Franklin County
NORTH CAROLINA

File # 360565 PIN# 2868-18-2204

Property Address: [redacted] Laurel Mill-Centerville Rd

Applicant or Owner Name: William Jones

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

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

Diagram Date:** 7-7-21 **EHS:** Chad Leonard

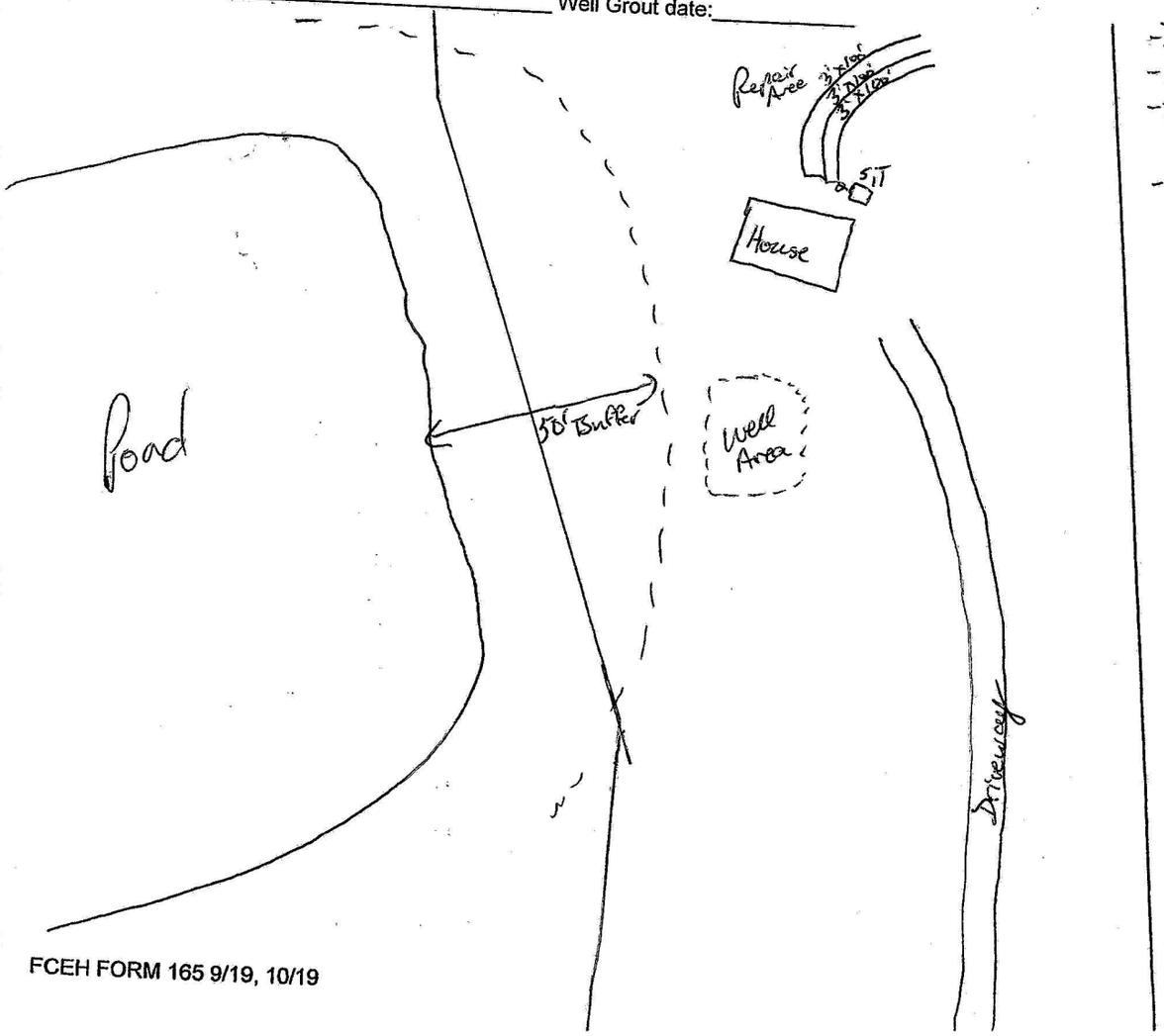
****Any previously dated CA diagram is revoked and/or invalid. Confirm this is the valid diagram for the site before beginning any construction.**

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 N/A Drainfield 3'x300' Type System Accepted Max Trench Depth 24"

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

Well Contractor _____ Well Grout date: _____



- Drawing not to scale
- Maintain proper setbacks
- Install drainlines on contour
- Layout may vary slightly

Laurel Mill-Centerville Road

FCEH FORM 165 9/19, 10/19

Well Construction Permit

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

For Office Use Only

*CDP File Number 360565

PIN Number: 2868-18-2204

Tax Lot #: _____ Tax Block #: 012646

Evaluated For: _____

Property Owner:	REA A MANNING	Applicant:	WILLIAM JONES
Address:	180 PLANTATION DR	Address:	825 EF COTTRELL RD
City:	YOUNGSVILLE	City:	LOUISBURG
State/Zip:	NC / 27596	State/Zip:	NC / 27549
Phone #:		Phone #:	

Property Location & Site Information

Address/Road #: LAUREL MILL/CENTERVILLE RD

Subdivision:

Phase:

Lot:

LOUISBURG NC, 27549

*Proposed use of Well:

Directions

If Other:

LAUREL MILL/CENTERVILLE RD

Well Contractor Information

Drilling Contractor:

Driller Registration:

Permit Conditions

*Permit Conditions

Well location, construction and protection must meet all state and local regulations and must be inspected and approved by an authorized representative of the Local Health Department. The permit may be revoked at any time for failure to comply with existing regulations. The siting of approved well construction area(s) by the Health Department is to provide protection from the known possible sources of contamination. The approved well area(s) may not be changed without permission from an authorized representative of the Local Health Department. No volume of quality of water is guaranteed by the Health Department.

*Issued By: Leonard, Shad

*Date of Issue: 07/07/2021

Authorized State Agent:

Owner/Applicant:

○ Hand Drawing ○ Import Drawing

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

IMPROVEMENT PERMIT

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

For Office Use Only

*CDP File Number	360565 - 1
County ID Number:	2868-18-2204
Evaluated For:	NEW

PERMIT VALID UNTIL: 07/07/2026

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

Applicant:	WILLIAM JONES
Address:	825 EF COTTRELL RD
City:	LOUISBURG
State/Zip:	NC 27549
Phone #:	

Property Owner:	REA A MANNING
Address:	180 PLANTATION DR
City:	YOUNGSVILLE
State/Zip:	NC. 27596
Phone #:	

Property Location & Site Information

Address/Road #: LAUREL MILL/CENTERVILLE RD LOUISBURG, NC 27549
Subdivision:
Phase: NEW
Lot:

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

Directions

LAUREL MILL/CENTERVILLE RD

System Specifications

Initial System

*Site Classification: Provisionally Suitable
Design Flow: 360
Soil Application Rate: 0.3000

*System Classification/Description:
TYPE III G. OTHER NON-CONV. TRENCH SYSTEMS

*Proposed System:
25% REDUCTION

Minimum Trench Depth: _____ Inches
Maximum Trench Depth 24 Inches

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

Pump Tank: _____ Gallons

Repair System Required: (X) Yes ◯ No ◯ No, but has Available Space

Repair System

*Site Classification: Provisionally Suitable
Soil Application Rate: 0.300

*System Classification/Description:
TYPE III G. OTHER NON-CONV. TRENCH SYSTEMS

*Proposed System:
25% REDUCTION

Minimum Trench Depth: _____ Inches
Maximum Trench Depth 24 Inches

Pump Required: ◯ Yes (X) No ◯ May Be Required

Pump Tank: _____ Gallons

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: Leonard, Shad
Date of Issue: 07/07/2021

◯ Hand Drawing ◯ Import Drawing ****Site Plan/Drawing attached.****

Total TIme: (HH:MM) ____ : ____

Construction Authorization

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

For Office Use Only

*CDP File Number: 360565 - 1
County ID Number: 2868-18-2204
Evaluated For: NEW

PERMIT VALID UNTIL: 07/07/2026
☐ Open Pump System Sheet

Applicant:	WILLIAM JONES
Address:	825 EF COTTRELL RD
City:	LOUISBURG
State/Zip:	NC 27549
Phone #:	

Property Owner:	REA A MANNING
Address:	180 PLANTATION DR
City:	YOUNGSVILLE
State/Zip:	NC. 27596
Phone #:	

Property Location & Site Information

Address/Road #: LAUREL MILL/CENTERVILLE RD LOUISBURG, NC 27549
Subdivision:
Phase: NEW
Lot:

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

Directions:
LAUREL MILL/CENTERVILLE RD

System Specifications

*Site Classification: Provisionally Suitable
Design Flow: 360
Soil Application Rate: 0.3000
*System Classification/Description: TYPE III G. OTHER NON-CONV. TRENCH SYSTEMS
*Proposed System: 25% REDUCTION

Minimum Trench Depth: ____ Inches
Maximum Trench Depth: 24 Inches
Minimum Soil Cover: ____ Inches
Maximum Soil Cover: ____ Inches
*Distribution Type: GRAVITY - PARALLEL (eq. d-box)

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

Septic Tank: 1,000 Gallons
Pump Required: ○ Yes ◉ 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: Leonard, Shad
Date of Issue: 07/07/2021

○ Hand Drawing ○ Import Drawing

****Site Plan/Drawing attached.****
Total Time : (HH:MM) ____