



IMPROVEMENT PERMIT

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

For Office Use Only

*CDP File Number 458273 - 1
County ID Number:
Evaluated For: NEW

PERMIT VALID UNTIL: 09/30/2030

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

Applicant: John Szalecki
Address: 1016 Mockingbird Dr
City: Raleigh
State/Zip: NC 27615
Phone #:

Property Owner: John Szalecki
Address: 1016 Mockingbird Dr
City: Raleigh
State/Zip: NC. 27615
Phone #:

Property Location & Site Information

Address: 960 Duke Valentine Wynne Road Subdivision: Block/Phase: NEW Lot: 5
Mockingbird Dr Louisburg, NC
Road #: **Directions**
Structure: SINGLE FAMILY 960 Duke Valentine Wynne Road
of Bedrooms: 3
of People: 6
*Water Supply: N/A

System Specifications

Initial System

Usable Soil Depth: 36

Design Flow: 360

Soil Application Rate: 0.3000

Minimum Trench Depth: Inches

Maximum Trench Depth: 24 Inches

*System Classification/Description:

TYPE III B. SYSTEM W/SINGLE EFFLUENT PUMP

Septic Tank: 1000 Gallons

Pump Required ☐ Yes ☐ No ☒ May Be Required

*Proposed System:
25% REDUCTION

Pump Tank: 1000 Gallons

Repair System Required: ☒ Yes ☐ No ☐ No, but has Available Space

Repair System

Usable Soil Depth: 36

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: 24 Inches

Pump Required: ☐ 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. LAYOUT MAY VARY DUE TO THICK BRUSH AT TIME OF EVALUATION. MAY BE ABLE TO ACHIEVE GRAVITY

CDP File Number: 458273

County ID Number:

The Department and Local Health Department may impose conditions on the issuance 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 if 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(fa)).

Authorized State Agent: Ennis, Crystal Date of Issue: 09/30/2025

☒ Hand Drawing

☐ Import Drawing

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

Total Time: (HH:MM)
____ : ____



Construction Authorization

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

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*CDP File Number: 458273 - 1
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PERMIT VALID UNTIL: 09/30/2030

☐ Open Pump System Sheet

Applicant: John Szalecki
Address: 1016 Mockingbird Dr
City: Raleigh
State/Zip: NC 27615
Phone #: _____

Property Owner: John Szalecki
Address: 1016 Mockingbird Dr
City: Raleigh
State/Zip: NC. 27615
Phone #: _____

Property Location & Site Information

Address/Road #: 960 Duke Valentine Wynne Road Subdivision: _____ Phase: NEW Lot: 5
Mockingbird Dr Louisburg, NC
Structure: SINGLE FAMILY **Directions:** 960 Duke Valentine Wynne Road
of Bedrooms: 3
of People: 6
*Water Supply: NEW WELL

System Specifications

Usuable Soil Depth: 36 Minimum Trench Depth: _____ Inches
Design Flow: 360 Maximum Trench Depth: 24 Inches
Soil Application Rate: 0.3000 Minimum Soil Cover: _____ Inches
*System Classification/Description: TYPE III B. SYSTEM W/SINGLE EFFLUENT PUMP Maximum Soil Cover: _____ Inches
*Proposed System: 25% REDUCTION *Distribution Type: PUMP TO GRAVITY
Nitrification Field: _____ Sq. ft. Septic Tank: 1,000 Gallons
No. Drain Lines: 3 Pump Required: ☐ Yes ☐ No ☒ May Be Required
Total Trench Length: 300 ft. ☐ Inches O.C. Pump Tank: 1,000 Gallons
☒ Feet O.C. Grease Trap: _____ Gallons
Trench Spacing: 9 - _____ ☐ Inches
Trench Width: 3 - _____ ☒ Feet
Aggregate Depth: _____ inches 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. LAYOUT MAY VARY DUE TO THICK BRUSH AT TIME OF EVALUATION. MAY BE ADJUSTED 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 regarding system location, installation, operation, maintenance, monitoring, reporting and repair (per rule .0301(a)).

Authorized State Agent: Ennis, Crystal Date of Issue: 09/30/2025

☒ 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 458273

PIN Number: _____

Tax Lot #: 5 Tax Block #: 052223

Evaluated For: SINGLE FAMILY \ WELL

PERMIT VALID UNTIL: 09/30/2030

Property Owner: John Szalecki
Address: 1016 Mockingbird Dr
City: Raleigh
State/Zip: NC / 27615
Phone #: _____

Applicant: John Szalecki
Address: 1016 Mockingbird Dr
City: Raleigh
State/Zip: NC / 27615
Phone #: _____

Property Location & Site Information

Address/Road #: _____ Subdivision: _____ Phase: _____ Lot: 5
960 Duke Valentine Wynne Road
Mockingbird Dr
Louisburg NC, 27549
*Proposed use of Well: SINGLE FAMILY
If Other: _____
Applicant Email: john@familybuildingco.com
Owner Email: john@familybuildingco.com

Directions: 960 Duke Valentine Wynne Road

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

Authorized State Agent: Crystal Ennis

Owner/Applicant: _____

*Date of Issue: 09/30/2025

☒ Hand Drawing ☐ Import Drawing

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



Health Department
107 Memorial Oaks, Suite C
Lenoir, NC 28546
Phone 919-496-2333
Fax 919-496-4227
www.franklincountync.gov

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 requires this fee is paid before beginning the septic installation process, the final inspection, and so on. 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 as:

Franklin County Health Department
Environmental Health Section
107 Industrial Dr., Suite C
Lenoir, NC 28546

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 evenly 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 to be terminated in the D-box with a 90 degree elbow directed downwards to prevent a "sucking" 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 tanks)
- pump tanks should be of "one piece" construction; if not, it shall be tested for water tightness by the approved method (if a soil witness condition exists within 5' of the tank top), riser 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 "rock-hous" 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)-concrete resistant rope or chain shall also be connected to pump
- supply line into box shall be allowed 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 connectors, pump controllers, and alarm components shall be enclosed in a NEMA 4X (weatheright) 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 boxes shall be conveyed from the riser to the control panel through sealed electrical conduit (shall be sealed to be watertight and gasketed)
- control panel shall be sealed watertight type
- control boxes 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 line, 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