IMPROVEMENT PERMIT

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

For Office Use Only

*CDP File Number: 449456 - 1
County ID Number:
Evaluated For: NEW

PERMIT VALID UNTIL: 03/06/2030

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

Applicant:	Lilium Homes	Property Owner:	
Address:	5 W Mason St	Address:	
City:	Franklinton	City:	
State/Zip:	NC 27525	State/Zip:	
Phone #:	home: (919) 422-0355	Phone #:	

Property Location & Site Information

Address: 65 Chestnut Oak Dr Youngsville, NC 27596
Subdivision: Sorrell Oaks
Block/Phase: NEW
Lot: 9

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

Directions

65 Chestnut Oak Dr

System Specifications

Initial System

Usable Soil Depth: 42
Design Flow: 480
Soil Application Rate: 0.3000

Minimum Trench Depth: _____ Inches
Maximum Trench Depth: 30 Inches

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

Septic Tank: 1000 Gallons
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: 42
Soil Application Rate: 0.300

Minimum Trench Depth: _____ Inches
Maximum Trench: Depth: 30 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**

Please install septic and well according to S & EC design sheets you will find attached. Respect all setbacks.

CDP File Number: 449456 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(f)a).

Authorized State Agent: Jones, Lori Date of Issue: 03/06/2025

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: 449456 - 1
County ID Number:
Evaluated For: NEW

PERMIT VALID UNTIL: 03/06/2030
☐ Open Pump System Sheet

Applicant:	Lilium Homes
Address:	5 W Mason St
City:	Franklinton
State/Zip:	NC 27525
Phone #:	home: (919) 422-0355

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

Property Location & Site Information

Address/Road #: 65 Chestnut Oak Dr, Youngsville, NC 27596
Subdivision: Sorrell Oaks Phase: NEW Lot: 9

Directions:
65 Chestnut Oak Dr

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

System Specifications

Usable Soil Depth: 42
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: 30 Inches
Minimum Soil Cover: ____ Inches
Maximum Soil Cover: ____ Inches
*Distribution Type: GRAVITY - ~~PARALLEL~~ serial (eq. d-box)

JW 6/17/25

Nitrification Field: ____ Sq. ft.
No. Drain Lines: 4
Total Trench Length: 400 ft.
Trench Spacing: ____ - 9 ( ) Inches (X) Feet O.C.
Trench Width: ____ - 3 ( ) Inches (X) Feet
Aggregate Depth: ____ inches

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:**

Please install septic and well according to S & EC design sheets you will find attached. Respect all setbacks.

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: 03/06/2025

( ) Hand Drawing (✓) Import Drawing

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

Franklin County
NORTH CAROLINA

File # 449456 PIN# _____

Property Address: 65 Chestnut Oak Dr

Applicant or Owner Name: Lilian Montes

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

Diagram Date:** 6/17/25 **EHS:** _____

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

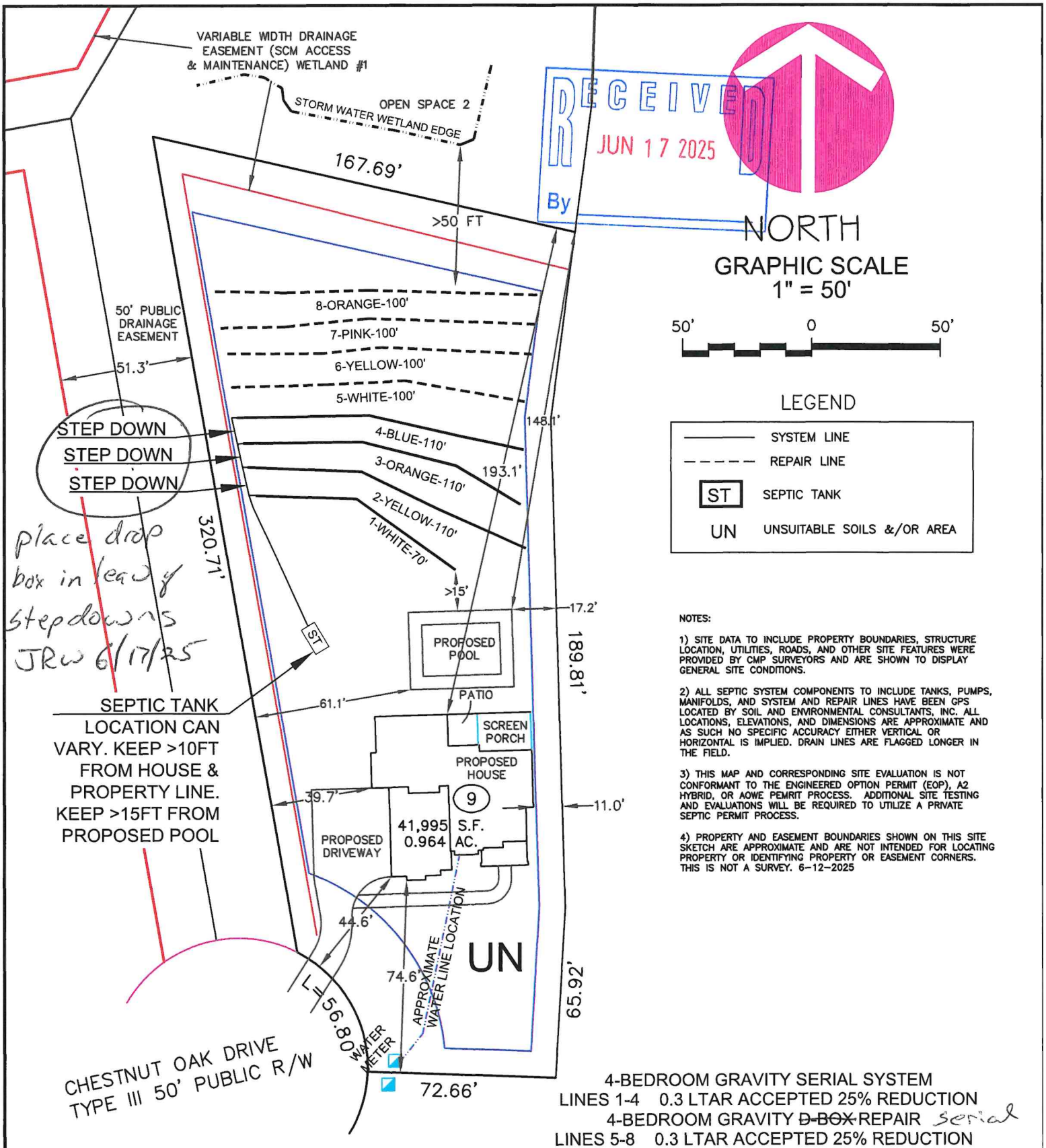
Installation/grouting inspections may be scheduled the day before, or, the day of installation until 9am by contacting the Environmental Health office at 919 496 8100. A revisit fee may apply if installation is not ready for inspection at the time requested. ***Septic Operations Permits*** will be issued 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 — Drainfield 3x400 Type System A - serial distribution Max Trench Depth 30"

Septic Contractor _____ Septic/Pump tank dates _____ Pump Fee Paid _____

Well Contractor _____ Well Head Date: _____ Pump Final: _____ N/A (circle)

* Serial distribution - place drop box at the start of each drainline See attached layout from S



NOTES:

1) SITE DATA TO INCLUDE PROPERTY BOUNDARIES, STRUCTURE LOCATION, UTILITIES, ROADS, AND OTHER SITE FEATURES WERE PROVIDED BY CMP SURVEYORS AND ARE SHOWN TO DISPLAY GENERAL SITE CONDITIONS.

2) ALL SEPTIC SYSTEM COMPONENTS TO INCLUDE TANKS, PUMPS, MANIFOLDS, AND SYSTEM AND REPAIR LINES HAVE BEEN GPS LOCATED BY SOIL AND ENVIRONMENTAL CONSULTANTS, INC. ALL LOCATIONS, ELEVATIONS, AND DIMENSIONS ARE APPROXIMATE AND AS SUCH NO SPECIFIC ACCURACY EITHER VERTICAL OR HORIZONTAL IS IMPLIED. DRAIN LINES ARE FLAGGED LONGER IN THE FIELD.

3) THIS MAP AND CORRESPONDING SITE EVALUATION IS NOT CONFORMANT TO THE ENGINEERED OPTION PERMIT (EOP), A2 HYBRID, OR AOWE PEMRIT PROCESS. ADDITIONAL SITE TESTING AND EVALUATIONS WILL BE REQUIRED TO UTILIZE A PRIVATE SEPTIC PERMIT PROCESS.

4) PROPERTY AND EASEMENT BOUNDARIES SHOWN ON THIS SITE SKETCH ARE APPROXIMATE AND ARE NOT INTENDED FOR LOCATING PROPERTY OR IDENTIFYING PROPERTY OR EASEMENT CORNERS. THIS IS NOT A SURVEY. 6-12-2025

4-BEDROOM GRAVITY SERIAL SYSTEM
LINES 1-4 0.3 LTAR ACCEPTED 25% REDUCTION
4-BEDROOM GRAVITY ~~D-BOX~~ REPAIR serial
LINES 5-8 0.3 LTAR ACCEPTED 25% REDUCTION

FOUNDATION DRAINS ALLOWED

S&EC
Soil & Environmental Consultants, Inc.
8412 Falls of Neuse Rd., Suite 104 • Raleigh, North Carolina 27615 • www.SandEC.com
Phone: (919) 846-5900 • Fax: (919) 846-9467

Project: 65 CHESTNUT OAK DRIVE SORRELL OAKS LOT 9			Project No.: 14777.52
		Project Manager: CC	Drawn: CC
Location: FRANKLIN CO., NC	Client: LILIUM HOMES	Scale: 1" = 50'	Field Work: CC
Sheet Title: SEPTIC LAYOUT MAP			Sheet No.: 1 of 1