



## Well Construction Permit

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

### For Office Use Only

\*CDP File Number 401912

PIN Number: \_\_\_\_\_

Tax Lot #: \_\_\_\_\_ Tax Block #: 028539

Evaluated For: \_\_\_\_\_

PERMIT VALID UNTIL: 11/03/2023

Property Owner: JOYANNE KUTCH

Address: 85 RABBIT RUN

City: FRANKLINTON

State/Zip: NC / 27525

Phone #: \_\_\_\_\_

Applicant: THOMAS KUTCH

Address: 85 RABBIT RUN

City: FRANKLINTON

State/Zip: NC / 27525

Phone #: \_\_\_\_\_

### Property Location & Site Information

Address/Road #:

Subdivision: \_\_\_\_\_

Phase: \_\_\_\_\_

Lot: \_\_\_\_\_

705 TIMBERLAKE RD

FRANKLINTON NC, 27525

\*Proposed use of Well:

If Other:

Applicant Email:

Owner Email:

**Directions:** 705 TIMBERLAKE RD

### Well Contractor Information

Drilling Contractor:

Driller Registration:

### Permit Conditions

#### \*Permit Conditions

Well is sited for corner that has ponds on both sides, back right corner. Suspect that neighboring septic is just over property line in back left corner. If lines are marked and easier/safer for rig on that side, contact EHS to assure that 50 ft setback is respected.

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: 11/03/2023



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 401912 - 1  
County ID Number:  
Evaluated For: NEW

PERMIT VALID UNTIL: 11/03/2028

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

Applicant: THOMAS KUTCH  
Address: 85 RABBIT RUN  
City: FRANKLINTON  
State/Zip: NC 27525  
Phone #:

Property Owner: JOYANNE KUTCH  
Address: 85 RABBIT RUN  
City: FRANKLINTON  
State/Zip: NC, 27525  
Phone #:

**Property Location & Site Information**  
Address: 705 TIMBERLAKE RD Subdivision: Block/Phase: NEW Lot:  
FRANKLINTON, NC 27525  
**Directions**  
Road #: 705 TIMBERLAKE RD  
Structure: SINGLE FAMILY  
# of Bedrooms: 4  
# of People: 5  
\*Water Supply: N/A

### Initial System

\*Site Classification: Provisionally Suitable

Design Flow: 480

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: 18 Inches

Septic Tank: 1000 Gallons

Pump Required ☒ Yes ☐ No ☐ May Be Required

Pump Tank: 1000 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: 50% REDUCTION

Minimum Trench Depth: Inches

Maximum Trench: Depth: 18 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

Important: This property has some unsuitable soil, so the house location must be as on permit and septic field must hug power line easement and only extend toward right property line up to 50 feet. To do this with 4 outlet dbx, each line will wrap

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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:

11/03/2023

Total Time: (HH:MM)



Hand Drawing



Import Drawing

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

\_\_\_\_\_ : \_\_\_\_\_



## Construction Authorization

Franklin County Health Department  
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Louisburg, NC 27549  
Phone: \_\_\_\_\_

### For Office Use Only

\*CDP File Number: 401912 - 1

County ID Number: \_\_\_\_\_

Evaluated For: NEW

PERMIT VALID UNTIL: 11/03/2028

☐ Open Pump System Sheet

Applicant: THOMAS KUTCH

Address: 85 RABBIT RUN

City: FRANKLINTON

State/Zip: NC 27525

Phone #: \_\_\_\_\_

Property Owner: JOYANNE KUTCH

Address: 85 RABBIT RUN

City: FRANKLINTON

State/Zip: NC. 27525

Phone #: \_\_\_\_\_

### Property Location & Site Information

Address/Road #: 705 TIMBERLAKE RD  
FRANKLINTON, NC 27525

Subdivision: \_\_\_\_\_

Phase: NEW Lot: \_\_\_\_\_

### Directions:

Structure: SINGLE FAMILY 705 TIMBERLAKE RD

# of Bedrooms: 4

# of People: 5

\*Water Supply: \_\_\_\_\_

### System Specifications

\*Site Classification: Provisionally Suitable

Minimum Trench Depth: \_\_\_\_\_ Inches

Design Flow: 480

Maximum Trench Depth: 18 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

Septic Tank Installer

Aggregate Depth: \_\_\_\_\_ inches

☒ Feet

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:

Important: This property has some unsuitable soil, so the house location must be as on permit and septic field must hug power line easement and only extend toward right property line up to 50 feet. To do this with 4 outlet dbx, each line will wrap with a stepdown (sd) and have 50, sd, 50 ft pattern. The dbx must be at the top line, and the bottom line should be at least 200 ft from house. If when installed, first line hits gray soil within the first 15-18 inches notify EHS and lines may need to go closer to front of property.

Several pits were used to determine suitable soil on the site for septic.

Repair may require a 50% reduction if lines have to move upward during installation.



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PERMIT VALID UNTIL: 11/03/2028

☐ Open Pump System Sheet

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: 11/03/2023

☒ Hand Drawing

☐ Import Drawing

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

Total Time : (HH:MM)



Franklin  
County  
NORTH CAROLINA

Applicant or Owner Name: Thomas Kutch

[illegible]