IMPROVEMENT PERMIT

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

For Office Use Only

*CDP File Number: 448612 - 1
County ID Number:
Evaluated For: NEW

PERMIT VALID UNTIL: 02/12/2030

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

Applicant:	Lisa Ferguson
Address:	4909 Unicon Drive Suite 107
City:	Wake Forest
State/Zip:	NC 27587
Phone #:	

Property Owner:	Ken Harvey Homes LLC
Address:	4909 Unicon Drive Suite 107
City:	Wake Forest
State/Zip:	. 27587
Phone #:	

Property Location & Site Information

Address: 65 Spanish Oak Dr Youngsville, NC 27596
Subdivision: Sorrell Oaks
Block/Phase: NEW
Lot: 27

Road #:
Structure: SINGLE FAMILY
# of Bedrooms: 4
# of People: 8
*Water Supply: N/A

Directions

65 Spanish Oak Dr

System Specifications

Initial System

Usable Soil Depth: 36
Design Flow: 480
Soil Application Rate:
*System Classification/Description:
*Proposed System: 25% REDUCTION

Minimum Trench Depth: ____ Inches
Maximum Trench Depth: 24 Inches
Septic Tank: 1000 Gallons
Pump Required (X) Yes ( ) No ( ) May Be Required
Pump Tank: 1000 Gallons

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

Repair System

Usable Soil Depth: 36
Soil Application Rate: 0.300
*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: 24 Inches
Pump Required: (X) 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**

There were previously placed flags on this lot; owner did not go with previously designed system. Disregard flags; they are not put out by the county.
Depending on pool/decking size, will determine if repair system will be a 50% reduction system or require any flow reduction.

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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: 02/12/2025

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

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State/Zip:	NC 27587
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Property Owner:	Ken Harvey Homes LLC
Address:	4909 Unicon Drive Suite 107
City:	Wake Forest
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Phone #:	

Property Location & Site Information

Address/Road #: 65 Spanish Oak Dr Youngsville, NC 27596
Subdivision: Sorrell Oaks Phase: NEW Lot: 27

Structure: SINGLE FAMILY
# of Bedrooms: 4
# of People: 8
*Water Supply:

Directions:

65 Spanish Oak Dr

System Specifications

Usuable Soil Depth: 36
Design Flow: 480
Soil Application Rate:
*System Classification/Description:

Minimum Trench Depth: Inches
Maximum Trench Depth: 24 Inches
Minimum Soil Cover: Inches
Maximum Soil Cover: Inches

*Proposed System:
25% REDUCTION

*Distribution Type: PUMP TO GRAVITY

Nitrification Field: Sq. ft.
No. Drain Lines: 1
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: (X) Yes ◯ No ◯ May Be Required
Pump Tank: 1,000 Gallons
Grease Trap: Gallons

Septic Tank Installer Grade Level Required: ◯ I ◯ II ◯ III ◯ IV

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***Permit Conditions:**

There were previously placed flags on this lot; owner did not go with previously designed system. Disregard flags; they are not put out by the county.
Depending on pool/decking size, will determine if repair system will be a 50% reduction system or require any flow reduction. The repair will most likely be split system with 2 serial lines.

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: 02/12/2025

(✓) Hand Drawing ◯ Import Drawing

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

Franklin County
NORTH CAROLINA
A Research Triangle Region Community

File# 448612 PIN# _____

Property Address: 65 Spanish Oak Dr

Applicant Or Owner Name: Lisa Ferguson

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:** 2-12-2025 **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 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 Sensal Pump Accepted Max trench depth 24"

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

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

Bedrooms: 4 Acreage: .98

If Repair: na Parcel ID: 0503664

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

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