Construction Authorization

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

For Office Use Only

*CDP File Number: 391244 - 1
County ID Number:
Evaluated For: NEW

PERMIT VALID UNTIL: 04/05/2028

☐ Open Pump System Sheet

Applicant:	KEVIN DILLISTIN
Address:	290 JOE DENTON RD
City:	LOUISBURG
State/Zip:	NC 27549
Phone #:	

Property Owner:	HERBERT PREDDY
Address:	
City:	LOUISBURG
State/Zip:	NC. 27549
Phone #:	

Property Location & Site Information

Address/Road #: 1884 MAYS CROSSROADS RD LOUISBURG, NC 27549
Subdivision: WIGGINS TR Phase: NEW Lot:

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

Directions:

1884 MAYS CROSSROADS RD

System Specifications

*Site Classification: Provisionally Suitable
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: 18 Inches
Minimum Soil Cover: ____ Inches
Maximum Soil Cover: ____ Inches
*Distribution Type: GRAVITY - PARALLEL (eq. d-box)

Nitrification Field: ____ Sq. ft.
No. Drain Lines: 3
Total Trench Length: 400 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:**

Just below orig system lot is lower on right side. Soil fill is suggested to keep water from settling onto designaged repair area.

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 (.1937(g)). Ther 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

Authorized State Agent: Jones, Lori
Date of Issue: 04/05/2023

(V) 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: 391244 - 1
County ID Number:
Evaluated For: NEW

PERMIT VALID UNTIL: 04/05/2028

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

Applicant:	KEVIN DILLISTIN	Property Owner:	HERBERT PREDDY
Address:	290 JOE DENTON RD	Address:	
City:	LOUISBURG	City:	LOUISBURG
State/Zip:	NC 27549	State/Zip:	NC. 27549
Phone #:		Phone #:	

Property Location & Site Information

Address: 1884 MAYS CROSSROADS RD, LOUISBURG, NC 27549
Subdivision: WIGGINS TR
Block/Phase: NEW
Lot:

Directions

1884 MAYS CROSSROADS RD

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

System Specifications

Initial System

*Site Classification: Provisionally Suitable
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: 18 Inches

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

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

Repair System

*Site Classification: Provisionally Suitable
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: 18 Inches

Pump Required: ◯ Yes (X) 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**

Just below orig system lot is lower on right side. Soil fill is suggested to keep water from settling onto designaged repair area.

CDP File Number: 391244 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 (.1938(b)).

Authorized State Agent: Jones, Lori Date of Issue: 04/05/2023

Total TIme: (HH:MM)

(✓) Hand Drawing ( ) Import Drawing ****Site Plan/Drawing attached.**** ____ : ____

Franklin County
NORTH CAROLINA

File #: 391244 PIN#:

Property Address: 1884 Mays Crossroads Rd Lsbg

Applicant or Owner Name: Kevin Dillistin Lot 1

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:** 4-5-2023 **EHS:** Lori Jones

****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 na Drainfield 3'X400' Type System Gravity/Diagr Accepted Max Trench Depth 18"

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

Well Contractor _____ Well Grout date: _____ or self grout Well Head Date: _____

Bedrooms: 4

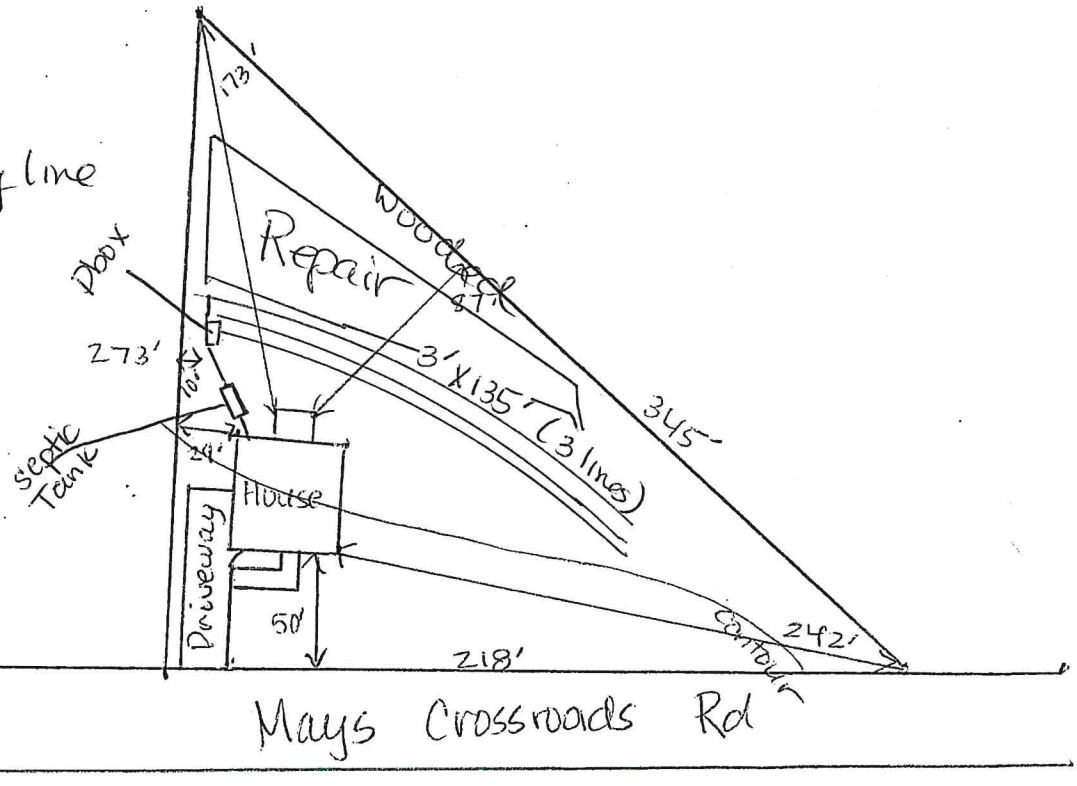
If Repair: na

Acreage: 9.83

Parcel ID: 026389

*Drawing not to scale (if large acreage, may be portion)

(If not as built, indicate changes on front or back of sheet.)



* 10' from left property line

DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

4-5-23 ✓

Sheet 1 of 1 (T+D)
PROPERTY ID #: ____
COUNTY: Franklin

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

(Complete all fields in full)

Lot 1

OWNER: Kevin Dillistin
ADDRESS: 290 Joe Denton Rd
APPLICATION DATE: 3-8-2023
PROPOSED FACILITY: Residence
DATE EVALUATED: 4-5-2023
PROPOSED DESIGN FLOW (.1949): 480
LOCATION OF SITE: 1884 Mays Xrds
PROPERTY SIZE: 9.83
PROPERTY RECORDED: ____
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other ____
EVALUATION METHOD: ☐ Auger Boring (circled) ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	Linear	0-2	Gr/L	FrNSNpSE		30"			PS
		2-8	mgr/ SBK SCL	FiSSSpSE					
		8-30	m/g/ SBK SC/C	FiSPSE	-12"				
			SC			18" Install			
	6%	@20" Scraping Back + Form C/SC mostly	By Stiff clay						.3
2		2" slope correction							
		Being conservative due to low contour on this lot							
3									

2 lots side by side (2 Holes total w/ both lots same day)

This is lower elevation hole.

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
LTAR	.3	.3

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): ____
EVALUATED BY: Lori Jones
OTHER(S) PRESENT: ____

COMMENTS: ____

→ over

Revised February 2014