IMPROVEMENT PERMIT

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

For Office Use Only

*CDP File Number	295659 - 2
County ID Number:	2840184201
Evaluated For:	NEW

PERMIT VALID UNTIL: 01/17/2030

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

Applicant:	Chris Mink
Address:	1053 Lake Royale
City:	Louisburg
State/Zip:	NC 27549
Phone #:	

Property Owner:	Ryan Holman
Address:	125 Brookbend
City:	Cibolo
State/Zip:	TX. 78108
Phone #:	

Property Location & Site Information

Address: 111 Shaman Dr Louisburg, NC 27549
Subdivision: LAKE ROYALE Block/Phase: ACTIVE Lot: 3041
Road #:
Structure: SINGLE FAMILY
# of Bedrooms: 4
# of People: 4
*Water Supply: N/A

Directions

SHAMAN

System Specifications

Initial System

Usable Soil Depth: 42
Design Flow: 480
Soil Application Rate: 0.3250

Minimum Trench Depth: _____ Inches
Maximum Trench Depth: 30 Inches

*System Classification/Description:
TYPE III G. OTHER NON-CONV. TRENCH SYSTEMS

Septic Tank: 1000 Gallons
Pump Required ◯ Yes (X) No ◯ May Be Required

*Proposed System:
25% REDUCTION

Pump Tank: _____ Gallons

Repair System Required: ◯ Yes (X) 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 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: 01/17/2025

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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☐ Open Pump System Sheet

Applicant:	Chris Mink
Address:	1053 Lake Royale
City:	Louisburg
State/Zip:	NC 27549
Phone #:	

Property Owner:	Ryan Holman
Address:	125 Brookbend
City:	Cibolo
State/Zip:	TX. 78108
Phone #:	

Property Location & Site Information

Address/Road #: 111 Shaman Dr Louisburg, NC 27549
Subdivision: LAKE ROYALE Phase: ACTIVE Lot: 3041
Structure: SINGLE FAMILY
# of Bedrooms: 4
# of People: 4
*Water Supply: PUBLIC

Directions:

SHAMAN

System Specifications

Usuable Soil Depth: 42
Design Flow: 480
Soil Application Rate: 0.3250
*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 - SERIAL

Nitrification Field: _____ Sq. ft.
No. Drain Lines: 6
Total Trench Length: 375 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

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: 01/17/2025

◯ Hand Drawing ◯ Import Drawing

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

Franklin County
NORTH CAROLINA
A Research Triangle Region Community

File# 295659 PIN# 2840-18-4201

Property Address: 111 Shaman Drive

Applicant Or Owner Name: Chris Mink

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:** 1-17-25 **EHS:** Crystal Ewe

****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 / Drain field 3'x375' 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
Layout may vary slightly