Well Construction Permit

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

For Office Use Only

*CDP File Number 384758

PIN Number:

Tax Lot #: Tax Block #: 049231

Evaluated For:

PERMIT VALID UNTIL: 12/15/2027

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

Applicant:	BRAELYNN HOMES
Address:	PO BOX 1179
City:	YOUNGSVILLE
State/Zip:	NC / 27596
Phone #:	

Property Location & Site Information

Address/Road #: 70 LILAC DR
FRANKLINTON NC, 27525

Subdivision: Phase: Lot:

*Proposed use of Well:

If Other:

Applicant Email:

Owner Email:

Directions: 70 LILAC DR

Well Contractor Information

Drilling Contractor:

Driller Registration:

Permit Conditions

*Permit Conditions

Left front property corner of driveway in area of 12-15 feet in from left property line, and about 15 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

*Date of Issue: 12/14/2022

Authorized State Agent:

Owner/Applicant:

○ 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: 384758 - 1
County ID Number:
Evaluated For: NEW

PERMIT VALID UNTIL: 12/14/2027

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

Applicant:	BRAELYNN HOMES	Property Owner:	
Address:	PO BOX 1179	Address:	
City:		City:	
State/Zip:	NC	State/Zip:	.
Phone #:		Phone #:	

Property Location & Site Information

Address: 70 LILAC DR FRANKLINTON, NC 27525
Subdivision:
Block/Phase: NEW
Lot:
Road #:
Structure: SINGLE FAMILY
# of Bedrooms: 3
# of People: 6
*Water Supply: N/A

Directions

70 LILAC DR

System Specifications

Initial System

*Site Classification: Provisionally Suitable
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: 22 Inches

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

Repair System Required: (X) 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: 22 Inches

Pump Required: ◯ Yes (X) 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 Departmen

***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**

House or house box needs to be clearly established for installers. Tank location is flexible to achieve better gravity.

CDP File Number: 384758 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 (.1938(b)).

Authorized State Agent: Jones, Lori Date of Issue: 12/14/2022

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: 384758 - 1
County ID Number:
Evaluated For: NEW

PERMIT VALID UNTIL: 12/14/2027

☐ Open Pump System Sheet

Applicant:	BRAELYNN HOMES
Address:	PO BOX 1179
City:	
State/Zip:	NC
Phone #:	

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

Property Location & Site Information

Address/Road #: 70 LILAC DR FRANKLINTON, NC 27525
Subdivision:
Phase: NEW
Lot:

Directions:

70 LILAC DR

Structure: SINGLE FAMILY
# of Bedrooms: 3
# of People: 6
*Water Supply: NEW WELL

System Specifications

*Site Classification: Provisionally Suitable
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: 22 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: 300 ft.
Trench Spacing: ____ - 9
Trench Width: ____ - 3
Aggregate Depth: ____ inches

◯ Inches O.C.
(X) Feet O.C.
◯ Inches
(X) Feet

Septic Tank: 1,000 Gallons
Pump Required: ◯ Yes (X) 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:**

House or house box needs to be clearly established for installers. Tank location is flexible to achieve better gravity.

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)). Ther 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

Authorized State Agent: Jones, Lori
Date of Issue: 12/14/2022

(✓) Hand Drawing ◯ Import Drawing

****Site Plan/Drawing attached.****
Total Time : (HH:MM) ____

Franklin County
NORTH CAROLINA

File #: 384758 PIN#: _____

Property Address: 70 Lilac Dr. Frk.

Applicant or Owner Name: Braelyn Homes

Environmental Health Septic/Well Permit Diagram

Lot: 113

Building permits cannot be issued nor should construction begin without Construction Authorization issuance.

(V) Septic Improvement Permit (V) Septic Construction Authorization (CA) ( ) CA Reissue** ( ) As Built

(V) Well Construction Authorization ( ) Additional Diagram/Specifications Attached

Diagram Date:** 12-14-2022 **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/Dbox Accepted Max Trench Depth 22"

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

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

Bedrooms: 3

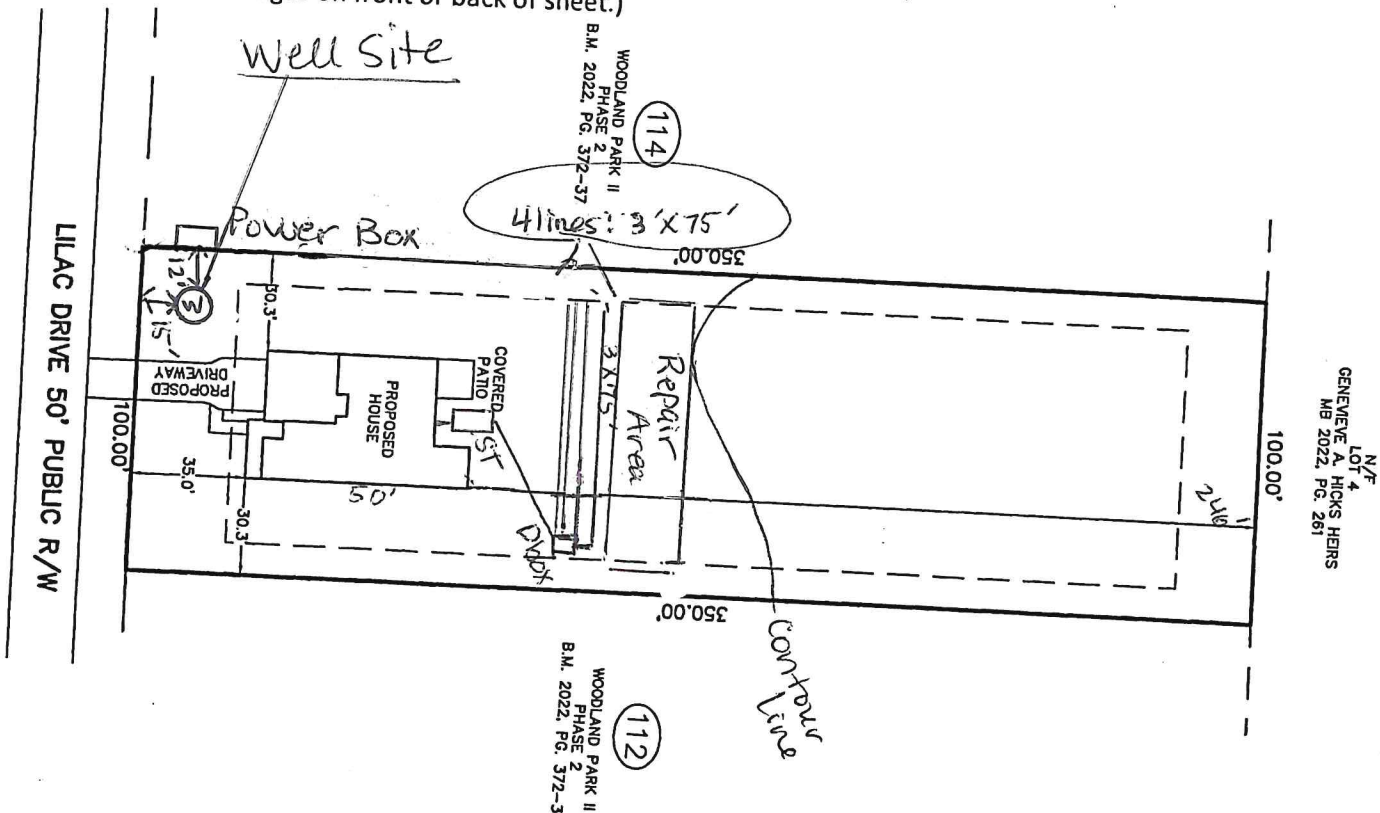
If Repair: na

Acreage: _____

Parcel ID: 049231

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

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



DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

Sheet 1 of 1 (LT+D)
PROPERTY ID #:
COUNTY: Franklin

14th

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

Lot: 113

OWNER: Braelunn Homes
ADDRESS: PO Box 1179, Youngsville, NC
PROPOSED FACILITY: Residence
LOCATION OF SITE: 70 Lilac Dr Franklinton
WATER SUPPLY: ☐ Private ☐ Public ☒ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut

APPLICATION DATE: 12-6-2022
PROPOSED DESIGN FLOW (.1949): 3bd
DATE EVALUATED: 12-14-2022
PROPERTY SIZE:
PROPERTY RECORDED:
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	Linear 10%	0-6	Gr/L	NF NS NP SE		44"	22" Install		PS .3
		6-10	WK Bk/CL	Fr SS SP SE					
		10-20	WK Bk C	Fi SP SE					
		20-44	WK Bk SiC	F. SP SE					
		@ 44 picking of rocks							
2									
3									

Permit conditions
- Need complete house by marked or none started for installation

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
ailable Space (.1945)		
tem Type(s)		
LTAR	.3	.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Jon Jones
OTHER(S) PRESENT:

MENTS:

over