Franklin County
NORTH CAROLINA

File # 293664 PIN# 2830-82-7291

Property Address: 100 Stage Line Cv

Applicant or Owner Name: Concept Contracting + Design

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:** 1-13-20 **EHS:** Chad Leonard

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

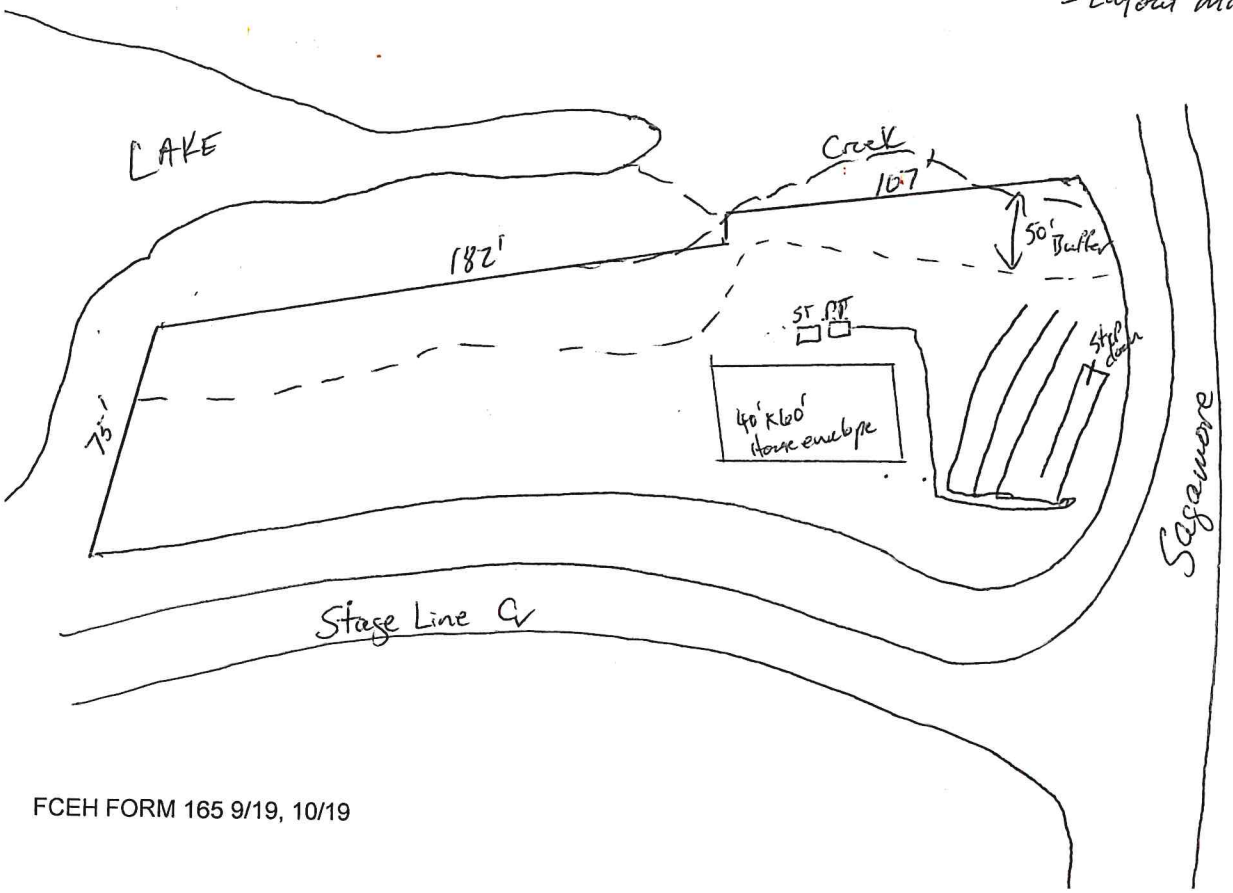
Installation/grouting inspections may be scheduled the day before, or, the day of installation until 9am by contacting the Environmental Health office at 919 496 8100. A revisit fee may apply if installation is not ready for inspection at the time requested. ***Septic Operations Permits*** will be issued 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 Drainfield 3"x280' Type System PtoA Max Trench Depth 30"

Septic Contractor _____ Septic/Pump tank dates _____ Pump fee? Yes No

Well Contractor _____ Well Grout date: _____

- Drawing not to scale
- Stay 50' from any creeks and 60' from Lake with any part of septic
- Maintain setbacks.
- Layout may vary slightly



FCEH FORM 165 9/19, 10/19

IMPROVEMENT PERMIT

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

For Office Use Only

*CDP File Number	293664 - 2
County ID Number:	2830827291
Evaluated For:	NEW

PERMIT VALID UNTIL: 01/13/2025

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

Applicant:	CONCEPT CONTRACTING & DESIGN
Address:	100 SUNLIGHT CV
City:	LOUISBURG
State/Zip:	NC 27549
Phone #:	home: (919) 819-6698

Property Owner:	EDWARD SHULZ
Address:	PO BOX 459
City:	
State/Zip:	. 28332
Phone #:	

Property Location & Site Information

Address/Road #: 100 STAGE LINE CV
LOUISBURG, NC 27549
Subdivision: LAKE ROYALE Phase: ACTIVE Lot: 1556

Directions

Structure: SINGLE FAMILY
# of Bedrooms: 3
# of People: 0
*Water Supply: N/A

System Specifications

Initial System

*Site Classification: Provisionally Suitable
Design Flow: 360
Soil Application Rate: 0.3500

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

*Proposed System:
25% REDUCTION

Minimum Trench Depth: _____ Inches
Maximum Trench Depth 30 Inches

Septic Tank: 1000 Gallons
Pump Required (X) Yes ( ) No ( ) May Be Required
Pump Tank: 1000 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: Shad Leonard Date of Issue: 01/13/2020

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:

For Office Use Only

*CDP File Number: 293664 - 2
County ID Number: 2830827291
Evaluated For: NEW

PERMIT VALID UNTIL: 01/12/2025

☐ Open Pump System Sheet

Applicant:	CONCEPT CONTRACTING & DESIGN
Address:	100 SUNLIGHT CV
City:	LOUISBURG
State/Zip:	NC 27549
Phone #:	home: (919) 819-6698

Property Owner:	EDWARD SHULZ
Address:	PO BOX 459
City:	
State/Zip:	. 28332
Phone #:	

Property Location & Site Information

Address/Road #: 100 STAGE LINE CV
LOUISBURG, NC 27549

Subdivision: LAKE ROYALE Phase: ACTIVE Lot: 1556

Directions:

Structure: SINGLE FAMILY

# of Bedrooms: 3

# of People: 0

*Water Supply: COMMUNITY

System Specifications

*Site Classification: Provisionally Suitable

Design Flow: 360

Soil Application Rate: 0.3500

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

*Proposed System:
25% REDUCTION

Minimum Trench Depth: _____ Inches

Maximum Trench Depth: 30 Inches

Minimum Soil Cover: _____ Inches

Maximum Soil Cover: _____ Inches

*Distribution Type: PUMP TO GRAVITY

Nitrification Field: _____ Sq. ft.

No. Drain Lines: _____

Total Trench Length: 280 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: (X) Yes ◯ No ◯ May Be Required

Pump Tank: 1,000 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: Shad Leonard Date of Issue: 01/13/2020

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

◯ Hand Drawing ◯ Import Drawing

Total Time : (HH:MM) _____