



IMPROVEMENT PERMIT

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

For Office Use Only

*CDP File Number 294000 - 2
County ID Number: 2840-19-1042
Evaluated For: NEW

PERMIT VALID UNTIL: 11/05/2026

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

Applicant: JOE PROCOPIO
Address: 5450 OLD WAKE FOREST RD SUITE 102
City: RALEIGH
State/Zip: NC 27609
Phone #:

Property Owner: JOAN HYLTON REVOCABLE TRUST
Address: 3187 LA MIRAGE DR
City: LAUDERHILL
State/Zip: FL 33319
Phone #:

Property Location & Site Information

Address/Road #: 118 CHANUTE CIRCLE
Subdivision: LAKE ROYALE Phase: ACTIVE Lot: 2422
Structure: LOUISBURG, SC 27549
Directions
of Bedrooms: 3
of People: 5
*Water Supply: N/A

System Specifications

Initial System

*Site Classification:

Design Flow: 360

Soil Application Rate:

*System Classification/Description:

TYPE III B. SYSTEM W/SINGLE EFFLUENT PUMP

*Proposed System:

25% REDUCTION

Minimum Trench Depth: Inches

Maximum Trench Depth: 27 Inches

Septic Tank: 1000 Gallons

Pump Required ☒ Yes ☐ No ☐ May Be Required

Pump Tank: 1000 Gallons

Repair System Required: ☐ Yes ☒ 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 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

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 (1938(b)).

Authorized State Agent:

Bendel, Joel

Date of Issue:

11/05/2021

Total Time: (HH:MM)

☐ Hand Drawing

☐ Import Drawing

Site Plan/Drawing attached.



Construction Authorization

Franklin County Health Department
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Phone: _____

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☐ Open Pump System Sheet

Applicant: JOE PROCOPIO
Address: 5450 OLD WAKE FOREST RD SUITE 102
City: RALEIGH
State/Zip: NC 27609
Phone #: _____

Property Owner: JOAN HYLTON REVOCABLE TRUST
Address: 3187 LA MIRAGE DR
City: LAUDERHILL
State/Zip: FL 33319
Phone #: _____

Property Location & Site Information

Address/Road #: 118 CHANUTE CIRCLE
LOUISBURG, SC 27549
Subdivision: LAKE ROYALE Phase: ACTIVE Lot: 2422
Directions:
Structure: SINGLE FAMILY
of Bedrooms: 3
of People: 5
*Water Supply: _____

System Specifications

*Site Classification: _____ Minimum Trench Depth: _____ Inches
Design Flow: 360 Maximum Trench Depth: 27 Inches
Soil Application Rate: _____ Minimum Soil Cover: _____ Inches
*System Classification/Description: TYPE III B. SYSTEM W/SINGLE EFFLUENT PUMP Maximum Soil Cover: _____ Inches
*Proposed System: 25% REDUCTION *Distribution Type: PUMP TO GRAVITY
Nitrification Field: _____ Sq. ft. Septic Tank: 1,000 Gallons
No. Drain Lines: _____ Pump Required: ☒ Yes ☐ No ☐ May Be Required
Total Trench Length: 300 ft. ☐ Inches O.C. ☐ Feet O.C. Pump Tank: 1,000 Gallons
Trench Spacing: _____ - _____ ☐ Inches Grease Trap: _____ Gallons
Trench Width: _____ - _____ ☐ Feet 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:

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)). 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

Authorized State Agent: Bendel, Joel

Date of Issue: 11/05/2021

☐ Hand Drawing ☐ Import Drawing

Site Plan/Drawing attached.

Total Time : (HH:MM) _____

File # 294000 PIN#

Property Address: 118 Charlotte Cir

Applicant or Owner Name: Joe Procopio

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: 11-5-21 EHS: Joel Berdel

**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' X 300' Type System P to Acc Max Trench Depth 27"

Septic Contractor DB + Sons Septic/Pump tank dates DB 1000 8-26-22 DB 1000 8-16-22 Pump fee? ☒ Yes ☐ No

Well Contractor _____ Well Grout date: _____

Paid 1/9/23
PA

Not to Scale

✓ d Tanks lines, pump + Alarm 10-3-22 SEL
** Need to pay pump fee*

