IMPROVEMENT PERMIT

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

For Office Use Only

*CDP File Number: 408440 - 1
County ID Number:
Evaluated For: NEW

PERMIT VALID UNTIL: 03/26/2029

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

Applicant:	DICKERSON BUILDERS	Property Owner:	
Address:	PO BOX 326	Address:	
City:	BUNN	City:	
State/Zip:	NC 27508	State/Zip:	
Phone #:		Phone #:	

Property Location & Site Information

Address: 125 LEISURE LN LOUISBURG, NC 27549
Subdivision: THARRINGTON ACRES
Block/Phase: NEW
Lot:

Directions
125 LEISURE LN

Road #:
Structure: SINGLE FAMILY
# of Bedrooms: 3
# of People: 4
*Water Supply: N/A

System Specifications

Initial System

Usable Soil Depth: 36
Design Flow: 360
Soil Application Rate: 0.3000

*System Classification/Description:
TYPE III B. SYSTEM W/SINGLE EFFLUENT PUMP

*Proposed System:
25% REDUCTION

Minimum Trench Depth: ____ Inches
Maximum Trench Depth: 24 Inches

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

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

Repair System

Usable Soil Depth: 36
Soil Application Rate: 0.300

*System Classification/Description:
TYPE III B. SYSTEM W/SINGLE EFFLUENT PUMP

*Proposed System: 25% REDUCTION

Minimum Trench Depth: ____ Inches
Maximum Trench: Depth: 24 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**

CDP File Number: 408440 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: Leonard, Shad Date of Issue: 03/26/2024

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: 408440 - 1
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☐ Open Pump System Sheet

Applicant:	DICKERSON BUILDERS
Address:	PO BOX 326
City:	BUNN
State/Zip:	NC 27508
Phone #:	

Property Owner:	
Address:	
City:	
State/Zip:	
Phone #:	

Property Location & Site Information

Address/Road #: 125 LEISURE LN LOUISBURG, NC 27549
Subdivision: THARRINGTON ACRES
Phase: NEW
Lot:

Directions: 125 LEISURE LN

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

System Specifications

Usable Soil Depth: 36
Design Flow: 360
Soil Application Rate: 0.3000
*System Classification/Description: TYPE III B. SYSTEM W/SINGLE EFFLUENT PUMP
*Proposed System: 25% REDUCTION

Minimum Trench Depth: ____ Inches
Maximum Trench Depth: 24 Inches
Minimum Soil Cover: ____ Inches
Maximum Soil Cover: ____ Inches
*Distribution Type: PUMP TO GRAVITY

Septic Tank: 1,000 Gallons
Pump Required: (X) Yes ( ) No ( ) May Be Required
Pump Tank: ____ Gallons
Grease Trap: ____ Gallons

Nitrification Field: ____ Sq. ft.
No. Drain Lines: 3
Total Trench Length: 300 ft.
Trench Spacing: 9 - ____
Trench Width: 3 - ____
Aggregate Depth: ____ inches

( ) Inches O.C.
(X) Feet O.C.
( ) Inches
(X) Feet

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: Leonard, Shad
Date of Issue: 03/26/2024

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

( ) Hand Drawing ( ) Import Drawing

Total Time : (HH:MM) ____

Well Construction Permit

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

For Office Use Only

*CDP File Number 408440

PIN Number:

Tax Lot #: Tax Block #: 049970

Evaluated For:

PERMIT VALID UNTIL: 03/26/2029

Property Owner:		Applicant:	DICKERSON BUILDERS
Address:		Address:	PO BOX 326
City:		City:	BUNN
State/Zip:	NC	State/Zip:	NC / 27508
Phone #:		Phone #:	

Property Location & Site Information

Address/Road #: 125 LEISURE LN
LOUISBURG NC, 27549

Subdivision: THARRINGTON ACRES Phase: Lot:

*Proposed use of Well:

If Other:

Applicant Email:

Owner Email:

Directions: 125 LEISURE LN

Well Contractor Information

Drilling Contractor:

Driller Registration:

Permit Conditions

*Permit Conditions
maintain all setbacks.

Well location, construction and protection must meet all state and local regulations and must be inspected and approved by an authorized representative of the Local Health Department. The permit may be revoked at any time for failure to comply with existing regulations. The siting of approved well construction area(s) by the Health Department is to provide protection from the known possible sources of contamination. The approved well area(s) may not be changed without permission from an authorized representative of the Local Health Department. Issuance of this well permit does not guarantee water quality or adequate water production from the well once it is installed or repaired.

*Issued By: Leonard, Shad

*Date of Issue: 03/26/2024

Authorized State Agent:

○ Hand Drawing ○ Import Drawing

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

Owner/Applicant:

Well Construction Permit

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

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*CDP File Number 408440

PIN Number:

Tax Lot #: _____ Tax Block #: 049970

Evaluated For:

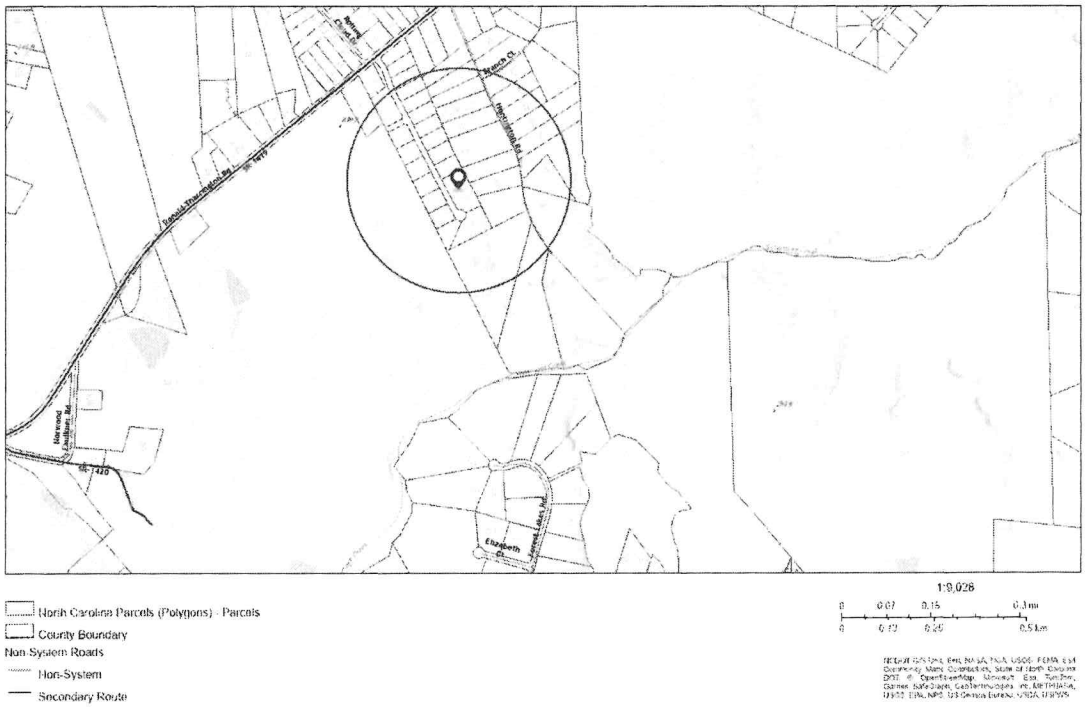
PERMIT VALID UNTIL: 03/26/2029

WPDT Screening Report

Area of Interest (AOI) Information

Area : 3,134,508.67 ft²

Mar 26 2024 14:57:38 Eastern Daylight Time



North Carolina Parcels (Polygons) - Parcels
County Boundary
Non-System Roads
Non-System
Secondary Route

1:9,028

0 0.07 0.15 0.3 mi
0 0.12 0.25 0.5 km

Franklin County
NORTH CAROLINA
A Research Triangle Region Community

File# 408440 PIN# _____

Property Address: 125 Leisure Ln

Applicant Or Owner Name: Dickerson Builders

Environmental Health Septic/Well Permit Diagram

Building permits cannot be issued nor should construction begin without Construction Authorization issuance.

(X) Septic Improvement Permit (X) Septic Construction Authorization (CA) ( ) CA Reissue** ( ) As Built

(X) Well Construction Authorization ( ) Additional Diagram/Specifications Attached

Diagram Date:** 3/26/24 **EHS:** _____

****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'x300' Type System PtoA Max trench depth 24"

Septic Contractor _____ Septic/Pump tank dates _____ PUMP FEE PAID _____

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

- Drawing not to scale
- Maintain proper setbacks
- Install on contour