



IMPROVEMENT PERMIT

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

For Office Use Only

*CDP File Number 301693 - 2
County ID Number: 2830592726
Evaluated For: NEW

PERMIT VALID UNTIL: 11/20/2029

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

Applicant: Nate Mullins
Address: 2033 Walden Way
City: Clayton
State/Zip: NC 27527
Phone #:

Property Owner: BQuest Homes
Address: 2033 Walden Way
City: Clayton
State/Zip: NC. 27527
Phone #:

Property Location & Site Information

Address: 114 Crow Dr Louisburg, NC 27549 Subdivision: LAKE ROYALE Block/Phase: ACTIVE Lot:

Directions

Road #: 114 CROW DR
Structure: SINGLE FAMILY
of Bedrooms: 3
of People: 3
*Water Supply: N/A

System Specifications

Initial System

Usable Soil Depth: 42

Design Flow: 360

Soil Application Rate: 0.3500

*System Classification/Description:

TYPE III B. SYSTEM W/SINGLE EFFLUENT PUMP

*Proposed System:

2 FT CHAMBER SYSTEM

Minimum Trench Depth: Inches

Maximum Trench Depth: 30 Inches

Septic Tank: 1000 Gallons

Pump Required ☐ Yes ☐ No ☒ May Be Required

Pump Tank: 1000 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 ON CONTOUR. MAINTAIN PROPER SETBACKS.

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: 11/20/2024

Total Time: (HH:MM)

☐ Hand Drawing

☐ Import Drawing

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



Construction Authorization

Franklin County Health Department
107 Industrial Drive
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Phone: _____

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☐ Open Pump System Sheet

Applicant: Nate Mullins
Address: 2033 Walden Way
City: Clayton
State/Zip: NC 27527
Phone #: _____

Property Owner: BQuest Homes
Address: 2033 Walden Way
City: Clayton
State/Zip: NC. 27527
Phone #: _____

Property Location & Site Information

Address/Road #: 114 Crow Dr Louisburg, NC 27549 Subdivision: LAKE ROYALE Phase: ACTIVE Lot: _____
Directions:
Structure: SINGLE FAMILY 114 CROW DR
of Bedrooms: 3
of People: 3
*Water Supply: PUBLIC

System Specifications

Usable Soil Depth: 42 Minimum Trench Depth: _____ Inches
Design Flow: 360 Maximum Trench Depth: 30 Inches
Soil Application Rate: 0.3500 Minimum Soil Cover: _____ Inches
*System Classification/Description: TYPE III B. SYSTEM W/SINGLE EFFLUENT PUMP Maximum Soil Cover: _____ Inches
*Proposed System: 2 FT CHAMBER SYSTEM *Distribution Type: PUMP TO GRAVITY
Nitrification Field: _____ Sq. ft. Septic Tank: 1,000 Gallons
No. Drain Lines: 4 Pump Required: ☐ Yes ☐ No ☒ May Be Required
Total Trench Length: 260 ft. ☐ Inches O.C. Pump Tank: 1,000 Gallons
Trench Spacing: _____ - 9 ☒ Feet O.C. Grease Trap: _____ Gallons
Trench Width: _____ - 3 ☐ Inches Septic Tank Installer
Aggregate Depth: _____ inches ☒ Feet 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.

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: 11/20/2024

☐ Hand Drawing ☐ Import Drawing

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

Total Time : (HH:MM) _____



File# 301693 PIN# 2830-59-2726

Property Address: 114 Crow Drive

Applicant Or Owner Name: Nate Mullins

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**: 11-20-24 EHS: Cyril Evers

****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.

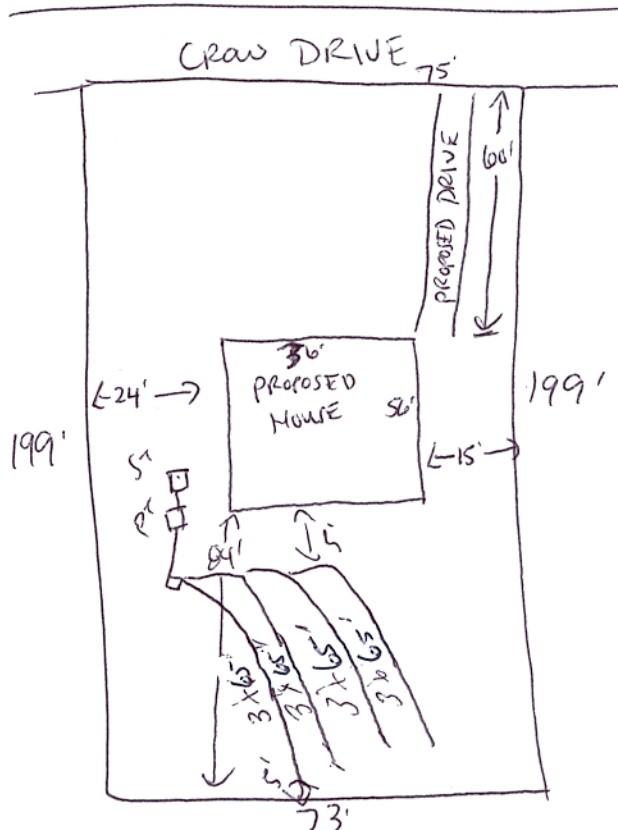
SEPTIC OPERATIONS PERMITS will be issued after installation is approved, all permit conditions are met, and any outstanding fees are paid. WELL CERTIFICATE OF COMPLETION will be issued after well head approval, all permit conditions are met, and any outstanding fees are paid.

Septic Tank 1000 Pump Tank 1000 Drain field 3' x 260' Type System Pto Acc Max trench depth 30"

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

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

Drawing not to scale
*may be able to achieve gravity**





Health Department
107 Industrial Drive, Suite C
Lenoir, NC 27549
Phone: 919-496-5533
Fax: 919-496-8127
www.franklincountync.us

FRANKLIN COUNTY ENVIRONMENTAL HEALTH SEPTIC SYSTEM PUMP REQUIREMENTS

PUMP SYSTEM FEE

An additional fee of fifty dollars (\$50.00) is assessed when a pump and related components are required for a new septic system. This fee must be paid prior to the Operations Permit being issued. Franklin County Environmental Health requests the fee is paid before beginning the septic installation to make the final inspection smoothly. The septic permit will not be signed off and a CO cannot be obtained until this fee is paid. This fee may be paid in person or by mail at:

Franklin County Health Department
Environmental Health Section
107 Industrial Dr, Suite C
Lenoir NC 27549

When making payment, please provide the permit number and the applicant name to ensure the payment is applied to the correct permit.

PUMP TO GRAVITY DISTRIBUTION

Unless otherwise noted on your septic permit or related attachments, the minimum type distribution method for your septic system is by means of a distribution box (D-box). This is achieved by pumping the wastewater to a D-box and allowing gravity to naturally disperse the wastewater equally to each drain line. This type distribution may be used for up to four (4) drain line laterals. The D-box should be watertight. The supply line is to be terminated in the D-box with a 90 degree elbow directed downwards to prevent a "siphoning" action of the wastewater. The D-box location should be marked on-site to make it easily identifiable and prevent damage.

REQUIREMENTS FOR PUMP SYSTEMS (Pump to conventional, pressure-manifold, or LPP)

The following requirements must be met, in addition to the requirements on the permit itself.

Tanks and Risers

All tanks shall be constructed according to plans which have been approved by the Division of Environmental Health. Pump tanks shall have a riser which extends to at least 6" above the finished grade (riser is recommended on septic tank). Pump tanks should be of "one piece" construction; if not, it shall be tested for water tightness by the approved method (if a soil wetness condition exist within 5' of the tank top), riser must be properly sealed to the top of the tank. Pipes and conduit must exit riser through "rock-outs" provided vent shall be installed on pump tank if over 30' from facility.

Supply Line

Supply line shall be Schedule 40 PVC or stronger. Supply line shall have a check-valve, gate valve, and a threaded union (in order to allow easy removal of pump)-corrosion resistant rope or chain shall also be connected to pump.

Supply line into box shall be allowed with a 90 and extended down to within 2" of the bottom of the distribution box.

Electrical

Electrical connections, pump controllers, and alarm components shall be enclosed in a NEMA 4X (weatherproof) enclosure and at least 12" above grade. Wires from pumps and control floats shall be conveyed from the riser to the control panel through sealed electrical conduit (shall be sealed to be watertight and gaslight) -original pipes shall be used, with no splices in the wire cables. Control floats shall be sealed mercury type -control floats shall be suspended from a PVC arm or "Christmas Tree" (not from the supply line) for unrestricted movement.

Alarm System

Power to high-water alarm shall be on a separate circuit from power to the pump. Alarm system shall be audible and visible to system user. Alarm system shall be NEMA 4X or equivalent if mounted outside. NEMA 4X junction box, containing a means of disconnection for the alarm float, shall be provided adjacent to the pump tank. If the alarm panel is located inside the facility

***electrical service, or a generator, must be available for final inspection in order to check pump and alarm system.