



IMPROVEMENT PERMIT

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

For Office Use Only

*CDP File Number 410871 - 1

County ID Number: _____

Evaluated For: NEW

PERMIT VALID UNTIL: 05/07/2029

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

Applicant: LISA FERGUSON

Address: 4909 UNICORN DR

City: WAKE FOREST

State/Zip: NC 27587

Phone #: _____

Property Owner: KEN HARVEY HOMES

Address: 4909 UNICORN DR

City: WAKE FOREST

State/Zip: NC. 27587

Phone #: _____

Property Location & Site Information

Address: 113 PAWNEE DR LOUISBURG,
NC 27549

Subdivision: LAKE ROYALE

Block/Phase: NEW

Lot: _____

Directions

Road #: _____

Structure: SINGLE FAMILY

113 PAWNEE DR

of Bedrooms: 3

of People: 4

*Water Supply: N/A

Initial System

Usable Soil Depth: 36

Design Flow: 360

Soil Application Rate: 0.3000

*System Classification/Description:

TYPE III G. OTHER NON-CONV. TRENCH SYSTEMS

*Proposed System:

25% REDUCTION

System Specifications

Minimum Trench Depth: _____ Inches

Maximum Trench Depth: 24 Inches

Septic Tank: 1000 Gallons

Pump Required ☐ Yes ☒ No ☐ May Be Required

Pump Tank: _____ 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

INSTALL SYSTEM AS DESIGNED BY CCSC.

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 (per rule .0301(a)).

Authorized State Agent: Ennis, Crystal

Date of Issue: 05/07/2024

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: _____

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☐ Open Pump System Sheet

Applicant: LISA FERGUSON
Address: 4909 UNICORN DR
City: WAKE FOREST
State/Zip: NC 27587
Phone #: _____

Property Owner: KEN HARVEY HOMES
Address: 4909 UNICORN DR
City: WAKE FOREST
State/Zip: NC. 27587
Phone #: _____

Property Location & Site Information

Address/Road #: 113 PAWNEE DR LOUISBURG, NC 27549 Subdivision: LAKE ROYALE Phase: NEW Lot: _____

Directions:

Structure: SINGLE FAMILY 113 PAWNEE DR

of Bedrooms: 3

of People: 4

*Water Supply: COMMUNITY

System Specifications

Usuable Soil Depth: 36 Minimum Trench Depth: _____ Inches

Design Flow: 360 Maximum Trench Depth: 24 Inches

Soil Application Rate: 0.3000 Minimum Soil Cover: _____ Inches

*System Classification/Description: _____ Maximum Soil Cover: _____ Inches

TYPE III G. OTHER NON-CONV. TRENCH SYSTEMS

*Proposed System: _____

25% REDUCTION *Distribution Type: GRAVITY - SERIAL

Nitrification Field: _____ Sq. ft. Septic Tank: 1,000 Gallons

No. Drain Lines: 5 Pump Required: ☐ Yes ☒ No ☐ May Be Required

Total Trench Length: 330 ft. ☐ Inches O.C. Pump Tank: _____ Gallons

Trench Spacing: _____ - _____ ☐ Feet O.C. Grease Trap: _____ Gallons

Trench Width: _____ - _____ ☐ Inches

Aggregate Depth: _____ inches ☐ Feet

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:

INSTALL SYSTEM AS DESIGNED BY CCSC.

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 (.0204(k)(1)). 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 (per rule .0301((a)).

Authorized State Agent: Ennis, Crystal Date of Issue: 05/07/2024

☐ Hand Drawing ☐ Import Drawing

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

Total Time : (HH:MM) _____



File# 410871 PIN# _____

Property Address: 113 Pawnee Drive

Applicant Or Owner Name: Lisa Ferguson

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**: 5-7-24 EHS: Cynthia E

****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 1 Drain field 3'x330' Type System Acc Max trench depth 24"

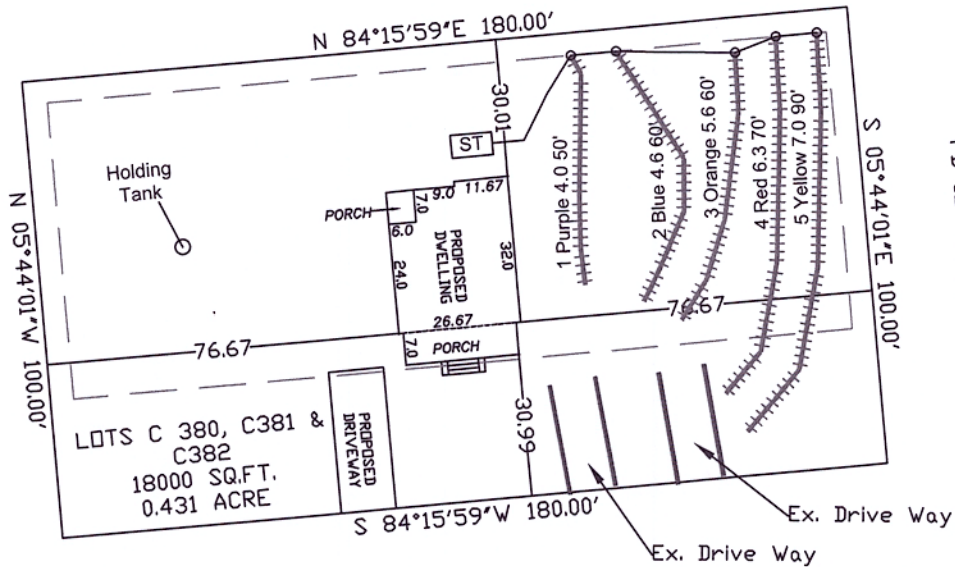
Septic Contractor _____ Septic/Pump tank dates _____ PUMP FEE PAID _____

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

** See attached layout designed by CCSC **



LOT C379 DF
PB 12 PG 38



- *Keep tanks and drain lines 10' from property lines.
- *Not a survey.
- *Not a guarantee of a septic permit.
- *Keep supply lines >5' from property lines.
- *Some lines are flagged longer in the field than lengths indicate.
- *No grading septic area.

System:

System: Gravity to Serial Dist.
Lines: 1-5, (330')
0.3 LTAR
24" Trench Bottom
Accepted Status System

GRAPHIC SCALE

1" = 40'



Central Carolina Soil Consulting, PLLC
1900 South Main Street, Suite 110
Wake Forest, North Carolina 27587
Phone (919)569-6704 Fax
(919)569-6703

3-Bedroom Septic Layout
113 Pawnee Lane, Louisburg
Franklin County, North Carolina

Job# : 4381
Drawn By : LW
Date : 03/22/2024
Revision: