IMPROVEMENT PERMIT

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

For Office Use Only

*CDP File Number	365059 - 1
County ID Number:	2840-12-1543
Evaluated For:	NEW

PERMIT VALID UNTIL: 10/26/2026

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

Applicant:	BRANDON WIGGINS
Address:	30 BOTTOMLAND DR
City:	YOUNGSVILLE
State/Zip:	NC 27596
Phone #:	

Property Owner:	DOMINIC ROZARIO
Address:	236 IROQUOIS ST
City:	RONKONKOMA
State/Zip:	NY. 11779
Phone #:	

Property Location & Site Information

Address/Road #: 121 BUFFALO DR LOUISBURG, NC 27549
Subdivision: LAKE ROYALE Phase: NEW Lot: 1665

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

Directions

121 BUFFALO DR

System Specifications

Initial System

*Site Classification:
Design Flow: 360
Soil Application Rate:

*System Classification/Description:
TYPE II A. CONV SYSTEM (SINGLE-FAMILY OR 480 GPD OR LESS)

*Proposed System:
25% REDUCTION

Minimum Trench Depth: ____ Inches
Maximum Trench Depth 25 Inches

Septic Tank: 1000 Gallons
Pump Required ◯ Yes (X) No ◯ May Be Required
Pump Tank: ____ 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: Bendel, Joel Date of Issue: 10/26/2021

Total TIme: (HH:MM) ____ : ____

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

Construction Authorization

Franklin County Health Department
107 Industrial Drive
Louisburg, NC 27549
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☐ Open Pump System Sheet

Applicant:	BRANDON WIGGINS
Address:	30 BOTTOMLAND DR
City:	YOUNGSVILLE
State/Zip:	NC 27596
Phone #:	

Property Owner:	DOMINIC ROZARIO
Address:	236 IROQUOIS ST
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State/Zip:	NY. 11779
Phone #:	

Property Location & Site Information

Address/Road #: 121 BUFFALO DR
LOUISBURG, NC 27549

Subdivision: LAKE ROYALE Phase: NEW Lot: 1665

Structure: SINGLE FAMILY

# of Bedrooms: 3

# of People: 3

*Water Supply:

Directions:

121 BUFFALO DR

System Specifications

*Site Classification:

Design Flow: 360

Soil Application Rate:

*System Classification/Description:
TYPE II A. CONV SYSTEM (SINGLE-FAMILY OR 480 GPD OR LESS)

*Proposed System:
25% REDUCTION

Minimum Trench Depth: ____ Inches

Maximum Trench Depth: 25 Inches

Minimum Soil Cover: ____ Inches

Maximum Soil Cover: ____ Inches

*Distribution Type: GRAVITY - PARALLEL (eq. d-box)

Nitrification Field: ____ Sq. ft.

No. Drain Lines: ____

Total Trench Length: 300 ft.

Trench Spacing: ____ - ____

Trench Width: ____ - ____

Aggregate Depth: ____ inches

◯ Inches O.C.
◯ Feet O.C.
◯ Inches
◯ Feet

Septic Tank: 1,000 Gallons

Pump Required: ◯ Yes (X) 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: Bendel, Joel Date of Issue: 10/26/2021

◯ Hand Drawing ◯ Import Drawing

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

Total Time : (HH:MM) ____

Franklin County
NORTH CAROLINA

File # 365059 PIN# _____

Property Address: 121 Buffalo Dr.

Applicant or Owner Name: Brandon Wiggins

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:** 10-27-21 **EHS:** Joel Bendel

****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 Acc Max Trench Depth 25"

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

Well Contractor _____ Well Grout date: _____

* Not to scale