IMPROVEMENT PERMIT

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

For Office Use Only

*CDP File Number: 414115 - 1
County ID Number:
Evaluated For: NEW

PERMIT VALID UNTIL: 06/04/2029

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

Applicant:	Griff Gardner
Address:	1500 Fire Tower Rd
City:	Louisburg
State/Zip:	NC 27549
Phone #:	

Property Owner:	Carolyn Gardner
Address:	206 Edgewood Dr
City:	Louisburg
State/Zip:	NC, 27549
Phone #:	

Property Location & Site Information

Address: 2085 Leonard Rd Louisburg, NC 27549
Subdivision:
Block/Phase: NEW
Lot:
Road #:
Structure: SINGLE FAMILY
# of Bedrooms: 4
# of People: 4
*Water Supply: N/A

Directions

2085 Leonard Rd Louisburg NC 27549

System Specifications

Initial System

Usable Soil Depth: 40"
Design Flow: 480
Soil Application Rate: 0.3000

Minimum Trench Depth: ____ Inches
Maximum Trench Depth: 28 Inches

*System Classification/Description:
TYPE II A. CONV SYSTEM (SINGLE-FAMILY OR 480 GPD OR LESS)

*Proposed System:
CONVENTIONAL

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

Usable Soil Depth:
Soil Application Rate: 0.300

Minimum Trench Depth: ____ Inches
Maximum Trench: Depth: 28 Inches

*System Classification/Description:
TYPE II A. CONV SYSTEM (SINGLE-FAMILY OR 480 GPD OR LESS)

*Proposed System: CONVENTIONAL

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 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**

Improvement permit only. Contact health department once exact house size and location determined.

CDP File Number: 414115

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: 06/04/2024

 Hand Drawing ◯ Import Drawing ****Site Plan/Drawing attached.****

Total TIme: (HH:MM) ____ : ____

Franklin County
NORTH CAROLINA
A Research Triangle Region Community

File# 4/14/15 PIN# _____

Property Address: 2085 Leonard Rd

Applicant Or Owner Name: Griff Gardner

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:** 6-4-24 **EHS:** [signature]

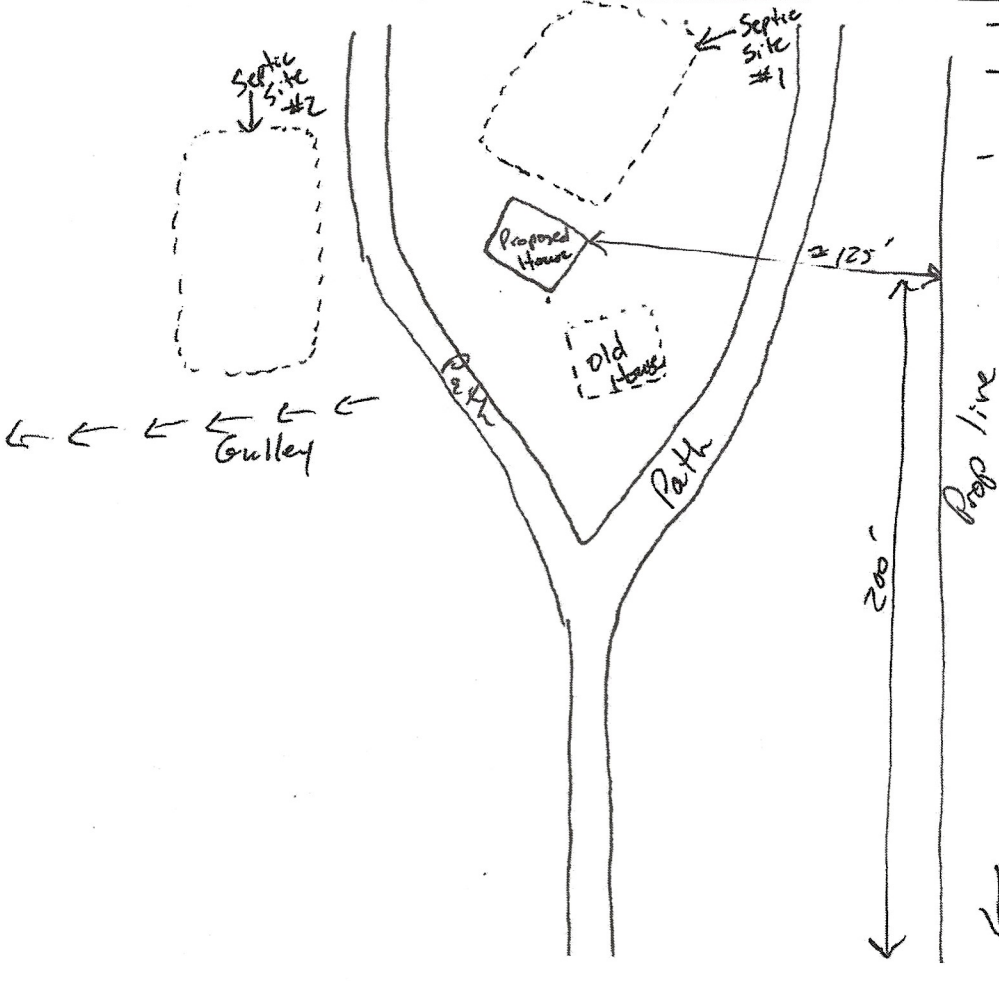
****Any previously dated CA diagram is revoked and/or invalid. Confirm this is the valid diagram for the site before beginning any construction.**

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 _____ Drain field 3'x535' Type System Conv Max trench depth 28"

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

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



- Drawing not to scale
- Improvement permit only
- Contact Health Dept. once exact house size and location determin for Construction authori