Construction Authorization

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

For Office Use Only

*CDP File Number: 414745 - 1
County ID Number:
Evaluated For: NEW

PERMIT VALID UNTIL: 08/20/2029

☐ Open Pump System Sheet

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:	NC. 27587
Phone #:	

Property Location & Site Information

Address/Road #: 111 Mohawk Dr Louisburg, NC 27549
Subdivision:
Phase: NEW
Lot: 2267

Structure: SINGLE FAMILY
# of Bedrooms: 3
# of People: 4
*Water Supply: PUBLIC

Directions:

111 Mohawk Dr Louisburg NC 27549

System Specifications

Usable Soil Depth: 38
Design Flow: 360
Soil Application Rate: 0.3000

*System Classification/Description:
TYPE III G. OTHER NON-CONV. TRENCH SYSTEMS

*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: 5
Total Trench Length: 275 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:**

INSTALL ON CONTOUR. MAINTAIN PROPER 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: Ennis, Crystal
Date of Issue: 08/20/2024

◯ Hand Drawing ◯ Import Drawing

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

Total Time : (HH:MM) ____

IMPROVEMENT PERMIT

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

For Office Use Only

*CDP File Number: 414745 - 1
County ID Number:
Evaluated For: NEW

PERMIT VALID UNTIL: 08/20/2029

***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:	NC. 27587
Phone #:	

Property Location & Site Information

Address: 111 Mohawk Dr Louisburg, NC 27549
Subdivision:
Block/Phase: NEW
Lot: 2267

Road #:
Structure: SINGLE FAMILY
# of Bedrooms: 3
# of People: 4
*Water Supply: N/A

Directions

111 Mohawk Dr Louisburg NC 27549

System Specifications

Initial System

Usable Soil Depth: 38
Design Flow: 360
Soil Application Rate: 0.3000

Minimum Trench Depth: ____ Inches
Maximum Trench Depth: 26 Inches

*System Classification/Description:
TYPE III G. OTHER NON-CONV. TRENCH SYSTEMS

Septic Tank: 1000 Gallons

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

*Proposed System:
25% REDUCTION

Pump Tank: ____ Gallons

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

* 15A NCAC 18A. 1945 * Repair Area Exempt

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**

INSTALL ON CONTOUR. MAINTAIN PROPER SETBACKS.

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: Ennis, Crystal
Date of Issue: 08/20/2024

◯ Hand Drawing ◯ Import Drawing ****Site Plan/Drawing attached.****

Total TIme: (HH:MM) ____ : ____

Franklin County
NORTH CAROLINA

File # 414745 PIN# _____

Property Address: 111 Mohawk Drive

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 (X) Septic Construction Authorization (CA) ( ) CA Reissue** ( ) As Built

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

Diagram Date:** 8-19-24 **EHS:** Crystal E

****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 3'x275' Type System Acc Max Trench Depth 26"

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

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

Drawing not to scale