IMPROVEMENT PERMIT

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

For Office Use Only

*CDP File Number: 451489 - 1
County ID Number:
Evaluated For: REPAIR

PERMIT VALID UNTIL: 03/31/2030

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

Applicant:	Sheri Lowery
Address:	604 Holden Rd
City:	Youngsville
State/Zip:	NC 27596
Phone #:	

Property Owner:	Sheri Lowery
Address:	604 Holden Rd
City:	Youngsville
State/Zip:	NC. 27596
Phone #:	

Property Location & Site Information

Address: 435 Tant Rd Zebulon, NC 27597 Subdivision: Block/Phase: NEW Lot:

Road #:

Structure: SINGLE FAMILY

# of Bedrooms: 3

# of People: 4

*Water Supply: N/A

Directions

435 Tant Rd

System Specifications

Initial System

Usable Soil Depth:

Design Flow: 360

Soil Application Rate:

*System Classification/Description:

*Proposed System:

Minimum Trench Depth: _____ Inches

Maximum Trench Depth: _____ Inches

Septic Tank: 1000 Gallons

Pump Required ◯ Yes (X) No ◯ May Be Required

Pump Tank: _____ Gallons

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

* 15A NCAC 18A. 1945 * Repair Area Exempt

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**

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: Bendel, Joel Date of Issue: 03/31/2025

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:

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☐ Open Pump System Sheet

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City:	Youngsville
State/Zip:	NC 27596
Phone #:	

Property Owner:	Sheri Lowery
Address:	604 Holden Rd
City:	Youngsville
State/Zip:	NC. 27596
Phone #:	

Property Location & Site Information

Address/Road #: 435 Tant Rd Zebulon, NC 27597
Subdivision:
Phase: NEW
Lot:

Directions:

435 Tant Rd

Structure: SINGLE FAMILY
# of Bedrooms: 3
# of People: 4
*Water Supply: EXISTING WELL

System Specifications

Usable Soil Depth:
Design Flow: 360
Soil Application Rate:
*System Classification/Description:

Minimum Trench Depth: Inches
Maximum Trench Depth: Inches
Minimum Soil Cover: Inches
Maximum Soil Cover: Inches

*Proposed System:
*Distribution Type: N/A

Septic Tank: 1,000 Gallons
Nitrification Field: Sq. ft.
Pump Required: ◯ Yes (X) No ◯ May Be Required
No. Drain Lines:
Total Trench Length: ft. ◯ Inches O.C. ◯ Feet O.C.
Pump Tank: Gallons
Trench Spacing: - ◯ Inches
Grease Trap: Gallons
Trench Width: - ◯ Feet
Aggregate Depth: inches
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:**

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: Bendel, Joel
Date of Issue: 03/31/2025

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

◯ Hand Drawing ◯ Import Drawing

Total Time : (HH:MM)

Franklin County
NORTH CAROLINA

File # 451489 PIN#_____

Property Address: 435 Tart Rd

Applicant or Owner Name: Sheri Colvey

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:** 3-31-25 **EHS:** Joel Bendel

****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 _____ Drainfield _____ Type System_____ Max Trench Depth_____

Septic Contractor _____ Septic/Pump tank dates_____ Pump Fee Paid_____

Well Contractor _____ Well Head Date:_____ Pump Final:_____N/A (circle)

*New 1000 gal septic tank needed → Existing tank has leak and needs crushed and replaced *

Joel - GDP451489
Property developed 1955

RECEIVED
MAR 28 2025
By

COUNTY OF FRANKLIN
ENVIRONMENT HEALTH APPLICATION (919)496-8100

Permit Type (PLEASE CIRCLE): septic repair / well abandonment

Application Date:

Project Address: 435 Tant Rd Zebulon NC 27597

Location: Yard - Septic | Size/Acreage #: 1.5

Subdivision: n/a | Lot #:

Applicant: Sheri Tant Lowery | Phone: 919-395-2733

Email: Sheri.lowery@edwardjones.com

Owner Name and Address: Sheri Lowery
1604 Holden Rd Youngsville NC 27596

Pin #: | Parcel #

Septic Contractor: DBS (David Brantley Septic)

Proposed Use: Residental | # of bedrooms: 3 | # of people: 4

Year House was built: 1956 | Name of Builder: unknown

Please complete all sections below

____ Yes ✓ No Does this site contain any previously identified jurisdictional wetlands?

____ Yes ✓ No Is any wastewater, other than domestic, going to be generated?

____ Yes ✓ No Is the site subject to approval by any other public agency?

*If the answer to any of the above is "yes", applicant must submit supporting documentation.

Please indicate desired system type(s). Systems can be ranked in order of preference.

✓ Conventional ___ Alternative ___ Innovative ___ Modified Conventional

___ Other ___ No Preference

Reason for repair (please describe conditions):

Septic Tank failed water test - Leak - can't be repaired. Needs to be replaced.

Last date septic tank was pumped: unknown | Have lines been flagged? YES (NO)

I hereby certify that I am the owner or authorized by the owner to act as his/her legal representation. Furthermore, as legal representative (if applicable) I have advised the owner of my intention to apply for this wastewater treatment and disposal system.

I also certify that all of the statements made in this application and any attached documents are true, complete, and correct, to the best of my knowledge and belief and are made in good faith. If information I application for improvement permit is falsified changed or site is altered, then improvement permit and authorization to construct shall become invalid. Authorized county representatives are granted right of entry to make evaluations or inspections, and to release information upon public request.

Sheri Tant Lowery

Signature of Owner or Owner's Legal Representative

Profile
Sales
Residential
Commercial
OBY
Values
Commercial Apartment
Commercial Use
Sketch
Map
Photos

PARCEL ID: 002188 Tax Year: 2025
January 1 Owner(s): LOWERY SHERI TANT
January 1 Owner(s):

1 of 1

Actions
Printable Summary
Printable Version

Reports
Property Report Card

Go

Parcel

PIN	2728-63-6628
Physical Address	435 TANT RD
Unit	
City	ZEBULON
Zip Code	27597-
Neighborhood	J12
Class	Dwelling
Land Use Code	Single Family
Acres	1.5
Land Type	A
Frontage Width and Depth	- -
Zoning	FCO R-30
Street1/Street2	Paved /
Topo1/Topo2/Topo3	Level / Rolling /
Util1/Util2/Util3	Well/Septic/Electric
Restrict1/Restrict2/Restrict3	//

Legal

Sub Name	TANT LOT
Lot No.	1
Township	Dunn
Tax Jurisdiction	PLTF
Plat Book/Page	1997 / 335
Deed Book/Page	2252 / 133

Current Owner Details

Owner 1	LOWERY SHERI TANT
Owner 2	
In Care Of	
Mailing Address	411 TANT RD
City/State/Zip	ZEBULON/NC/27597
Solid Waste Fee	1

Profile
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PARCEL ID: 002188 Tax Year: 2025
January 1 Owner(s): LOWERY SHERI TANT
January 1 Owner(s):

1 of 1

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Property Report Card

Go

Residential

Card	1
Stories	1
LUC	Single Family
Exterior Wall	Vinyl /Aluminum Siding
Style	Ranch
Year Built	1955
Effective Year Built	
Remodeled Year	
Living Area	1,462
Total Rooms	6
Bedrooms	3
Attic	1
Basement	Crawl Space
Full Baths	2
Half Baths	0
Heat	HVAC
Heating System	
Heating Fuel Type	Gas
Pre Fab Fireplace	
Masonry Fireplaces	0
Building Value	$116,360.00

Addition Details

1 of 4 >

Card	1
Addition #	0
First	
Second	
Third	
Year Built	
Area	1,462