CONSTRUCTION AUTHORIZATION

Franklin County Health Department

107 Industrial Drive

Louisburg NC 27549

For Office Use Only

*CDP File Number 333631 - 1

County ID Number:

Evaluated For: NEW

PERMIT VALID UNTIL: 12 / 15 / 2025

☐ Open Pump System Sheet

Applicant:	JHOANNA MARTINEZ
Address:	7317 FOX TOAD
City:	RALEIGH
State/Zip:	NC 27616
Phone #:	

Property Owner:	MARCIA PRINGLE
Address:	1563 FIDDLEWOOD CT
City:	ROYAL PALM BEACH
State/Zip:	FL 33411
Phone #:	

Property Location & Site Information

Address 122 HURON DR
Road # NC

Subdivision: LAKE ROYALE Phase: Lot:

Township:

Directions
122 HURON DR

Structure: SINGLE FAMILY
# of Bedrooms: 3
# of People: 6
*Water Supply: N/A

System Specifications

*Site Classification:

Saprolite System? ◯ Yes ◯ No

Design Flow: 360

Soil Application Rate: .

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

*Proposed System: 25% REDUCTION

Nitrification Field Sq. ft.

No. Drain Lines

Total Trench Length: 300 ft.

Trench Spacing: – ◯ Inches O.C. ◯ Feet O.C.

Trench Width: – ◯ Inches ◯ Feet

Aggregate Depth: inches

Minimum Trench Depth: Inches

Maximum Trench Depth: 27 Inches

Minimum Soil Cover: Inches from "Natural Ground Level"

Maximum Soil Cover: Inches "Natural Ground Level"

*Distribution Type: PUMP TO GRAVITY

Septic Tank: 1000 Gallons

Pump Required: ⊗ Yes ◯ No

Pump Tank: 1000 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.

Characters Remaining 4000

***Permit Conditions**

This 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 is found to have been incorrect, falsified or changed, or the site is altered, the 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 and repair (1938(b)).

*Authorized State Agent: 2739 - Joel Bendel

*Date of Issue: 12 / 15 / 2020

Authorized State Agent Signature: _____

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

Owner/Applicant Signature: _____

Malfunction Log ◯ Yes

◯ Hand Drawing ◯ Import Drawing

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Drawing Drawing Type: Construction Authorization

Scale: ◯ Inch ◯ Block ◯ N/A = ft.

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Click below to import an image from an external location: Drawing Type: Construction Authorization