IMPROVEMENT PERMIT

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

For Office Use Only

*CDP File Number: 366073 - 1
County ID Number: 1882-78-1220
Evaluated For: NEW

PERMIT VALID UNTIL: 11/18/2026

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

Applicant:	FIDELIS CONSTRUCTION INC
Address:	PO BOX 550
City:	YOUNGSVILLE
State/Zip:	NC 27596
Phone #:	

Property Owner:	MICHAEL SCHRIVER
Address:	PO BOX 550
City:	YOUNGSVILLE
State/Zip:	NC. 27596
Phone #:	

Property Location & Site Information

Address/Road #: 35 COURTLAND DR LOUISBURG, NC 27549
Subdivision: HIGHCROFT Phase: NEW Lot: 21
Structure: SINGLE FAMILY
# of Bedrooms: 4
# of People: 3
*Water Supply: N/A

Directions

35 COURTLAND DR

System Specifications

Initial System

*Site Classification: PS @ Grade w/Cap
Design Flow: 480
Soil Application Rate: 0.3000

*System Classification/Description:
TYPE III B. SYSTEM W/SINGLE EFFLUENT PUMP

*Proposed System:
25% REDUCTION

Minimum Trench Depth: 24 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 B. SYSTEM W/SINGLE EFFLUENT PUMP

*Proposed System:
50% REDUCTION

Minimum Trench Depth: _____ Inches
Maximum Trench Depth 30 Inches

Pump Required: (X) Yes ( ) 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: 11/18/2021

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:

For Office Use Only

*CDP File Number: 366073 - 1
County ID Number: 1882-78-1220
Evaluated For: NEW

PERMIT VALID UNTIL: 11/18/2026

☐ Open Pump System Sheet

Applicant:	FIDELIS CONSTRUCTION INC
Address:	PO BOX 550
City:	YOUNGSVILLE
State/Zip:	NC 27596
Phone #:	

Property Owner:	MICHAEL SCHRIVER
Address:	PO BOX 550
City:	YOUNGSVILLE
State/Zip:	NC. 27596
Phone #:	

Property Location & Site Information

Address/Road #: 35 COURTLAND DR LOUISBURG, NC 27549
Subdivision: HIGHCROFT Phase: NEW Lot: 21

Structure: SINGLE FAMILY
# of Bedrooms: 4
# of People: 3
*Water Supply: PUBLIC

Directions:

35 COURTLAND DR

System Specifications

*Site Classification: PS @ Grade w/Cap
Design Flow: 480
Soil Application Rate: 0.3000
*System Classification/Description: TYPE III B. SYSTEM W/SINGLE EFFLUENT PUMP
*Proposed System: 25% REDUCTION

Minimum Trench Depth: _____ Inches
Maximum Trench Depth: 24 Inches
Minimum Soil Cover: _____ Inches
Maximum Soil Cover: _____ Inches
*Distribution Type: PRESSURE MANIFOLD

Nitrification Field: _____ Sq. ft.
No. Drain Lines: 5
Total Trench Length: 430 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: (X) Yes ◯ No ◯ 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:**

Install as designed by Central Soil Consulting PLLC. Plans attached. See tap chart for manifold.

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: 11/18/2021

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

◯ Hand Drawing ◯ Import Drawing

Total Time : (HH:MM) _____

Franklin County
NORTH CAROLINA

File # 3660073 PIN# _____

Property Address: 35 Courtland Dr. Lsbg Lot 21

Applicant or Owner Name: Fidelis Const

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:** 11-18-21 **EHS:** Lou Jones

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

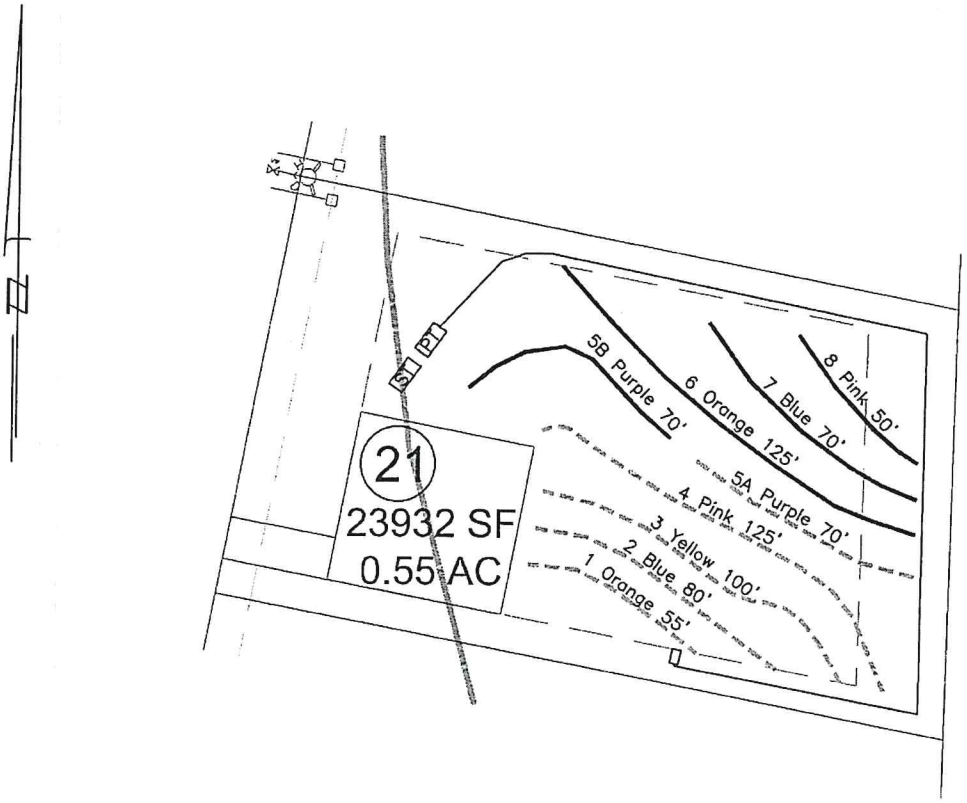
Installation/grouting inspections may be scheduled the day before, or, the day of installation until 9am by contacting the Environmental Health office at 919 496 8100. A revisit fee may apply if installation is not ready for inspection at the time requested. ***Septic Operations Permits*** will be issued 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 3X430 Type System PTOA Max Trench Depth 24"

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

Well Contractor _____ Well Grout date: _____

Install as designed by Central Soil Consulting, PLLC. Plans attached. See tap chart for manifold.



System:
Repair:

*Keep tanks and drain lines 10' from property lines.
*Not a survey.
*Not a guarantee of a septic permit.
*Keep supply lines >5' from property lines.
*Some lines are flagged longer in the field than lengths indicate.
*No grading septic area.

GRAPHIC SCALE
1" = 50'
50 0 50 100

System: Pressure Manifold
Lines: 1-5A, (430')
Accepted Status System
0.3 Soil LTAR
24" Trench Bottom

Repair: T&J Panel
Lines: 5B-8, (315')
Accepted Status System
0.3 Soil LTAR
30" Trench Bottom

Central Carolina Soil Consulting, PLLC
1900 South Main Street, Suite 110
Wake Forest, North Carolina 27587
Phone (919)569-6704 Fax (919)569-6703

4-Bedroom Septic Layout
Lot 21, High Croft Subdivision
Franklin County, North Carolina

Job#	: 2243
Drawn By	: JR
Date	: 11/05/2018
Revision:	

High Croft, Lot 21
TAP CHART

								Elevation Head	5.40
Bench Mark		is = 100.00	Location of BM						
Pump tank elev.			100.00	Pump elev.	94.60		Manifold elev.		99.10
line	color	rod read	Elevation	length	hole size	flow/tap	gal/day	trench area	LINE LTAR
1	Orange	1.90	98.10	55	1/2in SCH 80	5.48	62.18	165	0.3769
2	Blue	2.60	97.40	80	1/2in SCH 40	7.11	80.68	240	0.3362
3	Yellow	3.10	96.90	100	3/4in SCH 80	10.1	114.61	300	0.3820
4	Pink	3.80	96.20	125	3/4in SCH 40	12.5	141.84	375	0.3783
5A	Purple	5.00	95.00	70	1/2in SCH 40	7.11	80.68	210	0.3842

	total	feet =	430	gal/min =	42.3	LTAR =	0.3000
						LTAR + %5	0.3150
% of Dose Vol.	75		Des. Flow	480		(ltar W/ INOV)	0.4000
Dose Volume	209.89		Pump Run=	11.35		(ltar W/ INOV + 5%	0.4200
Dose Pump Time	4.97		Tank Gal/IN	19.65			
Drawdown in Inches	10.68						

High Croft, Lot 21
Repair TAP CHART

								Elevation Head	5.40
Bench Mark		is = 100.00	Location of BM						
Pump tank elev.			100.00	Pump elev.	94.60		Manifold elev.		96.00
line	color	rod read	Elevation	length	hole size	flow/tap	gal/day	trench area	LINE LTAR
5B	Purple	5.00	95.00	70	1/2in SCH 40	7.11	105.99	210	0.5047
6	Orange	6.10	93.90	125	3/4in SCH 40	12.5	186.34	375	0.4969
7	Blue	6.80	93.20	70	1/2in SCH 40	7.11	105.99	210	0.5047
8	Pink	7.50	92.50	50	1/2in SCH 80	5.48	81.69	150	0.5446

	total	feet =	315	gal/min =	32.2	LTAR =	0.3000
						LTAR + %5	0.3150
% of Dose Vol.	75		Des. Flow	480		(ltar W/ INOV)	0.6000
Dose Volume	153.56		Pump Run=	14.91		(ltar W/ INOV + 5%	0.6300
Dose Pump Time	4.77		Tank Gal/IN	19.65			
Drawdown in Inches	7.81						

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

Sheet 1 of 1 F+6
PROPERTY ID #:
COUNTY: Franklin

SOIL/SITE EVALUATION
***for* ON-SITE WASTEWATER SYSTEM**
(Complete all fields in full)

OWNER: Fidelis Constr. Inc — APPLICATION DATE 11-10-2021
ADDRESS: 35 Courtland Dr. Louisburg Lot 21 — DATE EVALUATED:
PROPOSED FACILITY: Residence — PROPOSED DESIGN FLOW (.1949): 480 — PROPERTY SIZE: .55
LOCATION OF SITE: Highcroft Lot 21 — PROPERTY RECORDED:
WATER SUPPLY: ☐ Private ☑ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut — TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR	
1	Linear 4%	0-5	Gr/SL	VFr NS NS SE		36 -12 24	Install		PS .3	Init.
		5-10	Gr/SL	VFr SS SP SE						
		10-23	WK/C BT mottled @ 23"	Fi SP SE						
		23-36	WK/SC BT	Fi SP SE						
		36	Saprolite							
2	Linear 3%	0-7	Gr/SL	VFr NS NP SE	37 -12 25	Install				Repair
		7-15	Gr/SCL WK	Fr SS SP SE						
		15-28	BT/C	Fi SP SE						
		28-37	WK/SC BT	Fi SP SE						
		37	Saprolite	Perched water present						
3										
4										

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)	Pump 25% Red	Pump 25% Red
Site LTAR	.3	.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Lori Jones
OTHER(S) PRESENT:

COMMENTS: Very Dry Soil; Just prior rain.