# IMPROVEMENT PERMIT

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

For Office Use Only

| | |
|---|---|
| *CDP File Number | 300885 - 2 |
| County ID Number: | 2830484537 |
| Evaluated For: | NEW |

PERMIT VALID UNTIL: 07/26/2029

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

| | |
|---|---|
| Applicant: | Mayra Colin |
| Address: | 760 Glebe Rd |
| City: | Henderson |
| State/Zip: | NC 27537 |
| Phone #: | |

| | |
|---|---|
| Property Owner: | Gregory Samuels |
| Address: | 2200 Parkside Dr |
| City: | Durham |
| State/Zip: | NC. 27707 |
| Phone #: | |

## Property Location & Site Information

Address: 325 Shawnee Dr Louisburg, NC 27549
Subdivision: LAKE ROYALE
Block/Phase: ACTIVE
Lot: 724

Road #:

Structure: SINGLE FAMILY

# of Bedrooms: 3

# of People: 6

*Water Supply: N/A

### Directions

325 Shawnee Dr Louisburg NC 27549

## System Specifications

**Initial System**

Usable Soil Depth: 41

Design Flow: 360

Soil Application Rate: 0.3500

Minimum Trench Depth: _____ Inches

Maximum Trench Depth: 29 Inches

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

Septic Tank: 1000 Gallons

Pump Required ◯ Yes ◯ No (X) May Be Required

*Proposed System:
25% REDUCTION

Pump Tank: 1000 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. MAY BE ABLE TO ACHIEVE GRAVITY.

**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: 07/26/2024

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

Total TIme: (HH:MM) ____ : ____

# Construction Authorization

Franklin County Health Department
107 Industrial Drive
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Phone:

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*CDP File Number: 300885 - 2
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☐ Open Pump System Sheet

| | |
|---|---|
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| Phone #: | |

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## Property Location & Site Information

Address/Road #: 325 Shawnee Dr Louisburg, NC 27549
Subdivision: LAKE ROYALE Phase: ACTIVE Lot: 724

Structure: SINGLE FAMILY
# of Bedrooms: 3
# of People: 6
*Water Supply: COMMUNITY

**Directions:**

325 Shawnee Dr Louisburg NC 27549

## System Specifications

Usuable Soil Depth: 41
Design Flow: 360
Soil Application Rate: 0.3500
*System Classification/Description: TYPE III B. SYSTEM W/SINGLE EFFLUENT PUMP
*Proposed System: 25% REDUCTION

Minimum Trench Depth: ____ Inches
Maximum Trench Depth: 29 Inches
Minimum Soil Cover: ____ Inches
Maximum Soil Cover: ____ Inches
*Distribution Type: PUMP TO GRAVITY

Nitrification Field: ____ Sq. ft.
No. Drain Lines: 3
Total Trench Length: 270 ft.
Trench Spacing: ____ - 9
Trench Width: ____ - 3
Aggregate Depth: ____ inches

◯ Inches O.C. ⓧ Feet O.C.
◯ Inches ⓧ Feet

Septic Tank: 1,000 Gallons
Pump Required: ◯ 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 ON CONTOUR. MAINTAIN PROPER SETBACKS. MAY BE ABLE TO ACHIEVE GRAVITY.

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: 07/26/2024

◯ Hand Drawing ◯ Import Drawing

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

Franklin County
NORTH CAROLINA
A Research Triangle Region Community

File# 300885 PIN# 2830-48-4537

Property Address: 325 Shawnee Drive

Applicant Or Owner Name: Mayra Colin

# 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**:** 7-25-24 **EHS:** Crystal Ems

****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'x270' Type System PtoAcc Max trench depth 29"

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

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