



IMPROVEMENT PERMIT

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

User guide

For Office Use Only

*CDP File Number: 303393 - 1
County ID Number: 1848-94-4803
Evaluated For: NEW

Address

PERMIT VALID UNTIL: 02/10/2025

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

Applicant: MICHAEL PUNTE
Address: 199 PEYTON LN
City: KITTRELL
State/Zip: NC 27544
Phone #: home: (919) 801-7608

Property Owner: MICHAEL MCMICHAEL
Address: 4428 ROLLER CT
City: RALEIGH
State/Zip: NC. 27604
Phone #:

Property Location & Site Information

Address/Road #: RIVER VIEW DR FRANKLINTON, NC 27525
Structure: SINGLE FAMILY
of Bedrooms: 4
of People: 4
*Water Supply: N/A
Subdivision: RIVER VIEW
Directions: ESTATES
Phase: NEW
Lot: 9
RIVER VIEW DR

System Specifications

Initial System

*Site Classification: PS Shallow Placement
Design Flow: 480
Soil Application Rate: 0.2500

Minimum Trench Depth: _____ Inches
Maximum Trench Depth: 18 Inches

*System Classification/Description:
TYPE II A. CONV SYSTEM (SINGLE-FAMILY OR 480 GPD OR LESS)
*Proposed System:
25% REDUCTION

Septic Tank: 1000 Gallons
Pump Required: ☐ Yes ☒ No ☐ May Be Required
Pump Tank: _____ Gallons

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

Repair System

*Site Classification: PS Shallow Placement
Soil Application Rate: 0.250
*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: 18 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

must install french drain 10' above drainlines. see notes on diagram

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:

Shad Leonard

Date of Issue:

02/10/2020

Total Time: (HH:MM)

☐ Hand Drawing

☐ Import Drawing

Site Plan/Drawing attached.