IMPROVEMENT PERMIT

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

For Office Use Only

*CDP File Number: 382177 - 1
County ID Number:
Evaluated For: NEW

PERMIT VALID UNTIL: 10/11/2027

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

Applicant:	DANIEL CIMPI
Address:	5412 WALLACE MARTIN WAY
City:	RALEIGH
State/Zip:	NC 27616
Phone #:	

Property Owner:	KIBLLE DEANTHONY
Address:	11904 N TRACY ST
City:	KANSAS CITY
State/Zip:	MT. 64155
Phone #:	

Property Location & Site Information

Address/Road #: 118 WITCHITA WAY LOUISBURG, NC 27549
Subdivision: LOT ROYALE
Phase: NEW
Lot:
Structure: SINGLE FAMILY
# of Bedrooms: 4
# of People: 6
*Water Supply: N/A

Directions

118 WITCHITA WAY

System Specifications

Initial System

*Site Classification:
Design Flow: 480
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: 30 Inches

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

***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: 10/11/2022

( ) 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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☐ Open Pump System Sheet

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# of People: 6

*Water Supply:

Directions:

118 WITCHITA WAY

System Specifications

*Site Classification:

Design Flow: 480

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: 30 Inches

Minimum Soil Cover: ____ Inches

Maximum Soil Cover: ____ Inches

*Distribution Type: PRESSURE MANIFOLD

Nitrification Field: ____ Sq. ft.

No. Drain Lines: ____

Total Trench Length: 360 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:**

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: 10/11/2022

◯ Hand Drawing ◯ Import Drawing

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

Total Time : (HH:MM) ____

Franklin County
NORTH CAROLINA

CDP# 382177

Franklin County Environmental Health
127 S Bickett Blvd.
Louisburg, NC 27549
Phone (919) 496-2281
www.franklincountync.gov

Issued to: Daniel Cimpi **Location: 118 WICHITA WAY LOUISBURG , NC 27549**

NEW SEPTIC APPLICATION

Application Type: NEW SEPTIC
Application Number: E-22-920
Building Type:
Project Type: Single Family Dwelling
# of Bedrooms: 4
Parcel ID #; 023427

Date: September 30, 2022
Acreage: 0.34
Zoning: R-30
# of People: 6
Subdivsion: LOT ROYALE

Applicant Information

Applicant Name: Daniel Cimpi
Address: 5412 Wallace Martin Way Raleigh , NC 27616
Phone: 9196072798
Email: johnny@greystonenc.com

Property Owner Information

Owner Name: KIBBLE DEANTHONY
Address: 11904 N TRACY ST KANSAS CITY , MO 64155
Phone:
Email:

General Contractor Information

Contractor Name: Cimpi Construction L.L.C., T/A Greystone Homes
Address: 5412 Wallace Martin Way Raleigh , NC 27616
Phone: (919) 607-2798
Email:

Zoning

Zoning Permit #: Z-22-1428
Front Setback: 15
Left Setback: 5

County Water: TESI
Right Setback: 5
Rear Setback: 5

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. This application for an improvement permit/construction authorization and well permit does not constitute approval for zoning, septic, and building permits. It will be necessary to meet all guidelines for zoning, septic, and building permits prior to construction. The application is valid for either 12 months or without expiration, depending upon documentation submitted.

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.

I hereby certify that I am the owner, or authorized by the owner to act as his/her legal representation. Furthermore, as legal representative (if applicable) I have advised the owner of my intention to apply for this wastewater treatment and disposal system and drinking water and well system permit.

I also certify that all of the statements made in this application and any attached documents are true, complete, and correct, to the best of my knowledge and belief, and are made in good faith. If information in this application for these improvements is falsified, changed or site is altered, then improvement permits and authorization to construct these improvements shall become invalid. Authorized county representatives are granted right of entry to make these evaluations or inspections, and to be release information upon public request.

200
29
46
27
47
72
House
Paved
020057

Franklin County
NORTH CAROLINA

File # 382177 PIN# _____

Property Address: 118 Wichita Way

Applicant or Owner Name: Daniel Cimpi

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:** 10-11-22 **EHS:** Joel Bendel

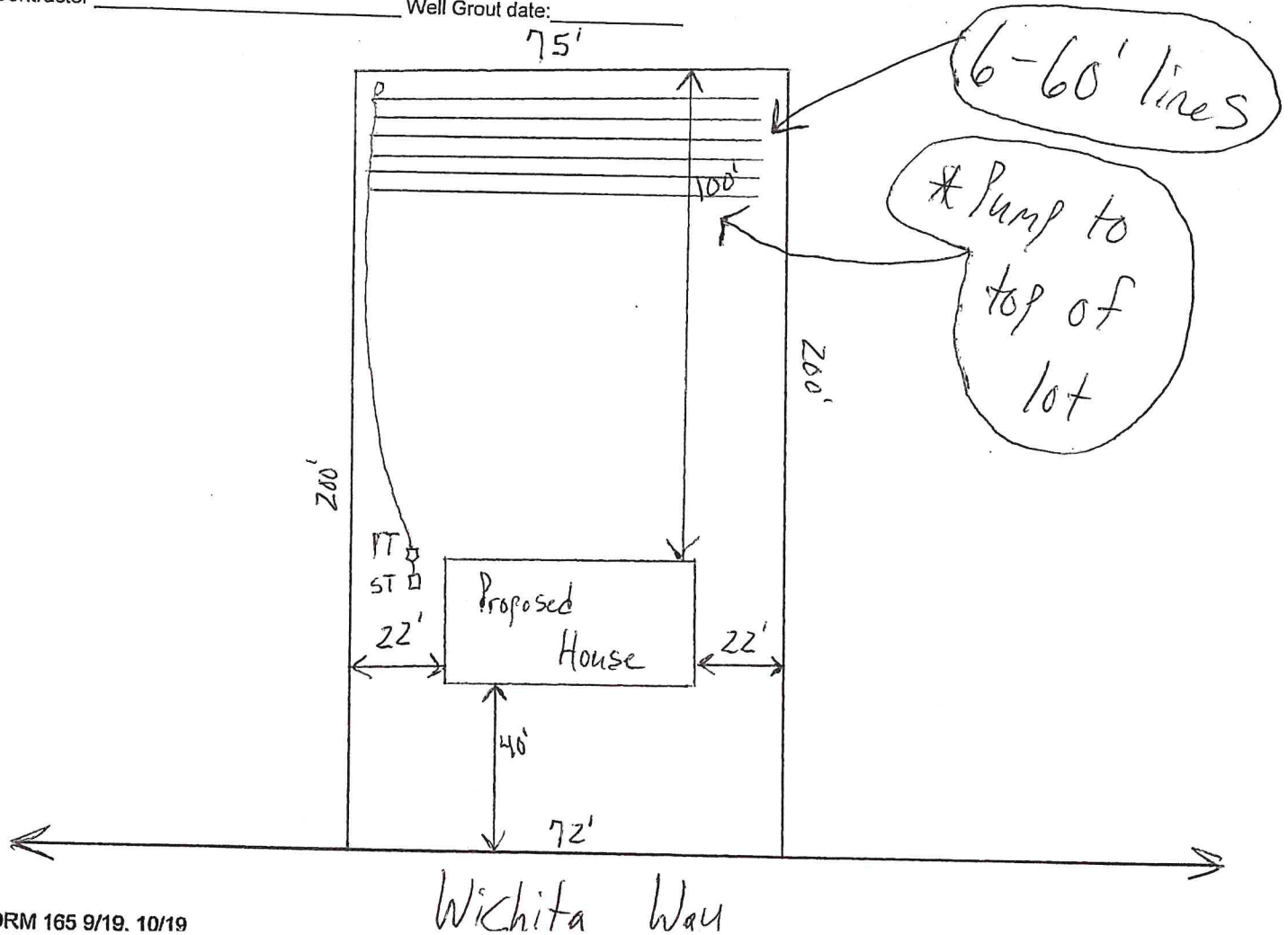
****Any previously dated CA diagram is revoked and/or invalid. Confirm this is the valid diagram for the site before beginning any construction.**

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 1000 Drainfield 3'X360' Type System Pump Max Trench Depth 30"

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

Well Contractor _____ Well Grout date: _____



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

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

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

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

OWNER: Daniel Cimpi 118 Wichita Way
ADDRESS: _____ APPLICATION DATE: _____
PROPOSED FACILITY: _____ DATE EVALUATED: _____
LOCATION OF SITE: _____ PROPOSED DESIGN FLOW (.1949): _____ 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) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	4%	1-10	Gr/SL	Fr/NS/NP/SEN		30"			.3
		10-42	BK/CL	Fi/SS/SP/SEN					
		42"SAP							
2	5%	1-12	Gr/SL			31"			.3
		12-44	BK/CL						
		43"SAP							

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
ailable Space (.1945)	yes	
stem Type(s)	Pump	
e LTAR	.3	

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

IMENTS: _____

over