IMPROVEMENT PERMIT

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

For Office Use Only

*CDP File Number	358954 - 1
County ID Number:	1843-14-7266
Evaluated For:	NEW

PERMIT VALID UNTIL: 08/06/2026

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

Applicant:	CAVINESS & CATES BUILDING AND DEVELOPMI
Address:	639 EXECUTIVE PLACE SUITE 400
City:	FAYETTEVILLE
State/Zip:	NC 28305
Phone #:	

Property Owner:	CAVINESS & CATES BUILDING AND DEVELC
Address:	639 EXECUTIVE PLACE SUITE 400
City:	FAYETTEVILLE
State/Zip:	NC. 28305
Phone #:	

Property Location & Site Information

Address/Road #: 80 CINNAMON TEAL WAY YOUNGSVILLE, NC 27596
Subdivision: BALLINGER FARMS
Phase: NEW
Lot: 59

Structure: SINGLE FAMILY
# of Bedrooms: 4
# of People: 2
*Water Supply: N/A

Directions
80 CINNAMON TEAL WAY

System Specifications

Initial System

*Site Classification: PS Shallow Placement
Design Flow: 480
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 20 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: PS Shallow Placement
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 20 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**

Install on contour. Maintain proper setbacks. May encounter Rock.

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: Ennis, Crystal
Date of Issue: 08/06/2021

Total TIme: (HH:MM) ____ : ____

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

Construction Authorization

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

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*CDP File Number: 358954 - 1
County ID Number: 1843-14-7266
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☐ Open Pump System Sheet

Applicant:	CAVINESS & CATES BUILDING AND DEVELOPME
Address:	639 EXECUTIVE PLACE SUITE 400
City:	FAYETTEVILLE
State/Zip:	NC 28305
Phone #:	

Property Owner:	CAVINESS & CATES BUILDING AND DEVELC
Address:	639 EXECUTIVE PLACE SUITE 400
City:	FAYETTEVILLE
State/Zip:	NC. 28305
Phone #:	

Property Location & Site Information

Address/Road #: 80 CINNAMON TEAL WAY YOUNGSVILLE, NC 27596
Subdivision: BALLINGER FARMS
Phase: NEW
Lot: 59

Directions: 80 CINNAMON TEAL WAY

Structure: SINGLE FAMILY
# of Bedrooms: 4
# of People: 2
*Water Supply: PUBLIC

System Specifications

*Site Classification: PS Shallow Placement
Design Flow: 480
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: 20 Inches
Minimum Soil Cover: _____ Inches
Maximum Soil Cover: _____ Inches
*Distribution Type: GRAVITY - PARALLEL (eq. d-box)

Nitrification Field: _____ Sq. ft.
No. Drain Lines: 5
Total Trench Length: 400 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 (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:**

Install on contour. Maintain proper setbacks. May encounter Rock.

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: Ennis, Crystal
Date of Issue: 08/06/2021

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

◯ Hand Drawing ◯ Import Drawing

Total Time : (HH:MM) _____

Franklin County
NORTH CAROLINA

File # 358954 PIN# 1843-14-7266

Property Address: 80 Cinnamon Teal Way

Applicant or Owner Name: Caviness & Cates Building & Development Company

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:** 8-6-21 **EHS:** Crystal Evans

****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 1 Drainfield 3'x400' Type System Acc Max Trench Depth 20"

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

Well Contractor _____ Well Grout date: _____ *Drawing not to scale* *May encounter rock*