



Well Construction Permit

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

For Office Use Only

*CDP File Number 410771

PIN Number: _____

Tax Lot #: 23 Tax Block #: 049662

Evaluated For: _____

PERMIT VALID UNTIL: 05/01/2029

Property Owner: _____
Address: _____
City: _____
State/Zip: NC
Phone #: _____

Applicant: Joe Proccopio
Address: PO Box 1469
City: Wake Forest
State/Zip: NC / 27588
Phone #: _____

Property Location & Site Information

Address/Road #: _____ Subdivision: BELLA TERRA Phase: _____ Lot: 23
65 VINO TRL
FRANKLINTON NC, 27525
*Proposed use of Well: _____
If Other: _____
Applicant Email: _____
Owner Email: _____
Directions: 65 VINO TRL

Well Contractor Information

Drilling Contractor: _____

Driller Registration: _____

Permit Conditions

*Permit Conditions

Well sited for right of driveway, meeting 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: 05/01/2024

☒ Hand Drawing ☐ Import Drawing

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



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PERMIT VALID UNTIL: 05/01/2029



IMPROVEMENT PERMIT

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

For Office Use Only

*CDP File Number 410771 - 1
County ID Number:
Evaluated For: NEW

PERMIT VALID UNTIL: 05/01/2029

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

Applicant: JOE PROCOPIO
Address: 5450 OLD WAKE FOREST RD
City: RALEIGH
State/Zip: NC 27609
Phone #:

Property Owner:
Address:
City:
State/Zip:
Phone #:

Property Location & Site Information

Address: 65 VINO TRL FRANKLINTON, NC 27525 Subdivision: BELLA TERRA Block/Phase: NEW Lot: 23

Directions

Road #: 65 VINO TRL
Structure: SINGLE FAMILY
of Bedrooms: 3
of People: 6
*Water Supply: N/A

System Specifications

Initial System

Usable Soil Depth: 42
Design Flow: 360
Soil Application Rate: 0.3000

Minimum Trench Depth: Inches
Maximum Trench Depth: 28 Inches

*System Classification/Description:

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

Septic Tank: 1000 Gallons

Pump Required ☒ Yes ☐ No ☐ May Be Required

*Proposed System:
25% REDUCTION

Pump Tank: Gallons

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

Repair System

Usable Soil Depth: 42
Soil Application Rate: 0.300

Minimum Trench Depth: Inches
Maximum Trench Depth: 28 Inches

*System Classification/Description:

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

Pump Required: ☒ Yes ☐ No ☐ May Be Required

*Proposed System: 25% REDUCTION

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

Some rock closer to road was detected; was breakable. Call EHS if any issues arise with rock. 28 inch depth was with a 2" slope correction applied.

CDP File Number: 410771

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 (per rule .0301(f)).

Authorized State Agent:

Jones, Lori

Date of Issue:

05/01/2024

Total Time: (HH:MM)



Hand Drawing



Import Drawing

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

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Construction Authorization

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

For Office Use Only

*CDP File Number: 410771 - 1
County ID Number: _____
Evaluated For: NEW

PERMIT VALID UNTIL: 05/01/2029

☐ Open Pump System Sheet

Applicant: JOE PROCOPIO
Address: 5450 OLD WAKE FOREST RD
City: RALEIGH
State/Zip: NC 27609
Phone #: _____

Property Owner: _____
Address: _____
City: _____
State/Zip: _____
Phone #: _____

Property Location & Site Information

Address/Road #: 65 VINO TRL FRANKLINTON, NC 27525 Subdivision: BELLA TERRA Phase: NEW Lot: 23

Directions:

Structure: SINGLE FAMILY 65 VINO TRL

of Bedrooms: 3

of People: 6

*Water Supply: _____

System Specifications

Usuable Soil Depth: 42

Design Flow: 360

Soil Application Rate: 0.3000

*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: 28 Inches

Minimum Soil Cover: _____ Inches

Maximum Soil Cover: _____ Inches

*Distribution Type: GRAVITY - PARALLEL (eq. d-box)

Nitrification Field: _____ Sq. ft.

No. Drain Lines: 3

Total Trench Length: 300 ft.

Trench Spacing: _____ - 9

Trench Width: _____ - 3

Aggregate Depth: _____ inches

☐ Inches O.C.

☒ Feet O.C.

☐ Inches

☒ Feet

Pump Required: ☒ Yes ☐ No ☐ May Be Required

Pump Tank: _____ 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:

Some rock closer to road was detected; was breakable. Call EHS if any issues arise with rock. 28 inch depth was with a 2" slope correction applied.

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, Kori

Date of Issue: 05/01/2024



Hand Drawing



Import Drawing

Site Plan/Drawing attached.

Total Time : (HH:MM) _____



File# 410771 PIN# _____

Property Address: 65 Vino Trail, Frk

Applicant Or Owner Name: Joe Procopio

Environmental Health Septic/Well Permit Diagram Lot 23

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**: 5-1-2024 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 inspections may be scheduled the day before or the day of installation by 9am. Contact 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 permit 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 Drain field 3' X 300' Type System Pump/Dbox Max trench depth 28" incl. 2" slope correct
Septic Contractor _____ Septic/Pump tank dates _____ PUMP FEE PAID _____

Well Contractor _____ Well Head Date: _____ PUMP FINAL: _____ N/A (CIRCLE)

Bedrooms: 3

If Repair: na

Acreage: 1.658
Parcel ID: 049662

*Drawing not to scale (if large acreage, may be portion)

(If not as built, indicate changes on front or back of sheet.)

