



IMPROVEMENT PERMIT

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

For Office Use Only

*CDP File Number 388663 - 1

County ID Number:

Evaluated For: NEW

PERMIT VALID UNTIL: 01/26/2028

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

Applicant: ANTHONY ALSTON

Address: 340 TOLLIE WELDON RD

City: HENDERSON

State/Zip: NC 27537

Phone #:

Property Owner: ANTHONY ALSTON

Address: 340 TOLLIE WELDON RD

City: HENDERSON

State/Zip: NC. 27537

Phone #:

Property Location & Site Information

Address: 220 CHEEKS QUATER RD
HENDERSON, NC 27537

Subdivision: ALSTON

Block/Phase: NEW

Lot:

Road #:

Directions

220 CHEEKS QUATER RD

Structure: SINGLE FAMILY

of Bedrooms: 4

of People: 0

*Water Supply: N/A

System Specifications

Initial System

*Site Classification: Provisionally Suitable

Design Flow: 480

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: 24 Inches

Septic Tank: 1000 Gallons

Pump Required ☒ Yes ☐ No ☐ May Be Required

Pump Tank: 1000 Gallons

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

Repair System

*Site Classification: Provisionally Suitable

Soil Application Rate: 0.300

*System Classification/Description:

TYPE III G. OTHER NON-CONV. TRENCH SYSTEMS

*Proposed System:
25% REDUCTION

Minimum Trench Depth: Inches

Maximum Trench Depth: 24 Inches

Pump Required: ☒ 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

Contact HD once precise house location is determined.

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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 (1938(b)).

Authorized State Agent:

Ennis, Crystal

Date of Issue:

01/26/2023

Total Time: (HH:MM)

☐ Hand Drawing

☐ Import Drawing

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

____ : ____



File # 388663 PIN# _____

Property Address: 220 Cheeks Quarter Rd.

Applicant or Owner Name: Anthony Alston

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**: 1-26-23 EHS: Cynthia Ezz

**Any previously dated CA diagram is revoked and/or invalid. Confirm this is the valid diagram for the site before beginning any construction.

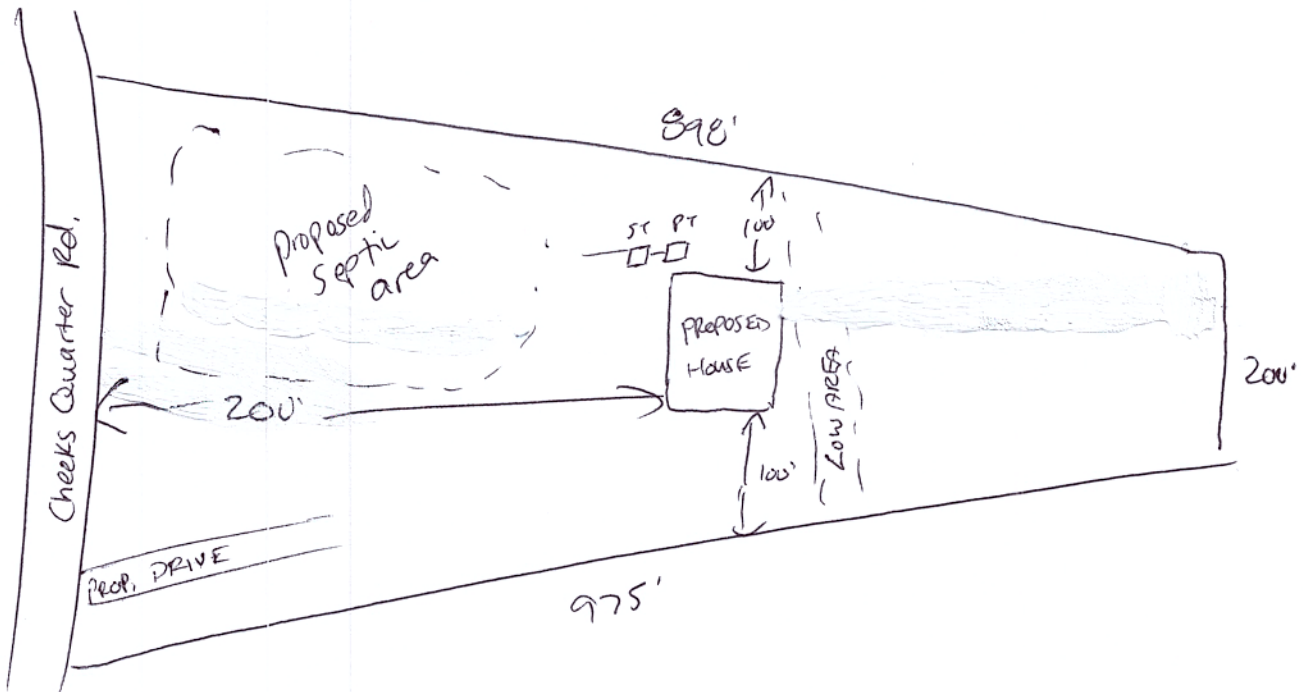
Installation/grouting inspections may be scheduled the day before, or, the day of installation until 9am by contacting the Environmental Health office at 919 496 8100. A revisit fee may apply if installation is not ready for inspection at the time requested. Septic Operations Permits will be issued after 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'x400' Type System PtoAcc Max Trench Depth 24"

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

Well Contractor _____ Well Grout date: _____

**Drawing not to scale
*Contact Health Department/EH
once precise house location is determined*





Health Department
107 Industrial Drive, Suite C
Louisburg, NC 27549
Phone: 919-496-2533
Fax: 919-496-8127
www.franklincountync.us

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 request the fee is paid before beginning the septic installation to make the final inspection go smoothly. 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 at:

Franklin County Health Department
Environmental Health Section
107 Industrial Dr, Suite C
Louisburg NC 27549

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 disperse the wastewater equally to each drain line. This type distribution may be used for up to four (4) box with a 90 degree elbow directed downwards to prevent a "swirling" action of the wastewater. The D-box location should be marked 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 (riser is recommended on septic tank)
- pump tanks should be of "one piece" construction; if not, it shall be tested for watertightness by the approved method (if a soil witness condition exist within 5' of the tank top)
- risers must be properly sealed to the top of the tank
- pipes shall be properly sealed into the tank
- pipes and conduit must exit riser through "knock-outs" 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)-corrosion resistant rope or chain shall also be connected to pump
- supply line into box shall be elbowed with a 90 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 (watertight) 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 floats shall be conveyed from the riser to the control panel through sealed electrical conduit (shall be sealed to be watertight and gaslight)
- control plugs shall be used, with no splices in the wire cables
- control floats shall be sealed mercury type
- supply line) for unrestricted movement

Alarm System

- power to high-water alarm shall be on a separate circuit from power to the pump
- alarm shall be audible and visible to system user
- NEMA 4X junction box, containing a means of disconnection for the alarm float, 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