



IMPROVEMENT PERMIT

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

For Office Use Only

*CDP File Number 452530 - 1
County ID Number:
Evaluated For: NEW

PERMIT VALID UNTIL: 05/16/2030

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

Applicant: Joe Procopio

Address:

City:

State/Zip: NC

Phone #:

Property Owner:

Address:

City:

State/Zip:

Phone #:

Property Location & Site Information

Address: 15 Peaceful Dr Franklinton, NC 27525 Subdivision: The Manors at Harvest View Block/Phase: NEW Lot: 17

Directions

Road #: 15 Peaceful Dr

Structure: SINGLE FAMILY

of Bedrooms: 4

of People: 4

*Water Supply: N/A

System Specifications

Initial System

Usable Soil Depth: 40

Design Flow: 480

Soil Application Rate: 0.3000

Minimum Trench Depth: Inches

Maximum Trench Depth: 28 Inches

*System Classification/Description:

TYPE III B. SYSTEM W/SINGLE EFFLUENT PUMP

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: 40

Soil Application Rate: 0.300

Minimum Trench Depth: Inches

Maximum Trench: Depth: 28 Inches

*System Classification/Description:

TYPE III B. SYSTEM W/SINGLE EFFLUENT PUMP

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

INSTALL ON CONTOUR. MAINTAIN PROPER SETBACKS

CDP File Number: 452530

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(fa)).

Authorized State Agent:

Ennis, Crystal

Date of Issue:

05/16/2025

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: _____

For Office Use Only

*CDP File Number: 452530 - 1
County ID Number: _____
Evaluated For: NEW

PERMIT VALID UNTIL: 05/16/2030

☐ Open Pump System Sheet

Applicant: Joe Procopio
Address: _____
City: _____
State/Zip: NC
Phone #: _____

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

Property Location & Site Information

Address/Road #: 15 Peaceful Dr Franklinton, NC 27525 Subdivision: The Manors at Harvest View Phase: NEW Lot: 17
Directions: _____
Structure: SINGLE FAMILY 15 Peaceful Dr
of Bedrooms: 4
of People: 4
*Water Supply: NEW WELL

System Specifications

Usuable Soil Depth: 40 Minimum Trench Depth: _____ Inches
Design Flow: 480 Maximum Trench Depth: 28 Inches
Soil Application Rate: 0.3000 Minimum Soil Cover: _____ Inches
*System Classification/Description: TYPE III B. SYSTEM W/SINGLE EFFLUENT PUMP Maximum Soil Cover: _____ Inches
*Proposed System: 25% REDUCTION *Distribution Type: PUMP TO GRAVITY
Nitrification Field: _____ Sq. ft. Septic Tank: 1,000 Gallons
No. Drain Lines: 3 Pump Required: ☒ Yes ☐ No ☐ May Be Required
Total Trench Length: 405 ft. ☐ Inches O.C. ☒ Feet O.C. Pump Tank: 1,000 Gallons
Trench Spacing: _____ - 9 ☐ Inches ☒ Feet Grease Trap: _____ Gallons
Trench Width: _____ - 3 ☒ Feet Septic Tank Installer
Aggregate Depth: _____ inches 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 regarding system location, installation, operation, maintenance, monitoring, reporting and repair (per rule .0301((a))).

Authorized State Agent: Ennis, Crystal Date of Issue: 05/16/2025

☐ Hand Drawing ☐ Import Drawing

Site Plan/Drawing attached.

Total Time : (HH:MM) _____



Well Construction Permit

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

For Office Use Only

*CDP File Number 452530

PIN Number: _____

Tax Lot #: 17 Tax Block #: 050843

Evaluated For: SINGLE FAMILY \ WELL

PERMIT VALID UNTIL: 05/16/2030

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

Applicant: Joe Procopio
Address: 2801 Crusher Run
City: Wake Forest
State/Zip: NC / 27587
Phone #: _____

Property Location & Site Information

Address/Road #: _____ Subdivision: The Manors at Harvest View Phase: _____ Lot: 17
15 Peaceful Dr *Proposed use of Well: SINGLE FAMILY
Franklinton NC, 27525 If Other: _____
Applicant Email: _____
Owner Email: _____
Directions: 15 Peaceful Dr

Well Contractor Information

Drilling Contractor: _____ Driller Registration: _____

Permit Conditions

*Permit Conditions

Well location, construction and protection must meet all state and local regulations and must be inspected and approved by an authorized representative of the Local Health Department. The permit may be revoked at any time for failure to comply with existing regulations. The siting of approved well construction area(s) by the Health Department is to provide protection from the known possible sources of contamination. The approved well area(s) may not be changed without permission from an authorized representative of the Local Health Department. Issuance of this well permit does not guarantee water quality or adequate water production from the well once it is installed or repaired.

*Issued By: Ennis, Crystal

Authorized State Agent: Crystal Ennis

Owner/Applicant: _____

*Date of Issue: 05/16/2025

☐ Hand Drawing ☐ Import Drawing

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



File# 452530 PIN# 1875-00-0778

Property Address: 15 Peaceful Dr

Applicant Or Owner Name: Joe Procopio

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**: 5-15-25 EHS: Cynthia 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 inspections may be scheduled the day before or the day of installation by 9am. Contact the Environmental Health office at 919 496-8100. A revisiit fee may apply if installation is not ready for inspection at the time requested.

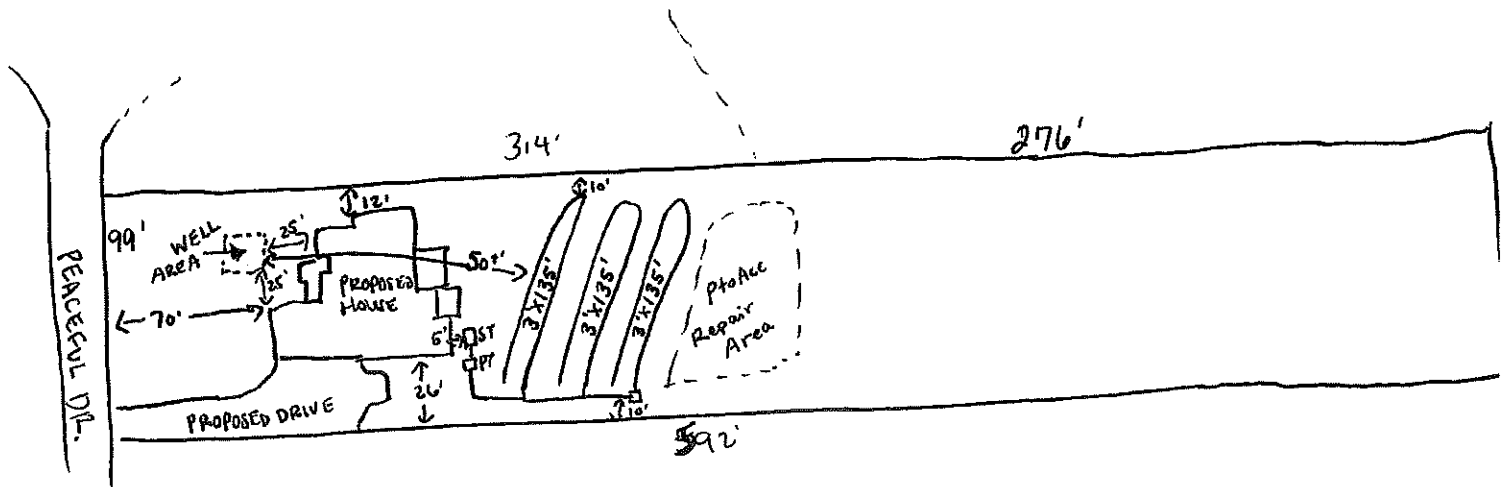
SEPTIC OPERATIONS PERMITS will be issued after installation is approved, all permit conditions are met, and any outstanding fees are paid. WELL CERTIFICATE OF COMPLETION will be issued after well head approval, all permit conditions are met, and any outstanding fees are paid.

Septic Tank 1000 Pump Tank 1000 Drain field 3'x405' Type System PtoAcc Max trench depth 28"

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

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

Drawing not to scale





Health Department
107 Industrial Dr., Suite C
Lenoir, NC 28540
Phone: 315-436-2533
Fax: 315-466-4327
www.franklinnc.gov

FRANKLIN COUNTY ENVIRONMENTAL HEALTH SEPTIC SYSTEM PUMP REQUIREMENTS

PUMP SYSTEM FEE

An additional fee of fifty dollars (\$50.00) is assessed when a pump and related components are required for a new septic system. This fee must be paid prior to the Operations Permit being issued. Franklin County Environmental Health requests this fee is paid before beginning the septic installation to make the final inspection as smooth as possible. The septic permit will not be signed off and a CO cannot be obtained until this fee is paid. This fee may be paid in person or by mail.

Franklin County Health Department
Environmental Health Section
107 Industrial Dr., Suite C
Lenoir, NC 28540

When making payment, please provide the permit number and the applicant name to ensure the payment is applied to the correct permit.

PUMP TO GRAVITY DISTRIBUTION

Unless otherwise noted on your septic permit or related attachments, the minimum type distribution method for your septic system is by means of a distribution box (D-box). This is achieved by pumping the wastewater to a D-box and allowing gravity to naturally dispose the wastewater evenly to each drain line. This type distribution may be used for up to four (4) drain lines laterals. The D-box should be watertight. The supply line to the D-box should be 30 degrees below horizontal downward to prevent a "siphon" action of the wastewater. The D-box should be covered on-site to make it easily identifiable and prevent damage.

REQUIREMENTS FOR PUMP SYSTEMS (Pump to conventional, pressure, manifold, or LPP)

The following requirements must be met, in addition to the requirements on the permit itself:

Tanks and Risers

All tanks shall be constructed according to plans which have been approved by the Division of Environmental Health.

Pump tanks shall have a riser which extends to at least 6" above the finished grade (never be recommended on septic tank).

Pump tanks should be of "one piece" construction, if not, it shall be tested for water tightness by the approved method (if a soil wetness condition exists within 5' of the tank top).

Access must be properly sealed into the tank.

Pipes and conduit must exit their through "breakouts" provided vent shall be installed on pump tank if over 30' from facility.

Supply Line

Supply line shall be Schedule 40 PVC or stronger.

Supply line shall have a check valve, gate valve, and a threaded union in order to allow easy removal of pump-conduit riser/receiver tube or chain shall also be connected to pump.

Supply line into box shall be allowed with a 60 and extended down to within 2" of the bottom of the distribution box.

Supply line shall be properly sealed at pump tank and box.

Electrical: All connections, pump controllers, and alarm components shall be enclosed in a NEMA 4X (weatherproof) enclosure.

Enclosure shall be securely mounted on a treated 4x4 post, adjacent to the pump tank, and at least 12" above grade.

Wires from pumps and control boxes shall be conveyed from the riser to the control panel through sealed electrical conduit (shall be sealed to be watertight and gasketed).

Unsealed pipes shall be used, with no splices in the wire cables.

Control boxes shall be sealed mercury type.

Control boxes shall be suspended from a PVC arm or "Christmas Tree" (not from the supply line) for unobstructed movement.

Alarm: Battery: Power to high-water alarm shall be on a separate circuit from power to the pump.

Alarm system shall be audible and visible to system user.

Alarm system shall be NEMA 4X or equivalent if mounted outside.

NEMA 4X junction box, containing a means of disconnection for the alarm line, shall be provided adjacent to the pump tank. If the alarm panel is located inside the facility.

Electrical service or a generator must be available for final inspection in order to check pump and alarm system.

FIGURE 100-134

Revised 5/98