



IMPROVEMENT PERMIT

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

For Office Use Only

*CDP File Number 449433 - 1
County ID Number:
Evaluated For: NEW

PERMIT VALID UNTIL: 03/03/2030

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

Applicant: Landry Wood
Address: 2113 Kinsale Meadow Ln
City: Wake Forest
State/Zip: NC 27587
Phone #:

Property Owner: Cambridge Classic Homes LLC
Address: 2113 Kinsale Meadow Ln
City: Wake Forest
State/Zip: NC. 27587
Phone #:

Property Location & Site Information

Address: 115 Cherry Bark Dr Youngsville, NC 27596 Subdivision: Sorrell Oaks Block/Phase: NEW Lot: 85

Directions

Road #: 115 Cherry Bark Dr
Structure: SINGLE FAMILY
of Bedrooms: 4
of People: 4
*Water Supply: N/A

System Specifications

Initial System

Usable Soil Depth: 34
Design Flow: 480
Soil Application Rate: 0.3000

Minimum Trench Depth: Inches

Maximum Trench Depth: 22 Inches

*System Classification/Description:

Septic Tank: 1000 Gallons

Pump Required ☒ Yes ☐ No ☐ May Be Required

*Proposed System:
25% REDUCTION

Pump Tank: 1000 Gallons

Repair System Required: ☒ Yes ☐ No ☐ No, but has Available Space

Repair System

Usable Soil Depth: 38

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 ☐ 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

Since this is a long lot, there is ample space for pool. Closest line, if pool should be 50-60 ft from back of house. Pool should be staked out by builder. If this is will not be a pool lot, meet minimum setbacks from house.

CDP File Number: 449433

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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 (per rule .0301(fa).

Authorized State Agent:

Jones, Lori

Date of Issue:

03/03/2025

Total Time: (HH:MM)



Hand Drawing



Import Drawing

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

____ : ____



Construction Authorization

Franklin County Health Department
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☐ Open Pump System Sheet

Applicant: Landry Wood
Address: 2113 Kinsale Meadow Ln
City: Wake Forest
State/Zip: NC 27587
Phone #: _____

Property Owner: Cambridge Classic Homes LLC
Address: 2113 Kinsale Meadow Ln
City: Wake Forest
State/Zip: NC. 27587
Phone #: _____

Property Location & Site Information

Address/Road #: 115 Cherry Bark Dr Youngsville, NC 27596 Subdivision: Sorrell Oaks Phase: NEW Lot: 85

Directions:

Structure: SINGLE FAMILY 115 Cherry Bark Dr

of Bedrooms: 4

of People: 4

*Water Supply: _____

System Specifications

Usuable Soil Depth: 34

Minimum Trench Depth: _____ Inches

Design Flow: 480

Maximum Trench Depth: 22 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: PRESSURE MANIFOLD

Nitrification Field: _____ Sq. ft.

Septic Tank: 1,000 Gallons

No. Drain Lines: 6

Pump Required: ☒ Yes ☐ No ☐ May Be Required

Total Trench Length: 420 ft. ☐ Inches O.C.

Pump Tank: 1,000 Gallons

Trench Spacing: _____ - 9 ☐ Inches

Grease Trap: _____ Gallons

Trench Width: _____ - 3 ☒ Feet

Septic Tank Installer

Grade Level Required: ☐ I ☐ II ☐ III ☐ IV

Aggregate Depth: _____ inches

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

Authorized State Agent: Jones, Lori

Date of Issue: 03/03/2025

☒ Hand Drawing

☐ Import Drawing

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

Total Time : (HH:MM) _____



File# 449433 PIN# Lot 85

Property Address: 115 Cherry Bark

Applicant Or Owner Name: Landy Wood

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**: 3-3-2005 EHS: Joni 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 1000 Drain field 3'x400' Type System Accepted Max trench depth 22"
Pressure manifold/pump

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

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

Bedrooms: 4

Acreage: 0.638

If Repair: na

Parcel ID: 050383

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

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

