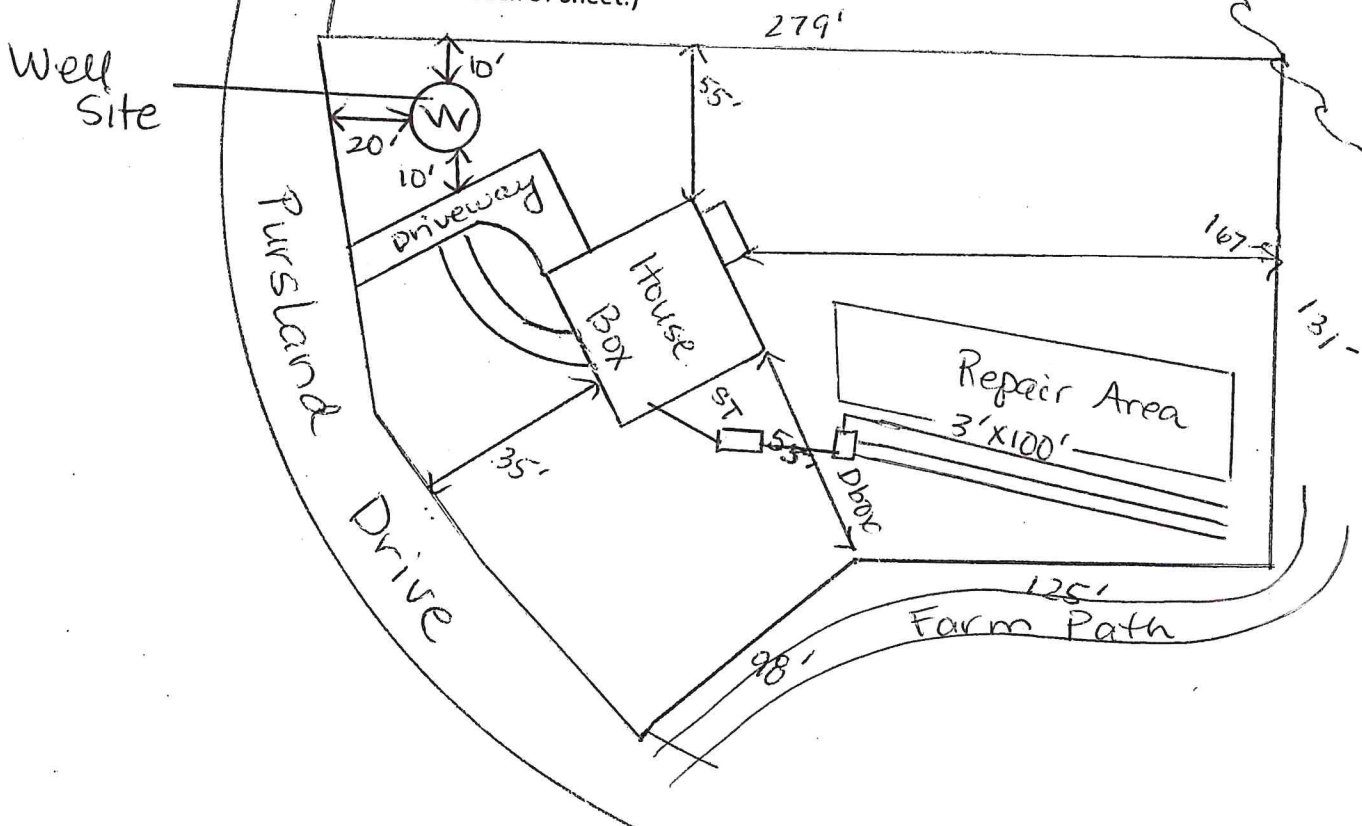
Bedrooms: 3

If Repair: na

Acreage: .89

Parcel ID: 049 246

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



lot 128

19th

ADDRESS: 840 Cooke Rd. Lsbq.
PROPOSED FACILITY: Rec

APPLICATION DATE 1-4-2023

PROPOSED FACILITY: Res

DATE EVALUATED: 1-19-23

LOCATION OF SITE: 245 Purslane

PROPOSED DESIGN FLOW (.1949): 3600

PROPERTY SIZE: 89

WATER SUPPLY: ☐ Private ☐ Public ☒ Well ☐ Spring ☐ Other

PROPERTY RECORDED:

EVALUATION METHOD: ☒ Auger Boring ☐ Pit ☐ Cut

TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

30" installed

over