IMPROVEMENT PERMIT

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

For Office Use Only

*CDP File Number: 392646 - 1
County ID Number:
Evaluated For: NEW

PERMIT VALID UNTIL: 04/14/2028

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

Applicant:	MIGUEL GOVEA SALAZAR	Property Owner:	
Address:	1231 UNIVERSITY DR	Address:	
City:	DURHAM	City:	
State/Zip:	NC 27707	State/Zip:	
Phone #:		Phone #:	

Property Location & Site Information

Address: 139 HATCHET CV LOUISBURG, NC 27549
Subdivision: LOT ROYALE
Block/Phase: NEW
Lot:
Road #:
Structure: SINGLE FAMILY
# of Bedrooms: 3
# of People: 3
*Water Supply: N/A

Directions

138 HATCHET CV

System Specifications

Initial System

*Site Classification: Provisionally Suitable
Design Flow: 360
Soil Application Rate: 0.3000

Minimum Trench Depth: ____ Inches
Maximum Trench Depth: 28 Inches

*System Classification/Description:
TYPE II A. CONV SYSTEM (SINGLE-FAMILY OR 480 GPD OR LESS)

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

*Proposed System:
25% REDUCTION

Pump Tank: ____ Gallons

Repair System Required: ◯ Yes ◯ 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**

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 (.1938(b)).

Authorized State Agent: Bendel, Joel
Date of Issue: 04/14/2023

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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☐ Open Pump System Sheet

Applicant:	MIGUEL GOVEA SALAZAR
Address:	1231 UNIVERSITY DR
City:	DURHAM
State/Zip:	NC 27707
Phone #:	

Property Owner:	
Address:	
City:	
State/Zip:	
Phone #:	

Property Location & Site Information

Address/Road #: 139 HATCHET CV
LOUISBURG, NC 27549

Subdivision: LOT ROYALE Phase: NEW Lot:

Directions:

138 HATCHET CV

Structure: SINGLE FAMILY

# of Bedrooms: 3

# of People: 3

*Water Supply: COMMUNITY

System Specifications

*Site Classification: Provisionally Suitable

Design Flow: 360

Soil Application Rate: 0.3000

*System Classification/Description:
TYPE II A. CONV SYSTEM (SINGLE-FAMILY OR 480 GPD OR LESS)

*Proposed System:
25% REDUCTION

Minimum Trench Depth: _____ Inches

Maximum Trench Depth: 28 Inches

Minimum Soil Cover: _____ Inches

Maximum Soil Cover: _____ Inches

*Distribution Type: GRAVITY - PARALLEL (eq. d-box)

Nitrification Field: _____ Sq. ft.

No. Drain Lines: _____

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: ◯ 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:**

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 (.1937(g)). Ther 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

Authorized State Agent: Bendel, Joel

Date of Issue: 04/14/2023

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

◯ Hand Drawing ◯ Import Drawing

Total Time : (HH:MM) _____

Franklin County
NORTH CAROLINA

CDP# 3926462

Franklin County Environmental Health
127 S Bickett Blvd.
Louisburg, NC 27549
Phone (919) 496-8100
www.franklincountync.gov

Issued to: Miguel Govea Salazar **Location: 139 HATCHET CV LOUISBURG , NC 27549**

NEW SEPTIC APPLICATION

Application Type: NEW SEPTIC
Application Number: E-23-331
Building Type:
Project Type: Single Family Dwelling
# of Bedrooms: 3
Residential Project Type: Single Family Dwelling
Building Foundation: Crawlspace
Water Source: Other

Preferred Type of Septic System: (1) Conventional (rock)
Parcel ID #: 020078

Date: March 29, 2023
Acreage: 0.38
Zoning: R-30
# of Occupants: 3
Commercial Project Type:
Square Footage of Facility:
Number of Employees:
Number of Seats:
Notes:
Subdivsion: LOT ROYALE

Applicant Information

Applicant Name: Miguel Govea Salazar
Address: 1231 university dr durham , nc 27707
Phone: 9193586180
Email: mgsbuilders1@gmail.com

Property Owner Information

Owner Name:
Address: ,
Phone:
Email:

General Contractor Information

Contractor Name:
Address: ,
Phone:
Email:

Zoning

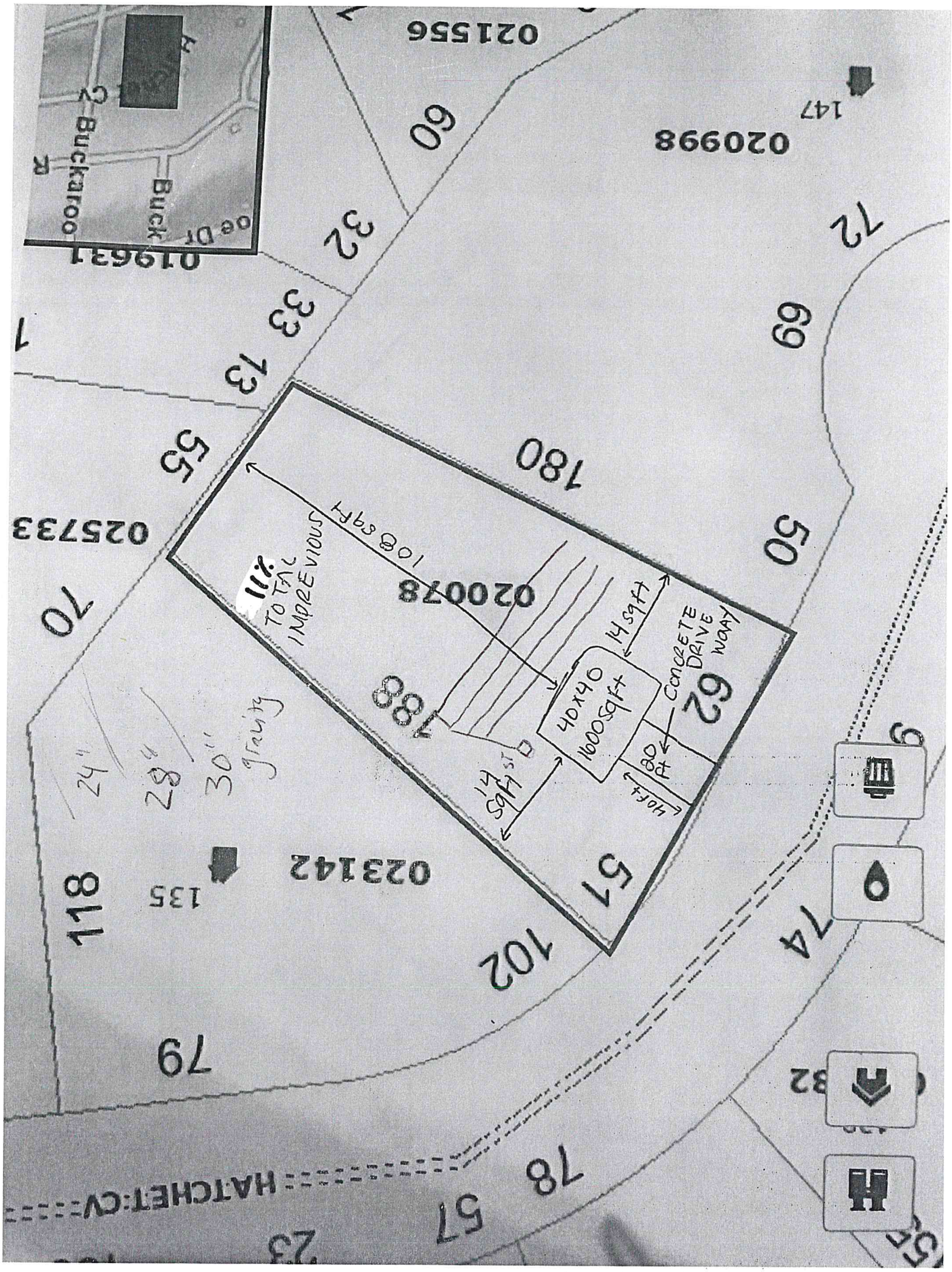
Zoning Permit #: Z-23-438
Front Setback: 15
Left Setback: 5
County Water: TESI
Right Setback: 5
Rear Setback: 5

The applicant shall notify the Environmental Health Department upon submittal of this application if any of the following apply to the property/site in question. If this answer is "Yes" the applicant must attach supporting documentation and/or show their location on the plot/site plan.

Does the site contain any jurisdictional wetlands? No
Does the site contain, or have within 100 feet, any existing wells and/or septic systems? No
Is any wastewater going to be generate other than domestic sewage? No
Is the site subject to approval by an other public agency? No
Are there any easements or right-of-ways on this site? No
Are there any underground utilities on the site? No

Call Environmental Health (919-496-8100) between 8:00 - 9:00 a.m. Monday - Friday in order to schedule an appointment with and environmental Health Specialist for your lot evaluation. Please contact the Environmental Health Department at 919-496-8100 to determine the status of your application prior to visiting the Planning & Inspections Department to obtain a building permit.

IF THE INFORMATION IN THE APPLICATION FOR A SEPTIC PERMIT IS FALSIFIED, CHANGED, OR THE STIE IS ALETERED, THEN ANY RELATED PERMITS AND CONSTRUCTION AUTHORIZATIONS SHALL BECOME INVALID. This application is valid for one year from the date of application payment. The septic system approval (permit) is valid for five years from the date of Improvement Permit issuance, or without expiration by


020078
020998
021556
025733
023142
019631
HATCHET CV
Buckaroo
Buck
180
188
TOTAL IMPREVIOUS
108 sqft
40x40
1600sqft
CONCRETE DRIVE WAY
14 sqft
80 ft
40 ft
24"
28"
30"
gravity

Franklin County
NORTH CAROLINA

File # 392646 PIN# _____

Property Address: 139 Hatchet Cv

Applicant or Owner Name: Miguel Salazar

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:** 4-14-23 **EHS:** Joel Bendel

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

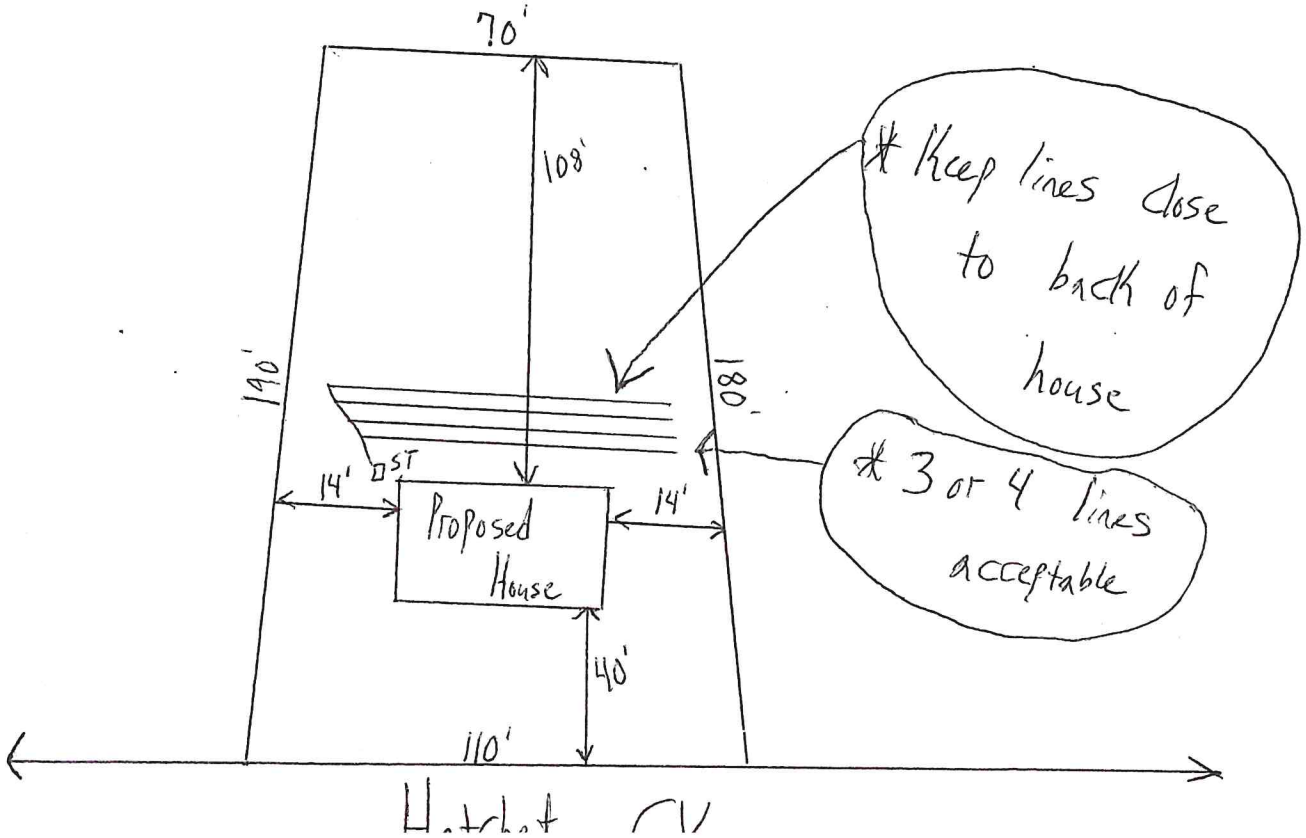
Installation/grouting inspections may be scheduled the day before, or, the day of installation until 9am by contacting the Environmental Health office at 919 496 8100. A revisit fee may apply if installation is not ready for inspection at the time requested. *Septic Operations Permits* will be issued 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 N/A Drainfield 3'X300' Type System ACC Max Trench Depth 28"

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

Well Contractor _____ Well Grout date: _____

*Not to Scale



DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

Sheet 1 of 1 (T+D)
PROPERTY ID #: _____
COUNTY: Franklin

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM
(Complete all fields in full)

OWNER: Miguel Salazar
ADDRESS: 139 Hatchet Cv
APPLICATION DATE: _____
PROPOSED FACILITY: SFD
PROPOSED DESIGN FLOW (.1949): 360
DATE EVALUATED: _____
LOCATION OF SITE: _____
PROPERTY SIZE: _____
PROPERTY RECORDED: _____
WATER SUPPLY: ☐ Private ☑ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
1	3%	1-10	Gr/SL	Fr/NS/NP/SES		28"			.3
		10-40	BK/CL	Fr/SS/SP/SES					
		40"SAP							
2	3%	1-9	Gr/SL	Fr/NS/NP/SES		30"			.3
		9-42	BK/CL	Fr/SS/SP/SES					
		42"SAP							

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
ible Space (.1945)	yes	
n Type(s)	ACC	
AR	.3	

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: Joel Bendel
OTHER(S) PRESENT: _____

ENTS: _____

over