Well Construction Permit

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

For Office Use Only

*CDP File Number 393436

PIN Number:

Tax Lot #: 11 Tax Block #: 049650

Evaluated For:

PERMIT VALID UNTIL: 05/31/2028

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 #: 50 BASIL CT
FRANKLINTON NC, 27525

Subdivision: BELLA TERRA Phase: Lot: 11

*Proposed use of Well:

If Other:

Applicant Email:

Owner Email:

Directions: 50 BASIL CT

Well Contractor Information

Drilling Contractor:

Driller Registration:

Permit Conditions

*Permit Conditions

Well to go in front left property corner, at least 25 feet from house in safe place for rig.

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: 05/31/2023

Authorized State Agent:

Owner/Applicant:

☑ Hand Drawing ○ Import Drawing

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

Well Construction Permit

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

For Office Use Only

*CDP File Number 393436

PIN Number:

Tax Lot #: 11 Tax Block #: 049650

Evaluated For:

PERMIT VALID UNTIL: 05/31/2028

IMPROVEMENT PERMIT

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

For Office Use Only

*CDP File Number: 393436 - 1
County ID Number:
Evaluated For: NEW

PERMIT VALID UNTIL: 05/31/2028

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

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

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

Property Location & Site Information

Address: 50 BASIL CT FRANKLINTON, NC 27525
Subdivision: BELLA TERRA
Block/Phase: NEW
Lot: 11

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

Directions

50 BASIL CT

System Specifications

Initial System

*Site Classification: Provisionally Suitable
Design Flow: 360
Soil Application Rate: 0.3000

Minimum Trench Depth: ____ Inches
Maximum Trench Depth: 24 Inches

*System Classification/Description:
TYPE II A. CONV SYSTEM (SINGLE-FAMILY OR 480 GPD OR LESS)

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

*Proposed System:
25% REDUCTION

Pump Tank: 1000 Gallons

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

Repair System

*Site Classification: Provisionally Suitable
Soil Application Rate: 0.300

Minimum Trench Depth: ____ Inches
Maximum Trench: Depth: 24 Inches

*System Classification/Description:
TYPE II A. CONV SYSTEM (SINGLE-FAMILY OR 480 GPD OR LESS)

Pump Required: ◯ Yes ◯ No (X) 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**

Stay close to house with septic, but respect setbacks. Would like both initial and repair in that area within 100 feet if possible due to soil reports.

CDP File Number: 393436 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: 05/31/2023

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: 393436 - 1
County ID Number:
Evaluated For: NEW

PERMIT VALID UNTIL: 05/31/2028

☐ Open Pump System Sheet

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

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

Property Location & Site Information

Address/Road #: 50 BASIL CT FRANKLINTON, NC 27525
Subdivision: BELLA TERRA Phase: NEW Lot: 11

Directions:
50 BASIL CT

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

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: 24 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 ◯ No (X) 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:**

Stay close to house with septic, but respect setbacks. Would like both initial and repair in that area within 100 feet if possible due to soil reports.

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: 05/31/2023

☑ Hand Drawing ◯ Import Drawing

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

May 30

Franklin County
NORTH CAROLINA

Lot 11

File #: 393436 PIN#:

Property Address: 50 Basil Ct Fk

Applicant or Owner Name: Braelyn Homes

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**: 5-31-2023 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 100 maybe Drainfield 3'X300' Type System Accepted Gravity/Dbox — Possible Pump Max Trench Depth 24"

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

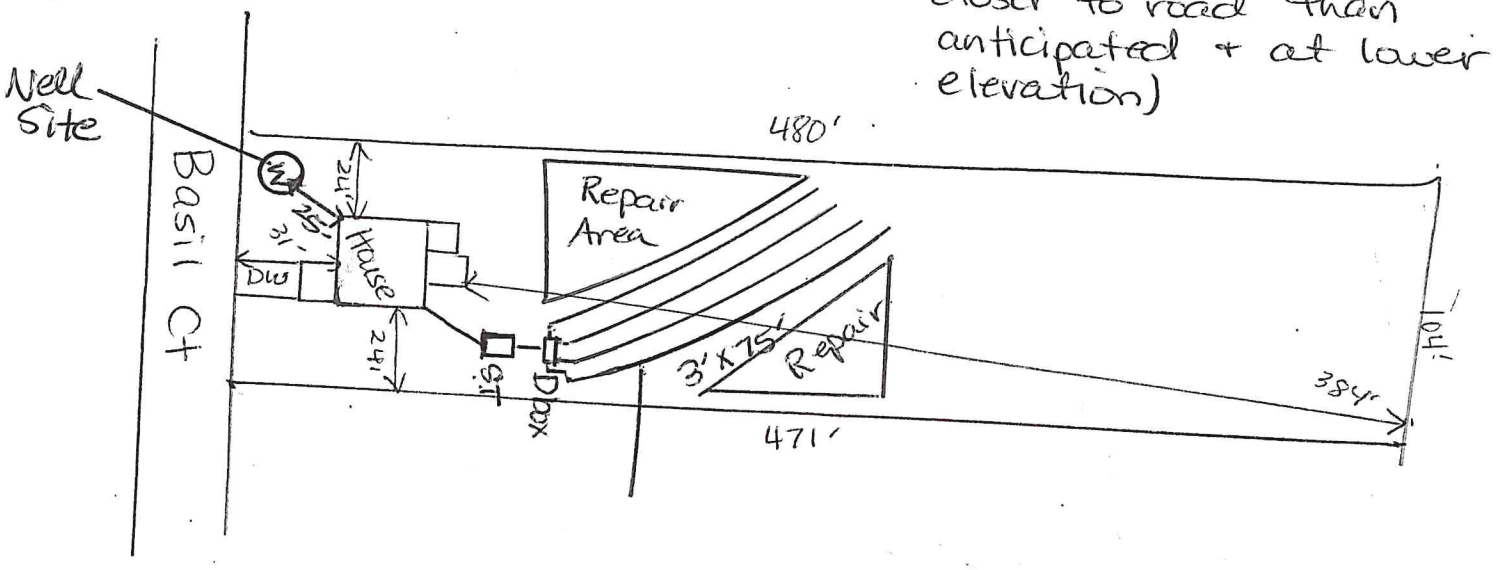
Acreage: 1.117

Parcel ID: 049650

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

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

* House box not marked; (may need pump if closer to road than anticipated + at lower elevation)



→ Closer to house
(Better soil at 3'X75')

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

May 30 Sheet 1 of 1 (f+b)
PROPERTY ID #:
COUNTY: Franklin

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

OWNER: Braelyn Hoggs
ADDRESS: PO Box 174 Ynes
PROPOSED FACILITY: Res
LOCATION OF SITE:
APPLICATION DATE: 4-18-23
DATE EVALUATED: 5-30-23 field
PROPERTY SIZE: 2023 for
PROPERTY RECORDED: CCSC
PROPOSED DESIGN FLOW (.1949): 360
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed
61 no

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	Linear 1-2%	0-4	GrSL	FrSSPS		36"			PS
		4-36	mod Bk SC	FISPSE					
		@ 36 - Soil changes - mixed parent mat. + lighter colors							.3
2					36 - 12 = 24" install				
3									
					Soil sheet provided				

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

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): B
EVALUATED BY:
OTHER(S) PRESENT:

MENTS:

d February 2014

over