IMPROVEMENT PERMIT

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

For Office Use Only

*CDP File Number	465432 - 1
County ID Number:	1883-75-8981
Evaluated For:	NEW

PERMIT VALID UNTIL: 02/04/2031

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

Applicant:	Robert Lee
Address:	425 Duke Memorial Rd
City:	Louisburg
State/Zip:	NC 27549
Phone #:	

Property Owner:	Greyland Builders
Address:	425 Duke Memorial Rd
City:	Louisburg
State/Zip:	NC. 27549
Phone #:	

Property Location & Site Information

Address: 215 Whistlers Cove Louisburg, NC 27549 Subdivision: Huntsburg Block/Phase: NEW Lot: 43

Road #:

Structure: SINGLE FAMILY

# of Bedrooms: 4

# of People: 8

*Water Supply: NEW WELL

Directions

215 Whistlers Cove

System Specifications

Initial System

Usable Soil Depth: 48

Design Flow: 480

Soil Application Rate: 0.3500

*System Classification/Description:
Type IIb - Accepted Wastewater Gravity System

*Proposed System:
25% REDUCTION

Minimum Trench Depth: _____ Inches

Maximum Trench Depth: 30 Inches

Septic Tank: 1000 Gallons

Pump Required: ◯ Yes (X) No ◯ May Be Required

Pump Tank: _____ Gallons

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

Repair System

Usable Soil Depth: 48

Soil Application Rate: 0.350

*System Classification/Description:
Type IIb - Accepted Wastewater Gravity System

*Proposed System: 25% REDUCTION

Minimum Trench Depth: _____ Inches

Maximum Trench: Depth: 30 Inches

Pump Required: ◯ Yes (X) 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**

CDP File Number: 465432 County ID Number: 1883-75-8981

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: Wood, Jeffrey Date of Issue: 02/04/2026

Total TIme: (HH:MM)

◯ Hand Drawing ◯ Import Drawing ****Site Plan/Drawing attached.****

JW

Construction Authorization

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

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*CDP File Number: 465432 - 1
County ID Number: 1883-75-8981
Evaluated For: NEW

PERMIT VALID UNTIL: 02/04/2031

☐ Open Pump System Sheet

Applicant:	Robert Lee	Property Owner:	Greyland Builders
Address:	425 Duke Memorial Rd	Address:	425 Duke Memorial Rd
City:	Louisburg	City:	Louisburg
State/Zip:	NC 27549	State/Zip:	NC. 27549
Phone #:		Phone #:	

Property Location & Site Information

Address/Road #: 215 Whistlers Cove Louisburg, NC 27549
Subdivision: Huntsburg Phase: NEW Lot: 43

Directions:

215 Whistlers Cove

Structure: SINGLE FAMILY
# of Bedrooms: 4
# of People: 8
*Water Supply: NEW WELL

System Specifications

Usable Soil Depth: 48
Design Flow: 480
Soil Application Rate: 0.3500
*System Classification/Description:
Type IIb - Accepted Wastewater Gravity System
*Proposed System:
25% REDUCTION

Minimum Trench Depth: _____ Inches
Maximum Trench Depth: 30 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: 350 ft.
Trench Spacing: _____ - _____
Trench Width: _____ - _____
Aggregate Depth: _____ inches

◯ Inches O.C.
◯ Feet O.C.
◯ Inches
◯ 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 (.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: Wood, Jeffrey JW
Date of Issue: 02/04/2026

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

◯ Hand Drawing ◯ Import Drawing

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 465432

PIN Number: 1883-75-8981

Tax Lot #: 43 Tax Block #: 047267

Evaluated For: SINGLE FAMILY \ WELL

PERMIT VALID UNTIL: 02/04/2031

Property Owner:	Greyland Builders
Address:	425 Duke Memorial Rd
City:	Louisburg
State/Zip:	NC / 27549
Phone #:	

Applicant:	Robert Lee
Address:	425 Duke Memorial Rd
City:	Louisburg
State/Zip:	NC / 27549
Phone #:	

Property Location & Site Information

Address/Road #: 215 Whistlers Cove
Louisburg NC, 27549

Subdivision: Huntsburg Phase: Lot: 43

*Proposed use of Well: SINGLE FAMILY

If Other:

Applicant Email:

Owner Email:

Directions: 215 Whistlers Cove

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: Wood, Jeffrey JW

*Date of Issue: 02/04/2026

Authorized State Agent:

Owner/Applicant:

◯ Hand Drawing ◯ Import Drawing

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

Franklin County
NORTH CAROLINA

File # 465432 PIN# _____

Property Address: 215 Christmas Cove

Applicant or Owner Name: Robert Lee

Environmental Health Septic/Well Permit Diagram

Building permits cannot be issued nor should construction begin without Construction Authorization issuance.

(1) Septic Improvement Permit (2) Septic Construction Authorization (CA) (3) CA Reissue** (4) As Built
(5) Well Construction Authorization (6) Additional Diagram/Specifications Attached

Diagram Date:** 2/4/26 **EHS:** _____

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

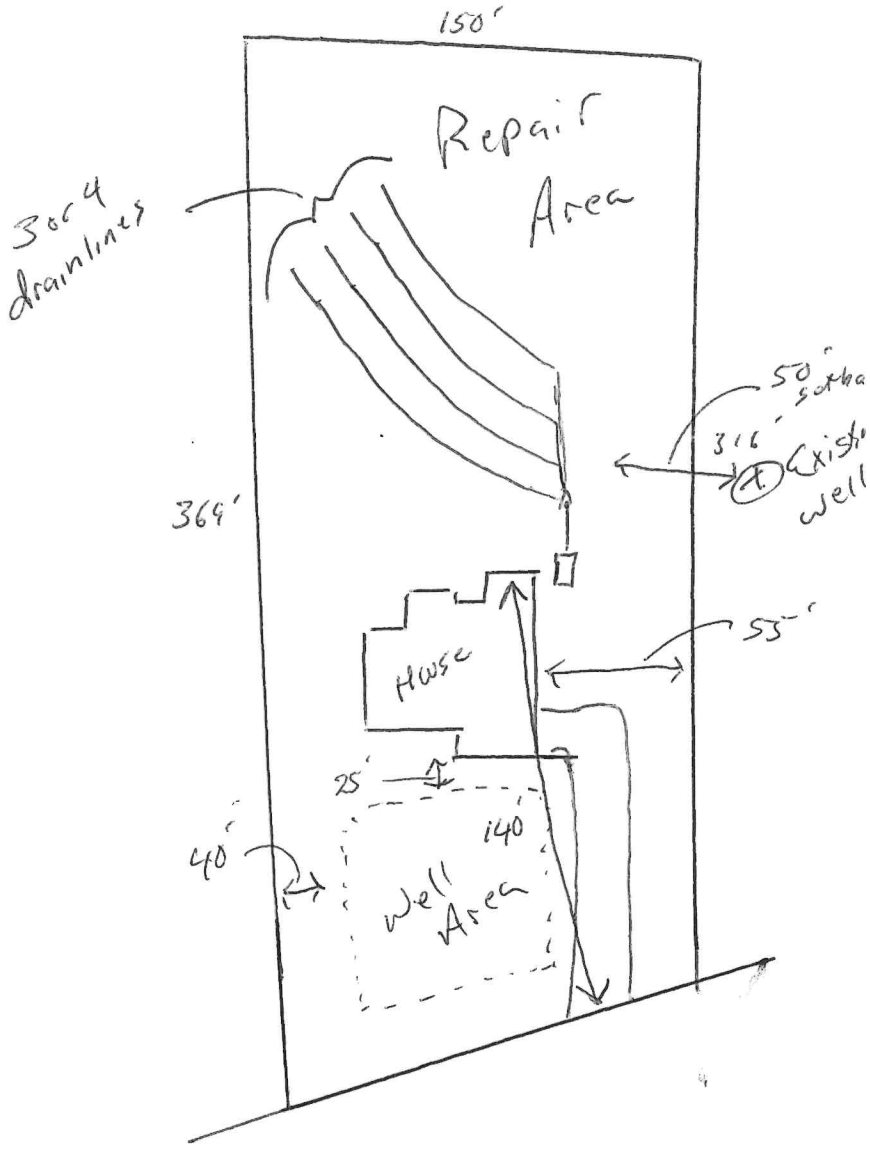
Installation/grouting inspections may be scheduled the day before, or, the day of installation until 9am by contacting the Environmental Health office at 919 496 8100. A revisit fee may apply if installation is not ready for inspection at the time requested. ***Septic Operations Permits*** will be issued 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 — Drainfield 3X350 Type System A Max Trench Depth 30"

Septic Contractor _____ Septic/Pump tank dates _____ Pump Fee Paid _____

Well Contractor _____ Well Head Date: _____ Pump Final: _____ N/A (circle)

Massive Rock may be encountered during installation



FCEH FORM 165 9/19, 10/19, 1/24