IMPROVEMENT PERMIT

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

For Office Use Only

*CDP File Number: 413187 - 1
County ID Number:
Evaluated For: NEW

PERMIT VALID UNTIL: 06/03/2029

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

Applicant:	Cantiere Homes Inc
Address:	8617 Bishop Pine Lane
City:	Wake Forest
State/Zip:	NC 27587
Phone #:	

Property Owner:	Cantiere Homes Inc
Address:	8617 Bishop Pine Lane
City:	Wake Forest
State/Zip:	NC. 27587
Phone #:	

Property Location & Site Information

Address: 65 Cherry Bark Drive Youngsville, NC 27596
Subdivision:
Block/Phase: NEW
Lot:

Road #:
Structure: SINGLE FAMILY
# of Bedrooms: 4
# of People: 8
*Water Supply: N/A

Directions

65 Cherry Bark Drive

System Specifications

Initial System

Usable Soil Depth: 42
Design Flow: 480
Soil Application Rate: 0.3000

*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: 30 Inches

Septic Tank: 1000 Gallons
Pump Required (X) Yes ( ) No ( ) May Be Required
Pump Tank: 1000 Gallons

Repair System Required: (X) 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)

*Proposed System: 25% REDUCTION

Minimum Trench Depth: _____ Inches
Maximum Trench: Depth: 30 Inches

Pump Required: (X) 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**

Please install septic according to submitted engineered system design. Respect all setbacks.

CDP File Number: 413187 County ID Number:

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: Jones, Lori Date of Issue: 06/03/2024

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:

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*CDP File Number: 413187 - 1
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☐ Open Pump System Sheet

Applicant:	Cantiere Homes Inc	Property Owner:	Cantiere Homes Inc
Address:	8617 Bishop Pine Lane	Address:	8617 Bishop Pine Lane
City:	Wake Forest	City:	Wake Forest
State/Zip:	NC 27587	State/Zip:	NC. 27587
Phone #:		Phone #:	

Property Location & Site Information

Address/Road #: 65 Cherry Bark Drive, Youngsville, NC 27596
Subdivision:
Phase: NEW Lot:

Structure: SINGLE FAMILY
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*Water Supply:

Directions:

65 Cherry Bark Drive

System Specifications

Usuable Soil Depth: 42
Design Flow: 480
Soil Application Rate: 0.3000

*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: 30 Inches
Minimum Soil Cover: ____ Inches
Maximum Soil Cover: ____ Inches

*Distribution Type: PRESSURE MANIFOLD

Septic Tank: 1,000 Gallons

Nitrification Field: ____ Sq. ft.
No. Drain Lines: 5
Total Trench Length: 450 ft.
Trench Spacing: ____ - 9
Trench Width: ____ - 3
Aggregate Depth: ____ inches

○ Inches O.C. ⊗ Feet O.C.
○ Inches ⊗ Feet

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 according to submitted engineered system design. 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 regaurding system location, installation, operation, maintenance, monitoring, reporting and repair (per rule .0301((a)).

Authorized State Agent: Jones, Lori
Date of Issue: 06/03/2024

○ Hand Drawing ☑ Import Drawing

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

Total Time : (HH:MM) ____

Franklin County
NORTH CAROLINA
A Research Triangle Region Community

File# 413187 Lot 90 PIN#_____

Property Address: 65 Cherry Bark Dr. Yngs

Applicant Or Owner Name: Cantiere Homes

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:** 6-3-2024 **EHS:** [signature]

****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 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 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'X450' Type System Accepted Max trench depth 30"

Septic Contractor_____ Septic/Pump tank dates_____ PUMP FEE PAID _____

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

Bedrooms: 4
If Repair: na

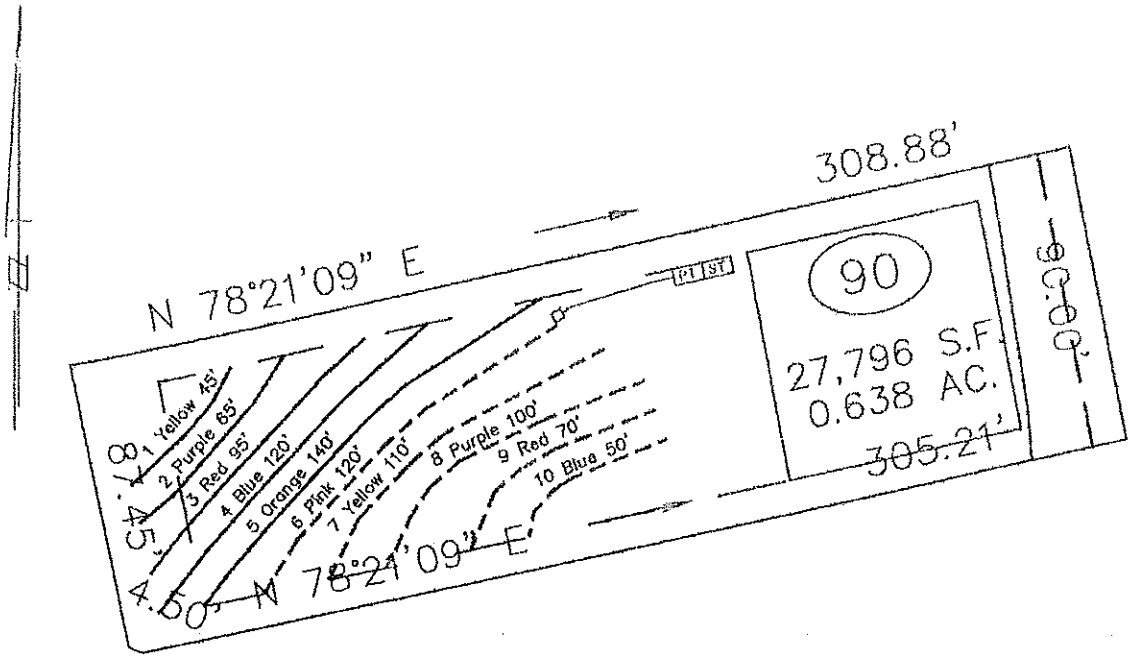
Acreage: .638
Parcel ID: 050388

Lot 90

*Drawing not to scale (if large acreage, may be portion)
(If not as built, indicate changes on front or back of sheet.)

Please install septic as designed on attached sheets provided by CCSC.
Respect all setbacks.

(No tap chart submitted w/ application)



*Keep tanks and drain lines 10' from property lines.
*Not a survey.
*Not a guarantee of a septic permit.
*Keep supply lines >5' from property lines.
*Some lines are flagged longer in the field than lengths indicate.
*No grading septic area.

System: - - - - -
Repair: ———

System: Pressure Manifold
Lines: 6–10, (450')
Accepted Status System
0.3 Soil LTAR

Repair: Pressure Manifold
Lines: 1–5, (465')
Accepted Status System
0.3 Soil LTAR

GRAPHIC SCALE
1" = 50'
50 0 50 100

Central Carolina Soil Consulting, PLLC
1900 South Main Street, Suite 110
Wake Forest, North Carolina 27587
Phone (919)569–6704 Fax (919)569–6703

4–Bedroom Septic Layout
Lot 90, Sorrell Oaks Subdivision
Wake County, North Carolina

Job# : 3845
Drawn By : LW
Date : 08/24/2023
Revision: