



IMPROVEMENT PERMIT

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

For Office Use Only

*CDP File Number 459024 - 1
County ID Number: _____
Evaluated For: NEW

PERMIT VALID UNTIL: 09/08/2030

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

Applicant: Lisa Ferguson
Address: 4909 Unicon Drive Suite 107
City: Wake Forest
State/Zip: NC 27587
Phone #: _____

Property Owner: Ken Harvey Homes LLC
Address: 4909 Unicon Drive Suite 107
City: Wake Forest
State/Zip: NC. 27587
Phone #: _____

Property Location & Site Information

Address: 110 Firefly Lane Louisburg, NC Subdivision: Grandiflora Block/Phase: NEW Lot: 2
27549

Directions

Road #: _____
Structure: SINGLE FAMILY
of Bedrooms: 4
of People: 8
*Water Supply: N/A

System Specifications

Initial System

Usable Soil Depth: 48
Design Flow: 480
Soil Application Rate: 0.3500

Minimum Trench Depth: _____ Inches

Maximum Trench Depth: 30 Inches

*System Classification/Description:

TYPE III G. OTHER NON-CONV. TRENCH SYSTEMS

Septic Tank: 1000 Gallons

Pump Required ☐ Yes ☒ No ☐ May Be Required

*Proposed System:
25% REDUCTION

Pump Tank: _____ Gallons

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

Repair System

Usable Soil Depth: 48

Soil Application Rate: 0.350

Minimum Trench Depth: _____ Inches

Maximum Trench: Depth: 30 Inches

*System Classification/Description:

TYPE III G. OTHER NON-CONV. TRENCH SYSTEMS

Pump Required: ☐ Yes ☒ No ☐ May Be Required

*Proposed System: 25% REDUCTION

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

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: Wood, Jeffrey Date of Issue: 09/08/2025

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: _____

For Office Use Only

*CDP File Number: 459024 - 1
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☐ Open Pump System Sheet

Applicant: Lisa Ferguson
Address: 4909 Unicon Drive Suite 107
City: Wake Forest
State/Zip: NC 27587
Phone #: _____

Property Owner: Ken Harvey Homes LLC
Address: 4909 Unicon Drive Suite 107
City: Wake Forest
State/Zip: NC, 27587
Phone #: _____

Property Location & Site Information

Address/Road #: 110 Firefly Lane Louisburg, NC 27549 Subdivision: Grandiflora Phase: NEW Lot: 2
Directions:
Structure: SINGLE FAMILY 110 Firefly Lane
of Bedrooms: 4
of People: 8
*Water Supply: NEW WELL

System Specifications

Usuable Soil Depth: 48 Minimum Trench Depth: _____ Inches
Design Flow: 480 Maximum Trench Depth: 30 Inches
Soil Application Rate: 0.3500 Minimum Soil Cover: _____ Inches
*System Classification/Description: TYPE III G. OTHER NON-CONV. TRENCH SYSTEMS Maximum Soil Cover: _____ Inches
*Proposed System: 25% REDUCTION *Distribution Type: GRAVITY - PARALLEL (eq. d-box)
Nitrification Field: _____ Sq. ft. Septic Tank: 1,000 Gallons
No. Drain Lines: _____ Pump Required: ☐ Yes ☒ No ☐ May Be Required
Total Trench Length: 350 ft. ☐ Inches O.C. Pump Tank: _____ Gallons
Trench Spacing: _____ - _____ ☐ Feet O.C. Grease Trap: _____ Gallons
Trench Width: _____ - _____ ☐ Inches
Aggregate Depth: _____ inches ☐ Feet
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 regarding system location, installation, operation, maintenance, monitoring, reporting and repair (per rule .0301(a)).

Authorized State Agent: Wood, Jeffrey Date of Issue: 09/08/2025

☐ 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 459024

PIN Number: _____

Tax Lot #: 2 Tax Block #: 050856

Evaluated For: _____

PERMIT VALID UNTIL: 09/08/2030

Property Owner: Ken Harvey Homes LLC

Address: 4909 Unicon Drive Suite 107

City: Wake Forest

State/Zip: NC / 27587

Phone #: _____

Applicant: Lisa Ferguson

Address: 4909 Unicon Drive Suite 107

City: Wake Forest

State/Zip: NC / 27587

Phone #: _____

Property Location & Site Information

Address/Road #: _____ Subdivision: Grandiflora Phase: _____ Lot: 2

110 Firefly Lane

Louisburg NC, 27549

*Proposed use of Well:

If Other:

Applicant Email:

Owner Email:

Directions: 110 Firefly Lane

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

Authorized State Agent: _____

Owner/Applicant: _____

*Date of Issue: 09/08/2025



Hand Drawing



Import Drawing

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



File # 459024 PIN# _____

Property Address: 110 Firefly Ln

Applicant or Owner Name: Lisa Ferguson

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**: 9/8/25 EHS: [Signature]

**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)

