# IMPROVEMENT PERMIT

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

For Office Use Only

*CDP File Number: 378580 - 1
County ID Number:
Evaluated For: NEW

PERMIT VALID UNTIL: 07/21/2027

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

| | | | |
|---|---|---|---|
| Applicant: | PINNACLE HOME BUILDERS & CONSTRUCTION | Property Owner: | ALBRIGHT ACRES LLC |
| Address: | 7824 MELCOMBE WAY | Address: | 160 WIGGINS RD |
| City: | WAKE FOREST | City: | LOUISBURG |
| State/Zip: | NC 27587 | State/Zip: | NC. 27549 |
| Phone #: | | Phone #: | |

## Property Location & Site Information

Address/Road #: 145 WIGGINS RD LOUISBURG, NC 27549
Subdivision: ALBRIGHT ACRES
Phase: NEW
Lot: 1
Structure: SINGLE FAMILY
# of Bedrooms: 4
# of People: 5
*Water Supply: NEW WELL

**Directions**
145 WIGGINS RD

## System Specifications

**Initial System**

*Site Classification: Provisionally Suitable
Design Flow: 480
Soil Application Rate: 0.3000

*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: 21 Inches

Septic Tank: 1000 Gallons
Pump Required: ◯ Yes ◯ No (X) May Be Required
Pump Tank: 1000 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 II A. CONV SYSTEM (SINGLE-FAMILY OR 480 GPD OR LESS)

*Proposed System:
25% REDUCTION

Minimum Trench Depth: ____ Inches
Maximum Trench Depth: 21 Inches

Pump Required: ◯ Yes ◯ No (X) 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**

There are 2 additional things that determine location of septic field: (1) future pool, (2) Compressed farm path. Call EHS if any questions. There are a few dirt mounds, but by looking at lot to right, a pump will most likely be needed. Achieve gravity if

**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: Jones, Lori
Date of Issue: 07/21/2022

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:

For Office Use Only

*CDP File Number: 378580 - 1
County ID Number:
Evaluated For: NEW

PERMIT VALID UNTIL: 07/21/2027

☐ Open Pump System Sheet

| | |
|---|---|
| Applicant: | PINNACLE HOME BUILDERS & CONSTRUCTION |
| Address: | 7824 MELCOMBE WAY |
| City: | WAKE FOREST |
| State/Zip: | NC 27587 |
| Phone #: | |

| | |
|---|---|
| Property Owner: | ALBRIGHT ACRES LLC |
| Address: | 160 WIGGINS RD |
| City: | LOUISBURG |
| State/Zip: | NC. 27549 |
| Phone #: | |

## Property Location & Site Information

Address/Road #: 145 WIGGINS RD LOUISBURG, NC 27549
Subdivision: ALBRIGHT ACRES
Phase: NEW
Lot: 1

**Directions:** 145 WIGGINS RD

Structure: SINGLE FAMILY
# of Bedrooms: 4
# of People: 5
*Water Supply: NEW WELL

## System Specifications

*Site Classification: Provisionally Suitable
Design Flow: 480
Soil Application Rate: 0.3000
*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: 21 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: 405 ft.
Trench Spacing: ____ - 9
Trench Width: ____ - 3
Aggregate Depth: ____ inches

◯ Inches O.C.
(X) Feet O.C.
◯ Inches
(X) Feet

Septic Tank: 1,000 Gallons
Pump Required: ◯ Yes ◯ No (X) May Be Required
Pump Tank: 1,000 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:**

There are 2 additional things that determine location of septic field: (1) future pool, (2) Compressed farm path. Call EHS if any questions. There are a few dirt mounds, but by looking at lot to right, a pump will most likely be needed. Achieve gravity if possible while still maintaining off of compressed soil path.

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: Jones, Lori
Date of Issue: 07/21/2022

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

◯ Hand Drawing ◯ Import Drawing
Total Time : (HH:MM) ____

# Well Construction Permit

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

For Office Use Only

*CDP File Number 378580

PIN Number:

Tax Lot #: 1 Tax Block #: 006591

Evaluated For: SINGLE FAMILY \ WELL

| | |
|---|---|
| Property Owner: | ALBRIGHT ACRES LLC |
| Address: | 160 WIGGINS RD |
| City: | LOUISBURG |
| State/Zip: | NC / 17549 |
| Phone #: | |

| | |
|---|---|
| Applicant: | PINNACLE HOME BUILDERS & CONSTRUC |
| Address: | 7824 MELCOMBE WAY |
| City: | WAKE FOREST |
| State/Zip: | NC / 27587 |
| Phone #: | |

## Property Location & Site Information

Address/Road #: 145 WIGGINS RD
LOUISBURG NC, 27549

Subdivision: ALBRIGHT ACRES Phase: Lot: 1

*Proposed use of Well: SINGLE FAMILY

If Other:

Applicant Email:

Owner Email:

**Directions:** 145 WIGGINS RD

## Well Contractor Information

Drilling Contractor:

Driller Registration:

## Permit Conditions

*Permit Conditions

Well to be installed in front left property corner 20 feet from left property line and 25 feet back from front property line.

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. Issuance of this well permit does not guarantee water quality or adequate water production from the well once it is installed or repaired.

*Issued By: Jones, Lori

*Date of Issue: 07/21/2022

○ Hand Drawing ○ Import Drawing

Authorized State Agent:

Owner/Applicant:

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

Franklin County
NORTH CAROLINA

File # 378580 PIN# _____

Property Address: 145 Wiggins Rd. Lsbg

Applicant or Owner Name: Pinnacle Home Bldrs & Const. Co.

# 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**:** 7-21-2022 **EHS:** Jane Jones

****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'x405 Type System Accepted Poss Pump / DBOX Max Trench Depth 21"

Septic Contractor _____ Septic/Pump tank dates _____ Pump fee? NO YES pd _____

Well Contractor _____ Well Grout date: _____ or self grout Well Head Date: _____

---

# Bedrooms: 4

If Repair: _____

Benchmark/Elevation: _____

Tank Mfr:

STB: _____ Gallons: _____

Distance from house: _____ ft

Elevation: _____ Filter: _____

Dbox Elevation: _____

Supply Line Length: _____

| Line(s): | Feeder (ft) | Line (ft) | Elevation |
|---|---|---|---|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| 7 | | | |

Product: EZ flow or Chambers / LP

Pump Mfr:

STB: _____ Gallons: _____

Alarm: _____ Water Dose: _____

Water to manifold/dbox: _____

If dbox, flow adjusters correct: _____

If manifold, water pressure correct: _____

Dbox location: _____

_____

Acreage: 1.55

Parcel ID: 006591

*Drawing not to scale (if large acreage, may be portion)

(If not as built, indicate changes on front or back of sheet.)