



## IMPROVEMENT PERMIT

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

### For Office Use Only

\*CDP File Number 416235 - 1

County ID Number:

Evaluated For: NEW

PERMIT VALID UNTIL: 09/12/2029

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

Applicant: Bulmaro Rodriquez

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: 170 Cherry Bark Dr Youngsville, NC 27596 Subdivision: Sorrell Oaks Block/Phase: NEW Lot: 31

### Directions

Road #: 170 Cherry Bark Dr Youngsville

Structure: SINGLE FAMILY

# of Bedrooms: 4

# of People: 2

\*Water Supply: N/A

### 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 ☐ 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: 42

Soil Application Rate: 0.300

\*System Classification/Description:

TYPE II A. CONV SYSTEM (SINGLE-FAMILY OR 480 GPD OR LESS)

Pump Required: ☒ Yes ☐ No ☐ May Be Required

\*Proposed System: 50% 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 in accordance with CCSC design provided. Respect all setbacks.

CDP File Number: 416235

County ID Number:

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(f)).

Authorized State Agent:

Jones, Lori

Date of Issue:

09/12/2024

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:

### For Office Use Only

\*CDP File Number: 416235 - 1

County ID Number:

Evaluated For: NEW

PERMIT VALID UNTIL: 09/12/2029

☐ Open Pump System Sheet

Applicant: Bulmaro Rodriguez  
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 #: 170 Cherry Bark Dr Youngsville, NC 27596  
Subdivision: Sorrell Oaks Phase: NEW Lot: 31  
**Directions:**  
Structure: SINGLE FAMILY 170 Cherry Bark Dr Youngsville  
# of Bedrooms: 4  
# of People: 2  
\*Water Supply:

### System Specifications

Usable Soil Depth: 42 Minimum Trench Depth: Inches  
Design Flow: 480 Maximum Trench Depth: 30 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: N/A

Nitrification Field: Sq. ft.

No. Drain Lines: 3

Total Trench Length: 401 ft.

Trench Spacing: - 9

Trench Width: - 3

Aggregate Depth: inches

☐ Inches O.C.

☒ Feet O.C.

☐ Inches

☒ Feet

Septic Tank: 1,000 Gallons  
Pump Required: ☒ Yes ☐ No ☐ 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:

Please install septic in accordance with CCSC design provided. 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 regarding system location, installation, operation, maintenance, monitoring, reporting and repair (per rule .0301(a)).

Authorized State Agent: Jones, Lori

Date of Issue: 09/12/2024

☐ Hand Drawing

☒ Import Drawing

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

Total Time : (HH:MM)



Lot 31

Parcel ID: 050370  
File # 416235 PIN#

Property Address: 170 Cherry Bark Dr.

Applicant or Owner Name: Bulmaro Rodriguez

### 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\*\*: 9-12-2024 EHS: Lou 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/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'x40' Type System Pump / Press. Manifold Max Trench Depth 30"

Septic Contractor Septic/Pump tank dates Pump fee? NO YES pd

Well Contractor Well GROUT date: Head

Bedrooms: 4

\*Drawing submitted by Soil Scientist

Please install septic system in accordance with attached design sheet(s) submitted by CCSC. Respect all setbacks.

> Enclosures / Attachments

(IF Pump is required, it will be a Pressure Manifold + a tap Chart is needed from S+EC. There was not one submitted with application)

|                                                       |  |                       |                 |
|-------------------------------------------------------|--|-----------------------|-----------------|
| Project: 170 CHERRY BARK DRIVE<br>SORRELL OAKS LOT 31 |  | Project No.: 14777-51 |                 |
| Location: FRANKLIN CO., NC                            |  | Project Manager: CC   | Drawn: CC       |
| Client: LILUM HOMES                                   |  | Scale: 1" = 50'       | Field Work: JMB |
| Sheet Title: SEPTIC LAYOUT MAP                        |  | Sheet No.: 1 of 1     |                 |