IMPROVEMENT PERMIT

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

For Office Use Only

*CDP File Number	362463 - 1
County ID Number:	1880-31-8042
Evaluated For:	NEW

PERMIT VALID UNTIL: 09/29/2026

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

Applicant:	WINSLOW HOMES
Address:	PO BOX 610
City:	YOUNGSVILLE
State/Zip:	NC 27596
Phone #:	

Property Owner:	EAGLE PEARCE LLC
Address:	112C WHEATON AVE
City:	YOUNGSVILLE
State/Zip:	NC. 27596
Phone #:	

Property Location & Site Information

Address/Road #: 90 EAGLE CHASE DR
YOUNGSVILLE, NC 27596
Subdivision: EAGLE CHASE Phase: NEW Lot: 8

Structure: SINGLE FAMILY

# of Bedrooms: 4

# of People: 5

*Water Supply: N/A

Directions

90 EAGLE CHASE DR

System Specifications

Initial System

*Site Classification:

Design Flow: 480

Soil Application Rate:

*System Classification/Description:
TYPE III B. SYSTEM W/SINGLE EFFLUENT PUMP

*Proposed System:
25% REDUCTION

Minimum Trench Depth: _____ Inches

Maximum Trench Depth 24 Inches

Septic Tank: 1000 Gallons

Pump Required ◯ Yes ◯ No (X) May Be Required

Pump Tank: 1000 Gallons

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

Repair System

*Site Classification:

Soil Application Rate:

*System Classification/Description:
N/A

*Proposed System:

Minimum Trench Depth: _____ Inches

Maximum Trench Depth _____ 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 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**

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: Bendel, Joel Date of Issue: 09/29/2021

◯ Hand Drawing ◯ Import Drawing ****Site Plan/Drawing attached.****

Total Time: (HH:MM) ____ : ____

Construction Authorization

Franklin County Health Department
107 Industrial Drive
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☐ Open Pump System Sheet

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*Water Supply:

Directions:

90 EAGLE CHASE DR

System Specifications

*Site Classification:

Design Flow: 480

Soil Application Rate:

*System Classification/Description:
TYPE III B. SYSTEM W/SINGLE EFFLUENT PUMP

*Proposed System:
25% REDUCTION

Minimum Trench Depth: ____ Inches

Maximum Trench Depth: 24 Inches

Minimum Soil Cover: ____ Inches

Maximum Soil Cover: ____ Inches

*Distribution Type: PUMP TO GRAVITY

Nitrification Field: ____ Sq. ft.

No. Drain Lines: ____

Total Trench Length: 400 ft.

Trench Spacing: ____ - ____

Trench Width: ____ - ____

Aggregate Depth: ____ inches

◯ Inches O.C.
◯ Feet O.C.
◯ Inches
◯ 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:**

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: Bendel, Joel Date of Issue: 09/29/2021

Site Plan/Drawing attached.

◯ Hand Drawing ◯ Import Drawing

Total Time : (HH:MM) ____

Franklin County
NORTH CAROLINA

File # 362463 PIN# _____

Property Address: 90 Eagle Chase Dr.

Applicant or Owner Name: Winslow Homes

Environmental Health Septic/Well Permit Diagram

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

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

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

Diagram Date:** 9-29-21 **EHS:** Joel Bendel

****Any previously dated CA diagram is revoked and/or invalid. Confirm this is the valid diagram for the site before beginning any construction.**

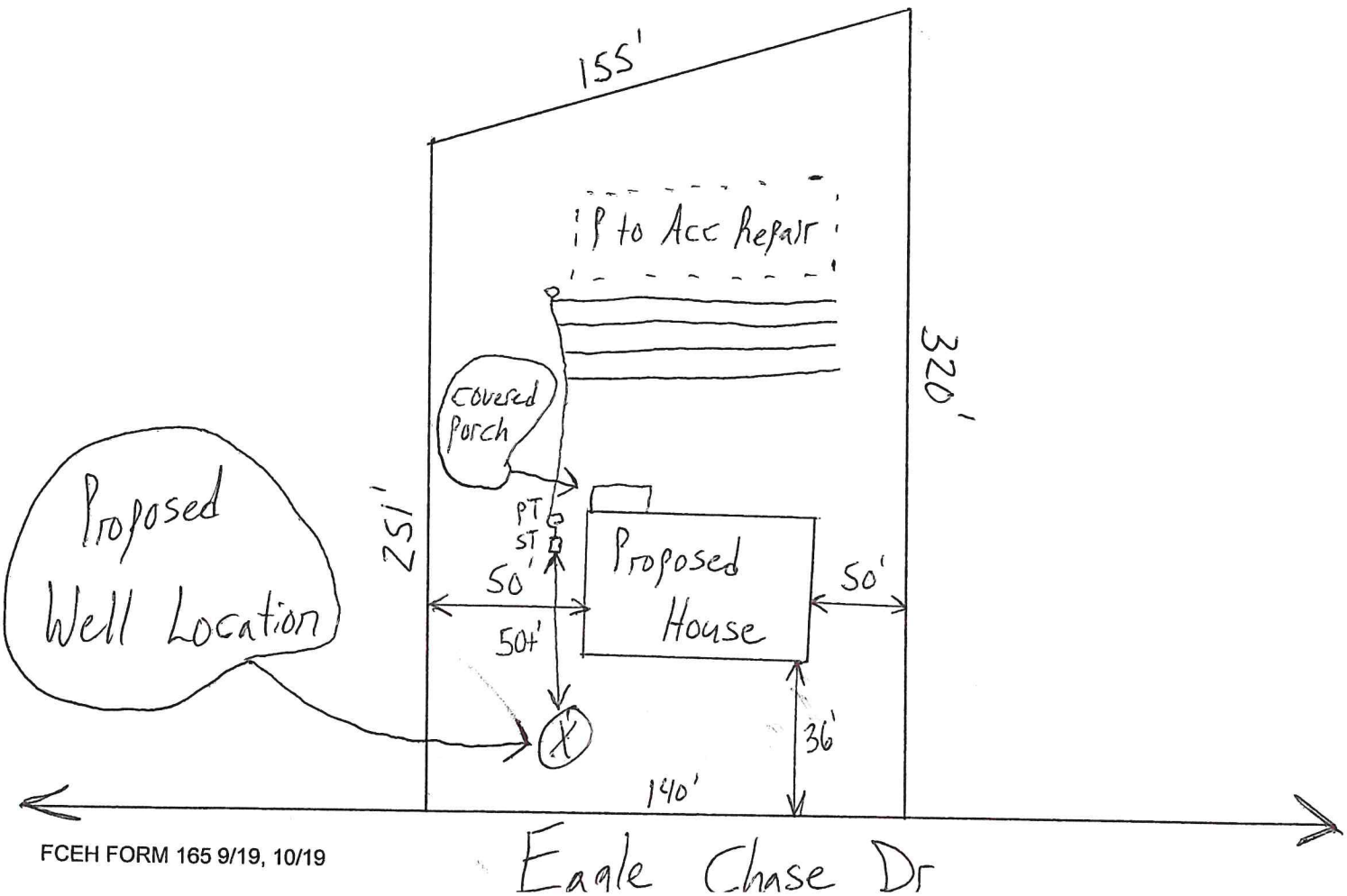
Installation/grouting inspections may be scheduled the day before, or, the day of installation until 9am by contacting the Environmental Health office at 919 496 8100. A revisit fee may apply if installation is not ready for inspection at the time requested. ***Septic Operations Permits*** will be issued 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 1000 Drainfield 3'X400' Type System P to Acc Max Trench Depth 24"

Septic Contractor _____ Septic/Pump tank dates _____ Pump fee? (Yes) No

Well Contractor _____ Well Grout date: _____

Refer to attached layout



FCEH FORM 165 9/19, 10/19