IMPROVEMENT PERMIT

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

For Office Use Only

*CDP File Number: 376907 - 1
County ID Number:
Evaluated For: NEW

PERMIT VALID UNTIL: 06/20/2027

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

Applicant:	MARK DOWDY	Property Owner:	SHANNON HOMES DESIGN BUILD LLC
Address:	4912 HERMITAGE DR	Address:	4912 HERMITAGE DR
City:	RALEIGH	City:	RALEIGH
State/Zip:	NC 27612	State/Zip:	NC. 27612
Phone #:		Phone #:	

Property Location & Site Information

Address/Road #: 30 CICIADA DR , NC
Subdivision:
Phase: NEW
Lot: 2

Structure: SINGLE FAMILY
# of Bedrooms: 4
# of People: 6
*Water Supply: NEW WELL

Directions

30 CICIADA DR

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: 28 Inches

Septic Tank: 1000 Gallons
Pump Required: ◯ Yes ◯ No (X) 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: 28 Inches

Pump Required: ◯ Yes ◯ No (X) May Be Required
Pump Tank: _____ Gallons

No grading or construction activity is allowed in areas designated for system and repair without approval of Health Departmen

***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**

There is an area of land here, identified on the site sketch, where a prior home resided. This area is to not be used for leach lines, due to soil compression.

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: 06/20/2022

Total Time: (HH:MM) ____ : ____

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

Construction Authorization

Franklin County Health Department
107 Industrial Drive
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☐ Open Pump System Sheet

Applicant:	MARK DOWDY
Address:	4912 HERMITAGE DR
City:	RALEIGH
State/Zip:	NC 27612
Phone #:	

Property Owner:	SHANNON HOMES DESIGN BUILD LLC
Address:	4912 HERMITAGE DR
City:	RALEIGH
State/Zip:	NC. 27612
Phone #:	

Property Location & Site Information

Address/Road #: 30 CICIADA DR , NC Subdivision: Phase: NEW Lot: 2

Structure: SINGLE FAMILY
# of Bedrooms: 4
# of People: 6
*Water Supply: EXISTING WELL

Directions:

30 CICIADA DR

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: 28 Inches
Minimum Soil Cover: ____ Inches
Maximum Soil Cover: ____ Inches
*Distribution Type: GRAVITY - PARALLEL (eq. d-box)

Nitrification Field: ____ Sq. ft.
No. Drain Lines: 4
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 ○ No (X) 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:**

There is an area of land here, identified on the site sketch, where a prior home resided. This area is to not be used for leach lines, due to soil compression. We will try to achieve gravity with 4 lines at 100 feet each. If 5 lines are needed, use manifold rather than dbox.

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: 06/20/2022

⊘ Hand Drawing ○ Import Drawing

****Site Plan/Drawing attached.****
Total Time : (HH:MM) ____

Franklin County
NORTH CAROLINA

File #: 376907 PIN#: ____________ June 20 9:30

Property Address: 30 Cicada Dr. Frnk

Applicant or Owner Name: Mark Dowdy

Environmental Health Septic/Well Permit Diagram

Lot 2

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
Already there

Diagram Date:** 6-20-2022 **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.

*Try to achieve gravity

Septic Tank 1000 Pump Tank 1000 maybe Drainfield 3'x400' Type System Accepted Max Trench Depth 28"

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

Benchmark/Elevation: ____________

Tank Mfr:

STB: ________ Gallons: ________

Distance from house: ________ ft

Elevation: ________ Filter: ____

Dbox Elevation: ________

Supply Line Length: ________

Line(s):	Feeder (ft)	Line (ft)	Elevation
1			
2			
3			
4			
5			
6			
7			

Product: EZ flow or Chambers / LP

Pump Mfr:

STB: ________ Gallons: ________

Alarm: _____ Water Dose: _____

Water to manifold/dbox: ______

If dbox, flow adjusters correct: ______

If manifold, water pressure correct: _____

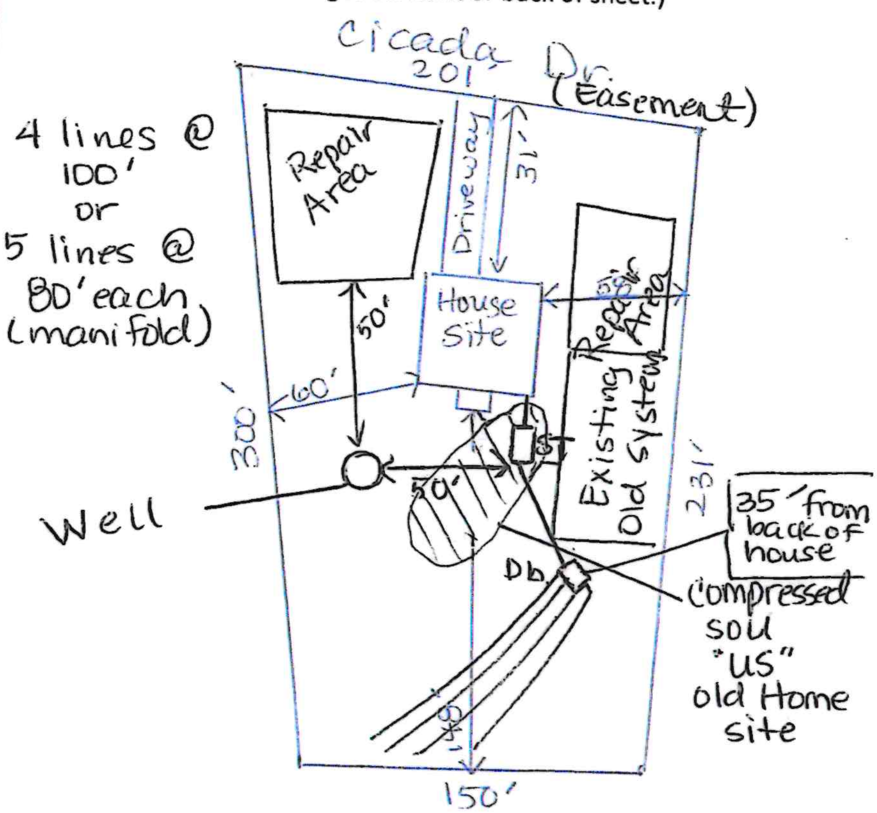
Dbox location: ____________

Acreage: ____________

Parcel ID: 048500

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

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



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

OPERATION PERMIT

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

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*CDP File Number: 376907 - 1
County ID Number:
Evaluated For: NEW

Property Owner: SHANNON HOMES DESIGN BUILD LLC
Owner Address: 4912 HERMITAGE DR

City: RALEIGH
State/Zip: NC/ 27612
Phone #:
Address: 30 CICADA DR
, NC
Road #:
Township:
Subdivision:
Phase : NEW Lot: 2

Structure: SINGLE FAMILY
# of Bedrooms: 4
# of People: 6
Water Supply: EXISTING WELL
Saprolite System?: [ ] Yes [X] No
Pump Required?: [X] Yes [ ] No
Design Flow: 480
System Classification/Description: TYPE II A. CONV SYSTEM
(SINGLE-FAMILY OR 480 GPD OR LESS)

Installer: DBS
Certification #:

Specific System Installed: EZFLOW EZ 1203H-GEO

STB: 502

PT: 237

Septic Tank Date: 12/08/2022

Pump Tank Date: 12/22/2022

Comments:

This system has been installed in compliance with applicable NC General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.

PERMIT CONDITIONS:

I. Performance: System shall perform in accordance with Rule .1961.

II. Monitoring: As required by Rule .1961.

III. Maintenance: Ground absorption sewage treatment and disposal systems shall be checked, and the contents of the septic tank removed, periodically from all compartments, to ensure proper operation of the system. The contents shall be pumped whenever the solids level is found to be more than 1/3 of the liquid depth in any compartment.

Other:

Subsurface Operator Required: [ ] Yes [X] No

If yes, see attached sheet for additional operation conditions, maintenance and reporting.

Operation:

Other:

Authorized State Agent: Jones, Lori

Date of Issue: 02/21/2023

Owner/Applicant: _____

>Msg for Pump fee 2-21-23 11:00

Franklin County
NORTH CAROLINA

File #: 376907 PIN#: ______

Property Address: 30 Cicada Dr. Frk.

Applicant or Owner Name: Mark Dowdy

*Ammended once lot cleared + better meas. could be taken.

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

Existing well

3 wrapped lines

Diagram Date: 7-8-2022 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 1000 (Pump) Drainfield 3'x420' ✓ Type System Pump/manifold Accepted Max Trench Depth 28"

Septic Contractor DBS Septic/Pump tank dates 12-8-22/12-22-22 Pump fee? NO (YES) pd msg on portal

Well Contractor na Well Grout date: ______ or self grout Well Head Date: 2-17-2023

portal pd on 2-20-2023

No power

Bedrooms: 4

If Repair: ______

Benchmark/Elevation: ______

Tank Mfr: DBS

STB: 502 Gallons: ______

Distance from house: ______ ft

Elevation: ______ Filter: ______

Dbox Elevation: ______

Supply Line Length: 140'

Line(s):	Feeder (ft)	Line (ft)	Elevation
1	+	B/12 = 250	
2		[illegible]	
3		> 170'	
4			
5			
6			
7			

Product: (EZ flow) or Chambers / LP

Pump Mfr: Ashland 1-20

STB: 237 Gallons: 1000

Alarm: ✓ Water Dose: ✓

Water to manifold/dbox: ✓

If dbox, flow adjusters correct: ______

If manifold, water pressure correct: ______

~~Dbox location:~~ SJE Rhombus box

w/ float tether

Acreage: ______

Parcel ID: 048500

Pump Final 2-21-23

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

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

DB EZFlow

filter ✓

*If you can fit 6 lines at 70', acceptable.