IMPROVEMENT PERMIT

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

For Office Use Only

*CDP File Number	369830 - 1
County ID Number:	2831-81-5477
Evaluated For:	NEW

PERMIT VALID UNTIL: 03/01/2027

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

Applicant:	EDDIE PAUL
Address:	PO BOX 508
City:	BUNN
State/Zip:	NC 27508
Phone #:	

Property Owner:	CHARLES PAUL
Address:	163 NASHUA DR
City:	LOUISBURG
State/Zip:	NC. 27549
Phone #:	

Property Location & Site Information

Address/Road #: NASHUA DR LOUISBURG, NC 27549
Subdivision: LAKE ROYALE Phase: NEW Lot: 2593

Structure: SINGLE FAMILY
# of Bedrooms: 3
# of People: 2
*Water Supply: N/A

Directions

163 NASHUA DR

System Specifications

Initial System

*Site Classification:

Design Flow: 360
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 36 Inches

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

Repair System Required: ◯ Yes (X) 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 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**

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: Bendel, Joel Date of Issue: 03/01/2022

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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PERMIT VALID UNTIL: 03/01/2027

☐ Open Pump System Sheet

Applicant:	EDDIE PAUL	Property Owner:	CHARLES PAUL
Address:	PO BOX 508	Address:	163 NASHUA DR
City:	BUNN	City:	LOUISBURG
State/Zip:	NC 27508	State/Zip:	NC. 27549
Phone #:		Phone #:	

Property Location & Site Information

Address/Road #: NASHUA DR LOUISBURG, NC 27549
Subdivision: LAKE ROYALE Phase: NEW Lot: 2593

Directions:

163 NASHUA DR

Structure: SINGLE FAMILY
# of Bedrooms: 3
# of People: 2
*Water Supply:

System Specifications

*Site Classification:
Design Flow: 360
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: 36 Inches
Minimum Soil Cover: ____ Inches
Maximum Soil Cover: ____ Inches
*Distribution Type: GRAVITY - PARALLEL (eq. d-box)

Nitrification Field: ____ Sq. ft.
No. Drain Lines: ____
Total Trench Length: 300 ft. ◯ Inches O.C. (X) Feet O.C.
Trench Spacing: ____ - 9 ◯ Inches
Trench Width: ____ - 3 (X) Feet
Aggregate Depth: ____ inches

Septic Tank: 1,000 Gallons
Pump Required: ◯ Yes (X) No ◯ 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:**

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: Bendel, Joel
Date of Issue: 03/01/2022

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

◯ Hand Drawing ◯ Import Drawing

Total Time : (HH:MM) ____

Franklin County
NORTH CAROLINA

File # 369830 PIN# _____

Property Address: Nashua Dr

Applicant or Owner Name: Eddie Paul

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

Diagram Date:** 3-1-22 **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.

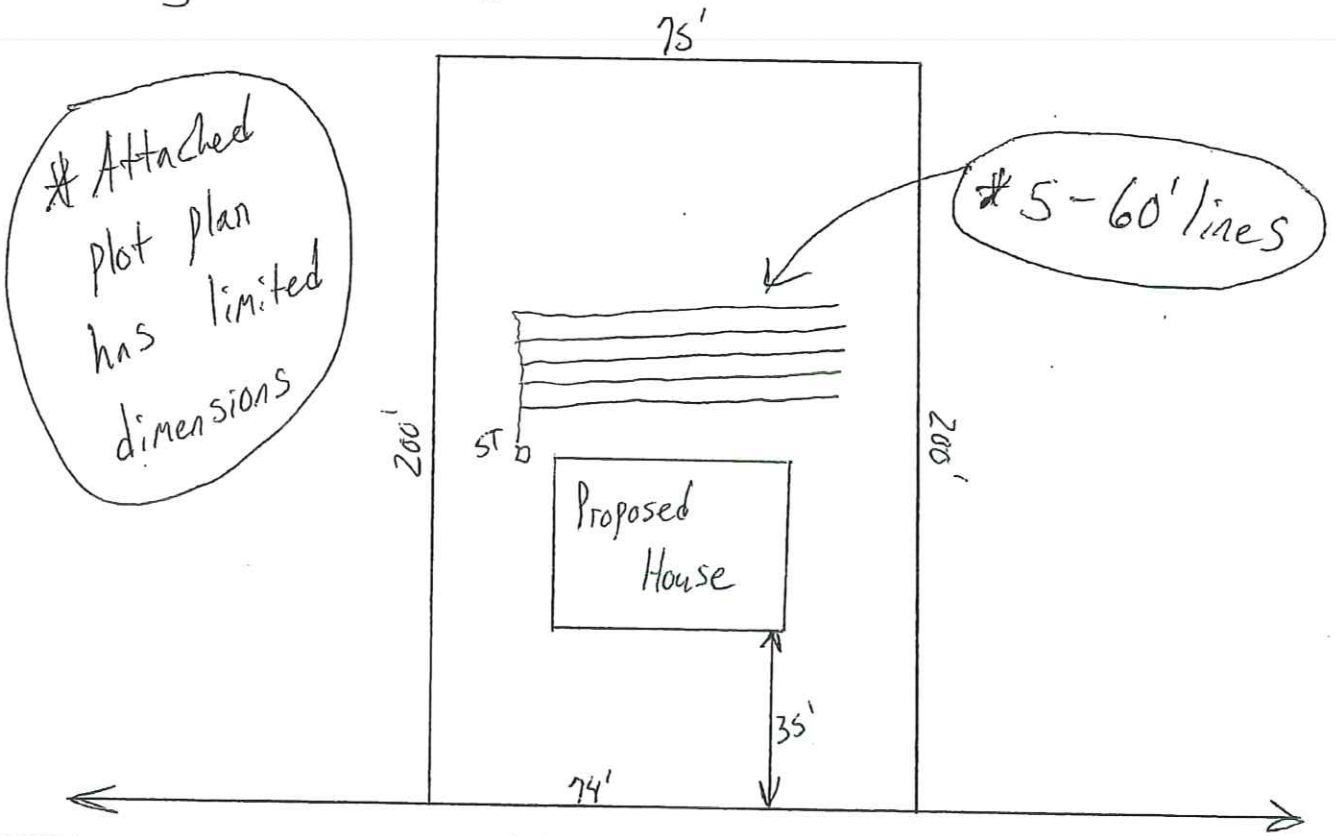
Septic Tank 1000 Pump Tank N/A Drainfield 3'X300' Type System Acc Max Trench Depth 36"

Septic Contractor _____ Septic/Pump tank dates _____ Pump fee? (NO) YES pd _____

Well Contractor _____ Well Grout date: _____

Bedrooms: ___

* Drawing not to scale



FCEH FORM 165 9/19, 10/19

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

Sheet 1 of 1 (f+b)
PROPERTY ID #: _____
COUNTY: Franklin

SOIL/SITE EVALUATION
***for* ON-SITE WASTEWATER SYSTEM**
(Complete all fields in full)

OWNER: Eddie Paul Nashua Dr. APPLICATION DATE _____
ADDRESS: _____ DATE EVALUATED: _____
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): 360 PROPERTY SIZE: _____
LOCATION OF SITE: _____ PROPERTY RECORDED: _____
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
1	3%	1-10	Gr/SL	Fr/NS/NP/SE/N		36"			.3
		10-48	Bk/CL	Fi/SS/SP/SE/N					
2	4%	1-14	Gr/SL	Fr/VS/NP/SE/N		36"			.3
		14-48	Bk/CL	Fi/SS/SP/SE/N					
3									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
vailable Space (.1945)	yes	
stem Type(s)	Acc	
te LTAR	.3	

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: Joel Bendel
OTHER(S) PRESENT: _____

MMENTS: _____

over

OPERATION PERMIT

Franklin County Health Department
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*CDP File Number: 369830 - 1
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Evaluated For: NEW

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Address: 163 NASHUA DR
Road #:
City: LOUISBURG
State/Zip: NC/ 27549
Phone #:
Township:
Subdivision: LAKE ROYALE
Phase : NEW Lot: 2593

Structure: SINGLE FAMILY
# of Bedrooms: 3
# of People: 2
Water Supply: COMMUNITY
Saprolite System?: ☐ Yes ☒ No
Pump Required?: ☐ Yes ☒ No
Design Flow: 360
System Classification/Description: TYPE II A. CONV SYSTEM (SINGLE-FAMILY OR 480 GPD OR LESS)

Installer: PB+Sons
Certification #:

Specific System Installed: EZFLOW EZ 1203H-GEO

Septic Tank Date: 08/30/2022

STB: 502

Pump Tank Date: _____

PT:

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 ☒ No

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

Operation:

Other:

Authorized State Agent: Leonard, Shad

Date of Issue: 10/07/2022

Owner/Applicant: _____

Franklin County
NORTH CAROLINA

File # 369830 PIN# _____

Property Address: Nashua Dr

Applicant or Owner Name: Eddie Paul

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Septic Tank 1000 Pump Tank N/A Drainfield 3'X300' Type System ACC Max Trench Depth 36"

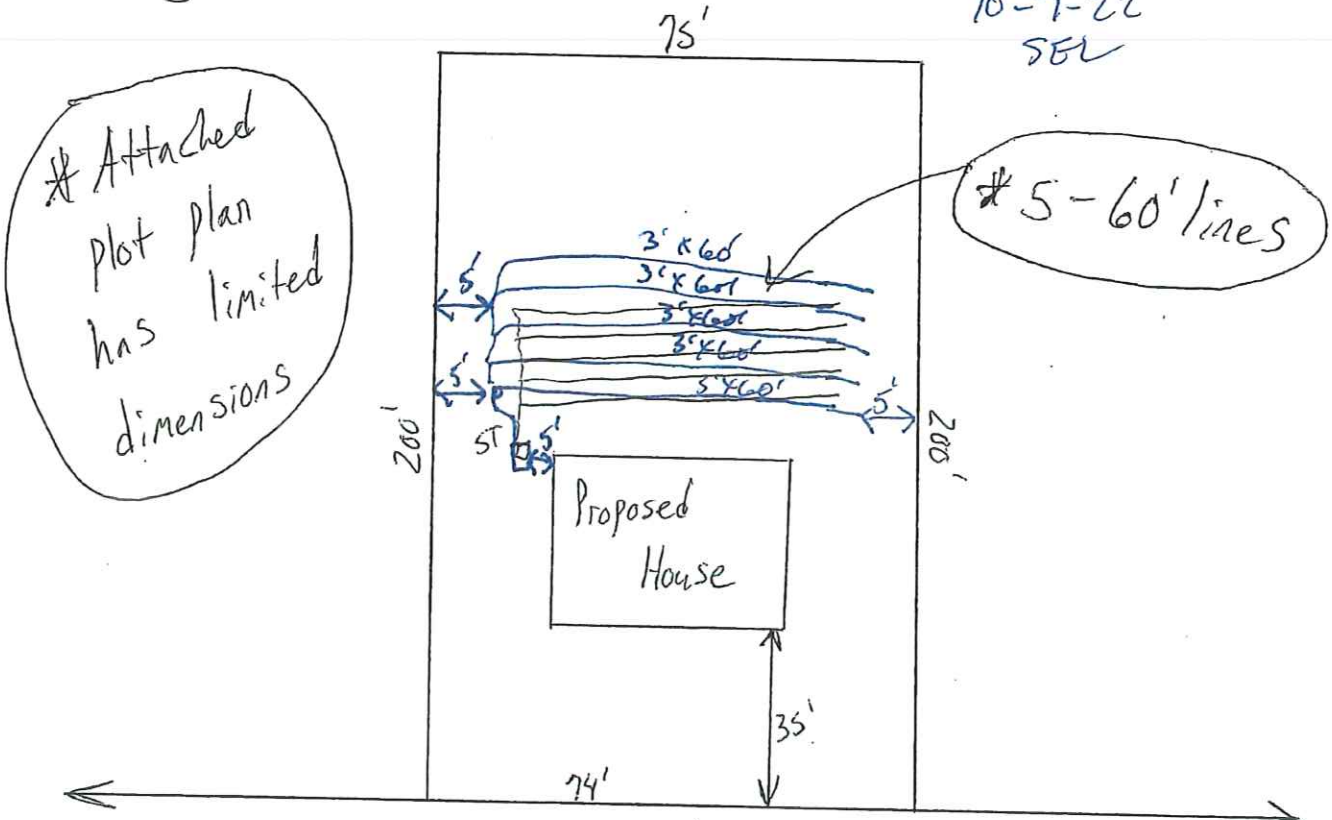
Septic Contractor DB & Sons Septic/Pump tank dates DB1000 8-30-22 Pump fee? (X) NO ( ) YES pd _____

Well Contractor _____ Well Grout date: _____

Bedrooms: ____

* Drawing not to scale

J'd Tank lines
10-7-22
SEL



Nashua Dr.

FCEH FORM 165 9/19, 10/19