



IMPROVEMENT PERMIT

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

For Office Use Only

*CDP File Number 408904 - 1

County ID Number: _____

Evaluated For: NEW

PERMIT VALID UNTIL: 04/03/2029

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

Applicant: BRANDYWINE HOMES

Address: PO BOX 910

City: WAKE FOREST

State/Zip: NC 27588

Phone #: _____

Property Owner: _____

Address: _____

City: _____

State/Zip: _____

Phone #: _____

Property Location & Site Information

Address: 75 LEISURE LN LOUISBURG,
NC 27549

Subdivision: THARRINGTON

Block/Phase: NEW

Lot: 7

Road #: _____

Directions ACRES

Structure: SINGLE FAMILY

75 LEISURE LN

of Bedrooms: 3

of People: 3

*Water Supply: N/A

Initial System

Usable Soil Depth: 34

Design Flow: 360

Soil Application Rate: 0.3000

*System Classification/Description:

TYPE III G. OTHER NON-CONV. TRENCH SYSTEMS

*Proposed System:

25% REDUCTION

System Specifications

Minimum Trench Depth: _____ Inches

Maximum Trench Depth: 22 Inches

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

Usable Soil Depth: 34

Soil Application Rate: 0.300

*System Classification/Description:

TYPE III G. OTHER NON-CONV. TRENCH SYSTEMS

*Proposed System: 25% REDUCTION

Minimum Trench Depth: _____ Inches

Maximum Trench: Depth: 22 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

INSTALL ON CONTOUR. MAINTAIN PROPER SETBACKS.

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 (per rule .0301(f)).

Authorized State Agent:

Ennis, Crystal

Date of Issue:

04/03/2024

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: 408904 - 1

County ID Number: _____

Evaluated For: NEW

PERMIT VALID UNTIL: 04/03/2029

☐ Open Pump System Sheet

Applicant: BRANDYWINE HOMES

Address: PO BOX 910

City: WAKE FOREST

State/Zip: NC 27588

Phone #: _____

Property Owner: _____

Address: _____

City: _____

State/Zip: _____

Phone #: _____

Property Location & Site Information

Address/Road #: 75 LEISURE LN LOUISBURG,
NC 27549

Subdivision: THARRINGTON Phase: NEW Lot: 7

Directions: ACRES

Structure: SINGLE FAMILY

75 LEISURE LN

of Bedrooms: 3

of People: 3

*Water Supply: NEW WELL

System Specifications

Usuable Soil Depth: 34

Minimum Trench Depth: _____ Inches

Design Flow: 360

Maximum Trench Depth: 22 Inches

Soil Application Rate: 0.3000

Minimum Soil Cover: _____ Inches

*System Classification/Description:

TYPE III G. OTHER NON-CONV. TRENCH SYSTEMS

Maximum Soil Cover: _____ Inches

*Proposed System:

25% REDUCTION

*Distribution Type: GRAVITY - PARALLEL (eq. d-box)

Nitrification Field: _____ Sq. ft.

Septic Tank: 1,000 Gallons

No. Drain Lines: 3

Pump Required: ☐ Yes ☐ No ☒ May Be Required

Total Trench Length: 300 ft.

☐ Inches O.C.

Pump Tank: _____ Gallons

☒ Feet O.C.

Trench Spacing: _____ - 9

☐ Inches

Grease Trap: _____ Gallons

☒ Feet

Trench Width: _____ - 3

Septic Tank Installer

Aggregate Depth: _____ inches

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:

INSTALL ON CONTOUR. MAINTAIN PROPER 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 regarding system location, installation, operation, maintenance, monitoring, reporting and repair (per rule .0301((a))).

Authorized State Agent: Ennis, Crystal

Date of Issue: 04/03/2024

☐ Hand Drawing

☐ Import Drawing

Site Plan/Drawing attached.

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 408904

PIN Number: _____

Tax Lot #: 7 Tax Block #: 049966

Evaluated For: _____

PERMIT VALID UNTIL: 04/03/2029

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

Applicant: BRANDYWINE HOMES
Address: PO BOX 910
City: WAKE FOREST
State/Zip: NC / 27588
Phone #: _____

Property Location & Site Information

Address/Road #: 75 LEISURE LN Subdivision: THARRINGTON ACRES Phase: _____ Lot: 7
LOUISBURG NC, 27549
*Proposed use of Well: _____
If Other: _____
Applicant Email: _____
Owner Email: _____

Directions: 75 LEISURE LN

Well Contractor Information

Drilling Contractor: _____ Driller Registration: _____

Permit Conditions

*Permit Conditions

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: Ennis, Crystal

*Date of Issue: 04/03/2024

Authorized State Agent: Crystal Ennis

Owner/Applicant: _____

☒ Hand Drawing ☐ Import Drawing

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

