



Construction Authorization

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

For Office Use Only

*CDP File Number: 452165 - 1

County ID Number: _____

Evaluated For: NEW

PERMIT VALID UNTIL: 10/20/2030

☐ Open Pump System Sheet

Applicant: Liliun Homes
Address: 5 W Mason St
City: Franklinton
State/Zip: NC 27525
Phone #: home: (919) 422-0355

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

Property Location & Site Information

Address/Road #: 30 Serenity Woods Trail
Franklinton, NC 27525
Subdivision: The Manors at Harvest View
Phase: NEW Lot: 26
Directions: 30 Serenity Woods Trail
Structure: SINGLE FAMILY
of Bedrooms: 4
of People: 4
*Water Supply: NEW WELL

System Specifications

Usuable Soil Depth: 36
Design Flow: 480
Soil Application Rate: 0.3000
*System Classification/Description:
Type IIIg - Other Non-Conventional Systems
*Proposed System:
25% REDUCTION
Minimum Trench Depth: _____ Inches
Maximum Trench Depth: 24 Inches
Minimum Soil Cover: _____ Inches
Maximum Soil Cover: _____ Inches
*Distribution Type: GRAVITY - SERIAL
Nitrification Field: _____ Sq. ft.
No. Drain Lines: 4
Total Trench Length: 400 ft.
Trench Spacing: 9 - _____
Trench Width: 3 - _____
Aggregate Depth: _____ inches
Septic Tank: 1,000 Gallons
Pump Required: ☐ Yes ☒ No ☐ May Be Required
Pump Tank: _____ Gallons
Grease Trap: _____ Gallons
Septic Tank Installer
Grade Level Required: ☐ I ☐ II ☐ III ☐ IV
☐ Inches O.C.
☒ Feet O.C.
☐ Inches
☒ Feet

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 SYSTEM AS DESIGNED BY SOIL AND ENVIRONMENTAL CONSULTANTS, INC.

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: 10/20/2025

☐ 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 452165

PIN Number: _____

Tax Lot #: 26

Tax Block #: 050852

Evaluated For: SINGLE FAMILY \ WELL

PERMIT VALID UNTIL: 10/20/2030

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

Applicant: Lilium Homes
Address: 5 W Mason St
City: Franklinton
State/Zip: NC / 27525
Phone #: H: (919) 422-0355

Property Location & Site Information

Address/Road #: _____ Subdivision: The Manors at Harvest View Phase: _____ Lot: 26
30 Serenity Woods Trail
Franklinton NC, 27525
*Proposed use of Well: SINGLE FAMILY
If Other: _____
Applicant Email: _____
Owner Email: _____

Directions: 30 Serenity Woods Trail

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: 10/20/2025

Authorized State Agent: _____

☐ Hand Drawing

☐ Import Drawing

Owner/Applicant: _____

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



File# 452165 PIN# 1875-00-7887

Property Address: 30 Serenity Woods Trl

Applicant Or Owner Name: Lilium Homes

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**: 10-20-25 EHS: Orville E

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

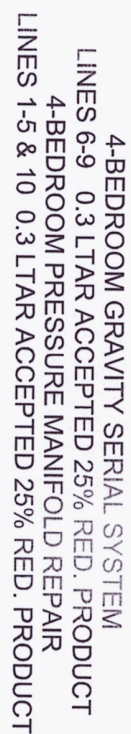
Installation inspections may be scheduled the day before or the day of installation by 9am. Contact the Environmental Health office at 919 496-8100. A revisit fee may apply if installation is not ready for inspection at the time requested. SEPTIC OPERATIONS PERMITS will be issued after installation is 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 / Drain field 3'x400' Type System Acc Max trench depth 24"

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

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

** See attached layout and well area by Soil and Environmental Consultant S, Inc. **



4) PROPERTY AND EASEMENT BOUNDARIES SHOWN ON THIS SITE SKETCH ARE APPROXIMATE AND ARE NOT INTENDED FOR LOCATING PROPERTY OR IDENTIFYING PROPERTY OR EASEMENT CORNERS. THIS IS NOT A SURVEY. 3-11-2023



The Manors at Harvest View Lot 26
S&EC Project # 15540.S3
Date: 8/25/2025

REPAIR TAP CHART

25% REDUCTION PRODUCT (EZ-FLOW 1203H/1203H-GEO OR QUICK4 PLUS STANDARD CHAMBER)

Line #	Color	Field Elev. (ft)	Length (ft)	Hole Size (in)	Flow/Tap (gpm)	gpd	Trench Area (sq ft)	Line LTAR (gpd/sq ft)
1	ORANGE	98.90	65	1/2" SCH. 80	5.48	80.00	195	0.410
2	BLUE	97.95	65	1/2" SCH. 80	5.48	80.00	195	0.410
3	PINK	97.15	70	1/2" SCH. 80	5.48	80.00	210	0.381
4	WHITE	96.20	70	1/2" SCH. 80	5.48	80.00	210	0.381
5	RED	95.00	70	1/2" SCH. 80	5.48	80.00	210	0.381
10	RED	90.60	65	1/2" SCH. 80	5.48	80.00	195	0.410

	total	feet =	405	Flow Capacity	
				gal/min =	32.88
			Des. Flow	480	gpd
			Pump Run=	14.60	min
			soil LTAR	0.300	gpd/sq ft
			Product Reduction	25%	
			LTAR with Product Reduction	0.400	gpd/sq ft
			LTAR with Product Reduction + 5%	0.420	gpd/sq ft
			100% Dose Volume	263.56	gal
			Percent Dose Volume	66%	
			Total	173.95	gal
			Pump Run Time	5.29	min
			Pressure Head	2.0	ft

Minimum Trench Depth: SEE LHD NOTES in		Max Trench Depth: SEE LHD NOTES in
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