IMPROVEMENT PERMIT

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

For Office Use Only

*CDP File Number: 430656 - 1
County ID Number:
Evaluated For: NEW

PERMIT VALID UNTIL: 11/26/2029

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

Applicant:	Mark Dowdy
Address:	4912 Hermitage Dr
City:	Raleigh
State/Zip:	NC 27612
Phone #:	

Property Owner:	Shannon Homes Design Build LLC
Address:	4912 Hermitage Dr
City:	Raleigh
State/Zip:	NC. 27612
Phone #:	

Property Location & Site Information

Address: 105 Viola Lane Franklinton, NC 27525
Subdivision:
Block/Phase: NEW
Lot:

Directions

105 Viola Lane

Road #:
Structure: SINGLE FAMILY
# of Bedrooms: 4
# of People: 6
*Water Supply: N/A

System Specifications

Initial System

Usable Soil Depth: 38
Design Flow: 480
Soil Application Rate: 0.3000

Minimum Trench Depth: _____ Inches
Maximum Trench Depth: 26 Inches

Septic Tank: 1000 Gallons

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

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

*Proposed System:
25% REDUCTION

Pump Tank: _____ Gallons

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

Repair System

Usable Soil Depth: 26
Soil Application Rate: 0.300

Minimum Trench Depth: _____ Inches
Maximum Trench: Depth: 26 Inches

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

Pump Required: ◯ Yes (X) 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**

CDP File Number: 430656 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 (per rule .0301((a).

Authorized State Agent: Jones, Lori Date of Issue: 11/26/2024

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:

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*CDP File Number: 430656 - 1
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PERMIT VALID UNTIL: 11/26/2029

☐ Open Pump System Sheet

Applicant:	Mark Dowdy	Property Owner:	Shannon Homes Design Build LLC
Address:	4912 Hermitage Dr	Address:	4912 Hermitage Dr
City:	Raleigh	City:	Raleigh
State/Zip:	NC 27612	State/Zip:	NC. 27612
Phone #:		Phone #:	

Property Location & Site Information

Address/Road #: 105 Viola Lane Franklinton, NC 27525
Subdivision:
Phase: NEW
Lot:

Directions:
105 Viola Lane

Structure: SINGLE FAMILY
# of Bedrooms: 4
# of People: 6
*Water Supply: PUBLIC

System Specifications

Usable Soil Depth: 38
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: 26 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: 400 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:**

Initial septic tank must be pumped, crushed and filled. The initial system showed no signs of malfunction and can be, partly, utilized for future repair.
*** Depending on room for line length:
option 1: 4 lines center fed, 100 each.
option 2: 6 lines center fed, 70 each.

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 regaurding system location, installation, operation, maintenance, monitoring, reporting and repair (per rule .0301((a)).

Authorized State Agent: Jones, Lori
Date of Issue: 11/26/2024

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

(✓) Hand Drawing ◯ Import Drawing

Total Time : (HH:MM) _____

Franklin County
NORTH CAROLINA
A Research Triangle Region Community

File# 430656 PIN# _____

Property Address: 105 Viola Ln. Lot 5

Applicant Or Owner Name: Mark Dawley

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:** 11-26-2024 **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 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 na Drain field 3 X 420' or 400' see below Type System Grav./Loop Accepted Max trench depth 26"

Septic Contractor _____ Septic/Pump tank dates _____ PUMP FEE PAID _____

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

Bedrooms: 4 Acreage: 1

If Repair: na Parcel ID: 047555

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

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