IMPROVEMENT PERMIT

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

For Office Use Only

*CDP File Number: 403695 - 1
County ID Number:
Evaluated For: NEW

PERMIT VALID UNTIL: 01/10/2029

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

Applicant:	JOEL POWELL
Address:	8324 WOODLIEF RD
City:	WAKE FOREST
State/Zip:	NC 27587
Phone #:	

Property Owner:	GRAYLYN HOMES LLC
Address:	8324 WOODLIEF RD
City:	WAKE FOREST
State/Zip:	NC. 27587
Phone #:	

Property Location & Site Information

Address: 45 LEISURE LN LOUISBURG, NC 27549
Subdivision: THARRINGTON ACRES
Block/Phase: NEW
Lot: 4
Road #:
Structure: SINGLE FAMILY
# of Bedrooms: 3
# of People: 4
*Water Supply: N/A

Directions
45 LEISURE LN

System Specifications

Initial System
Usable Soil Depth: 35
Design Flow: 360
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: 23 Inches
Septic Tank: 1000 Gallons
Pump Required (X) Yes ( ) No ( ) May Be Required
Pump Tank: 1000 Gallons

Repair System Required: (X) Yes ( ) No ( ) No, but has Available Space

Repair System

Usable Soil Depth: 35
Soil Application Rate: 0.300
*System Classification/Description:
TYPE III B. SYSTEM W/SINGLE EFFLUENT PUMP
*Proposed System: 25% REDUCTION

Minimum Trench Depth: ____ Inches
Maximum Trench: Depth: 23 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 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. PUMP TO D-BOX

CDP File Number: 403695

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: 01/10/2024

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:

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PERMIT VALID UNTIL: 01/10/2029

☐ Open Pump System Sheet

Applicant:	JOEL POWELL
Address:	8324 WOODLIEF RD
City:	WAKE FOREST
State/Zip:	NC 27587
Phone #:	

Property Owner:	GRAYLYN HOMES LLC
Address:	8324 WOODLIEF RD
City:	WAKE FOREST
State/Zip:	NC. 27587
Phone #:	

Property Location & Site Information

Address/Road #: 45 LEISURE LN LOUISBURG, NC 27549
Subdivision: THARRINGTON ACRES
Phase: NEW
Lot: 4

Directions: 45 LEISURE LN

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

System Specifications

Usuable Soil Depth: 35
Design Flow: 360
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: 23 Inches
Minimum Soil Cover: ____ Inches
Maximum Soil Cover: ____ Inches
*Distribution Type: PUMP TO GRAVITY

Nitrification Field: ____ Sq. ft.
No. Drain Lines: 4
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: 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 ON CONTOUR. MAINTAIN PROPER SETBACKS. PUMP TO D-BOX

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: 01/10/2024

◯ Hand Drawing ◯ Import Drawing

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

Well Construction Permit

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

For Office Use Only

*CDP File Number 403695

PIN Number:

Tax Lot #: 4 Tax Block #: 049963

Evaluated For:

PERMIT VALID UNTIL: 01/09/2029

Property Owner:	GRAYLYN HOMES LLC
Address:	8324 WOODLIEF RD
City:	WAKE FOREST
State/Zip:	NC / 27587
Phone #:	

Applicant:	JOEL POWELL
Address:	8324 WOODLIEF RD
City:	WAKE FOREST
State/Zip:	NC / 27587
Phone #:	

Property Location & Site Information

Address/Road #: 45 LEISURE LN
LOUISBURG NC, 27549

Subdivision: THARRINGTON ACRES Phase: Lot: 4

*Proposed use of Well:

If Other:

Applicant Email:

Owner Email:

Directions: 45 LEISURE LN

Well Contractor Information

Drilling Contractor:

Driller Registration:

Permit Conditions

*Permit Conditions

Well location, construction and protection must meet all state and local regulations and must be inspected and approved by an authorized representative of the Local Health Department. The permit may be revoked at any time for failure to comply with existing regulations. The siting of approved well construction area(s) by the Health Department is to provide protection from the known possible sources of contamination. The approved well area(s) may not be changed without permission from an authorized representative of the Local Health Department. Issuance of this well permit does not guarantee water quality or adequate water production from the well once it is installed or repaired.

*Issued By: Ennis, Crystal

*Date of Issue: 01/10/2024

Authorized State Agent: Crystal Ennis

○ Hand Drawing ○ Import Drawing

Owner/Applicant:

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

Franklin County
NORTH CAROLINA

File # 403695 PIN# _____

Property Address: 45 Leisure Ln

Applicant or Owner Name: Joel Powell

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:** 1-10-24 **EHS:** Crystal Evans

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

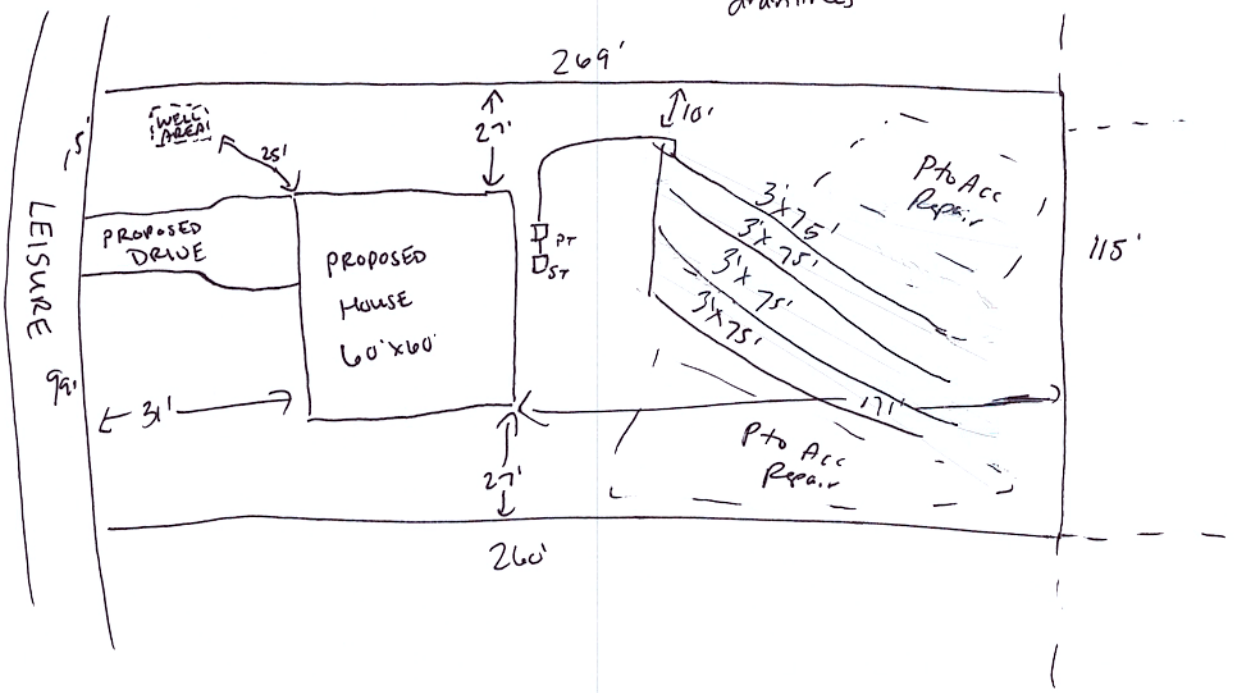
Installation/grouting inspections may be scheduled the day before, or, the day of installation until 9am by contacting the Environmental Health office at 919 496 8100. A revisit fee may apply if installation is not ready for inspection at the time requested. *Septic Operations Permits* will be issued 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 3'x300' Type System Pto Acc Max Trench Depth 23"

Septic Contractor _____ Septic/Pump tank dates _____ Pump fee? NO (YES) pd _____

Well Contractor _____ Well Grout date: _____

~~Drawing not to scale~~
May install three 100' Accepted drainlines



FCEH FORM 165 9/19, 10/19

Franklin County
NORTH CAROLINA

Health Department
107 Industrial Drive, Suite C
Louisburg, NC 27549
Phone: 919-496-2533
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 request the fee is paid before beginning the septic installation to make the final inspection go 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
Louisburg 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 "swirling" 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) -risers must be properly sealed to the top of the tank
-pipes shall be properly sealed into the tank
-pipes and conduit must exit riser through "knock-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 elbowed with a 90 and extended down to within 2" of the bottom of the distribution box
-supply line shall be properly sealed at pump tank and box

Electrical-
-all connections, pump controllers, and alarm components shall be enclosed in a NEMA 4X (watertight) enclosure
-enclosure shall be securely mounted on a treated 4x4 post, adjacent to the pump tank, 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 gastight)
-original plugs 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 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