IMPROVEMENT PERMIT

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

For Office Use Only

*CDP File Number: 395092 - 2
County ID Number:
Evaluated For: EXISTING

PERMIT VALID UNTIL: 07/24/2030

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

Applicant:	Audrey McCaskey
Address:	4482 NC 39 HWY N
City:	Louisburg
State/Zip:	NC 27549
Phone #:	

Property Owner:	Audrey Rene McCaskey Revocable
Address:	8808 Neuse Town Dr
City:	Raleigh
State/Zip:	NC. 27616
Phone #:	

Property Location & Site Information

Address: 4482 NC 39 HWY N
LOUISBURG, NC 27549
Road #:
Structure: SINGLE FAMILY
# of Bedrooms: 4
# of People: 8
*Water Supply: N/A

Subdivision:
Block/Phase: NEW
Lot:

Directions

4482 NC 39 HWY N

System Specifications

Initial System

Usable Soil Depth: 42
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: 30 Inches

Septic Tank: _____ 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

Usable Soil Depth: 42
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: 30 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 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. INSTALL THREE 100' DRAINLINES AND CONNECT TO EXISTING ST AND EXISTING 100' DRAINLINE FOR 400' ACCEPTED DRAINLINE TOTAL. INSTALL NEW D-BOX IF NEEDED.

CDP File Number: 395092 County ID Number:

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 (per rule .0301((a).

Authorized State Agent: Ennis, Crystal Date of Issue: 07/24/2025

Total TIme: (HH:MM)

(X) 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: 395092 - 2
County ID Number:
Evaluated For: EXISTING

PERMIT VALID UNTIL: 07/24/2030

☐ Open Pump System Sheet

Applicant:	Audrey McCaskey
Address:	4482 NC 39 HWY N
City:	Louisburg
State/Zip:	NC 27549
Phone #:	

Property Owner:	Audrey Rene McCaskey Revocable
Address:	8808 Neuse Town Dr
City:	Raleigh
State/Zip:	NC. 27616
Phone #:	

Property Location & Site Information

Address/Road #: 4482 NC 39 HWY N LOUISBURG, NC 27549
Subdivision:
Phase: NEW
Lot:

Directions:

4482 NC 39 HWY N

Structure: SINGLE FAMILY
# of Bedrooms: 4
# of People: 8
*Water Supply: EXISTING WELL

System Specifications

Usuable Soil Depth: 42
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: 30 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: 300 ft.
Trench Spacing: 9 - ____
Trench Width: 3 - ____
Aggregate Depth: ____ inches

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

Septic Tank: ____ 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. INSTALL THREE 100' DRAINLINES AND CONNECT TO EXISTING ST AND EXISTI
100' DRAINLINE FOR 400' ACCEPTED DRAINLINE TOTAL. INSTALL NEW D-BOX IF NEEDED.

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 regaurding system location, installation, operation, maintenance, monitoring, reporting and repair (per rule .0301((a)).

Authorized State Agent: Ennis, Crystal
Date of Issue: 07/24/2025

(X) Hand Drawing ◯ Import Drawing

****Site Plan/Drawing attached.****
Total Time : (HH:MM) ____

Franklin County
NORTH CAROLINA
A Research Triangle Region Community

File# 395092 PIN# 2809-81-2994

Property Address: 4482 NC 39 HWY N.

Applicant Or Owner Name: Audrey McCaskey

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:** 7-24-25 **EHS:** Crystal Enos

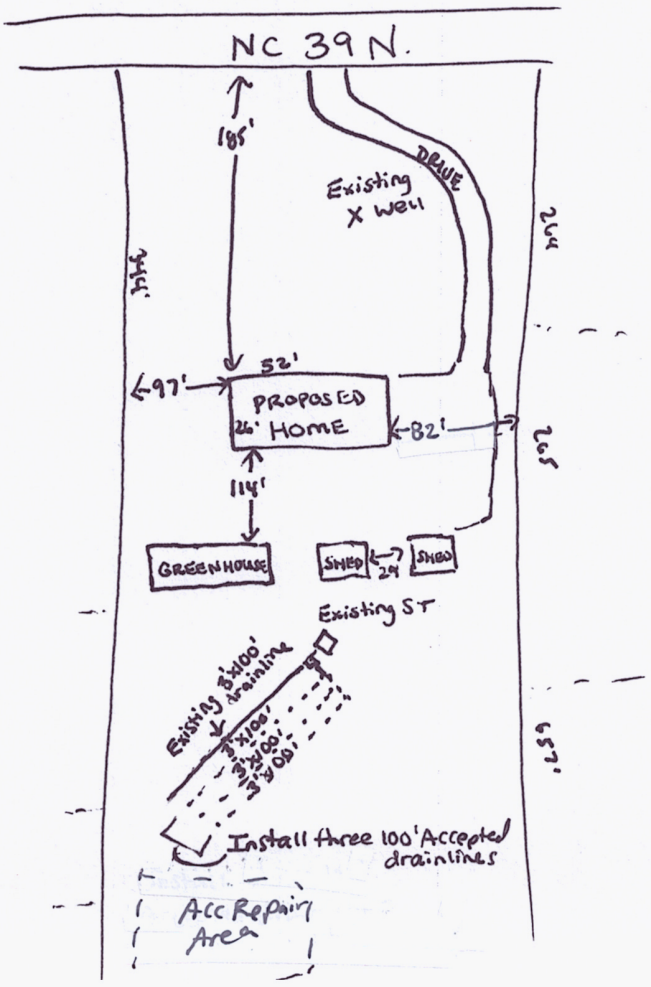
****Any previously dated CA diagram is revoked and/or invalid. Confirm this is the valid diagram for the site before beginning any construction.**

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 Existing Pump Tank / Drain field 3'x300' Type System 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
*Install three 100' Accepted drainlines (300' Acc. drainline added to existing 100' drainline for 400' Accepted drainline total.) May install new d-box
-may need to remove a few small trees for new drainlines