IMPROVEMENT PERMIT

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

For Office Use Only

*CDP File Number: 414110 - 1
County ID Number:
Evaluated For: NEW

PERMIT VALID UNTIL: 07/16/2029

***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: 212 Rawhide Dr Louisburg, NC 27549
Subdivision: Lake Royale
Block/Phase: NEW
Lot: 1828

Road #:
Structure: SINGLE FAMILY
# of Bedrooms: 3
# of People: 5
*Water Supply: N/A

Directions

212 Rawhide Dr Louisburg NC 27549

System Specifications

Initial System

Usable Soil Depth: 34
Design Flow: 360
Soil Application Rate: 0.3250

Minimum Trench Depth: _____ Inches
Maximum Trench Depth: 22 Inches

*System Classification/Description:
TYPE III B. SYSTEM W/SINGLE EFFLUENT PUMP

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

*Proposed System:
25% REDUCTION

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 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**

INSTALL SYSTEM AS DESIGNED BY CCSC.

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: Ennis, Crystal
Date of Issue: 07/16/2024

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:	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 #: 212 Rawhide Dr Louisburg, NC 27549
Subdivision: Lake Royale Phase: NEW Lot: 1828

Directions:

212 Rawhide Dr Louisburg NC 27549

Structure: SINGLE FAMILY
# of Bedrooms: 3
# of People: 5
*Water Supply: PUBLIC

System Specifications

Usuable Soil Depth: 34
Design Flow: 360
Soil Application Rate: 0.3250
*System Classification/Description: TYPE III B. SYSTEM W/SINGLE EFFLUENT PUMP
*Proposed System: 25% REDUCTION

Minimum Trench Depth: ____ Inches
Maximum Trench Depth: 22 Inches
Minimum Soil Cover: ____ Inches
Maximum Soil Cover: ____ Inches
*Distribution Type: PRESSURE MANIFOLD

Nitrification Field: ____ Sq. ft.
No. Drain Lines: 5
Total Trench Length: 310 ft.
Trench Spacing: ____ - ____
Trench Width: ____ - ____
Aggregate Depth: ____ inches

◯ Inches O.C.
◯ Feet O.C.
◯ Inches
◯ 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:**

INSTALL SYSTEM AS DESIGNED BY CCSC.

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: Ennis, Crystal
Date of Issue: 07/16/2024

◯ Hand Drawing ◯ Import Drawing

****Site Plan/Drawing attached.****
Total Time : (HH:MM) ____

Franklin County
NORTH CAROLINA
A Research Triangle Region Community

File# 414110 PIN#_____

Property Address: 212 Rawhide Drive

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.

(X) Septic Improvement Permit (X) Septic Construction Authorization (CA) ( ) CA Reissue** ( ) As Built
( ) Well Construction Authorization (X) Additional Diagram/Specifications Attached

Diagram Date:** 7-16-24 **EHS:** Crystal Ev

****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.

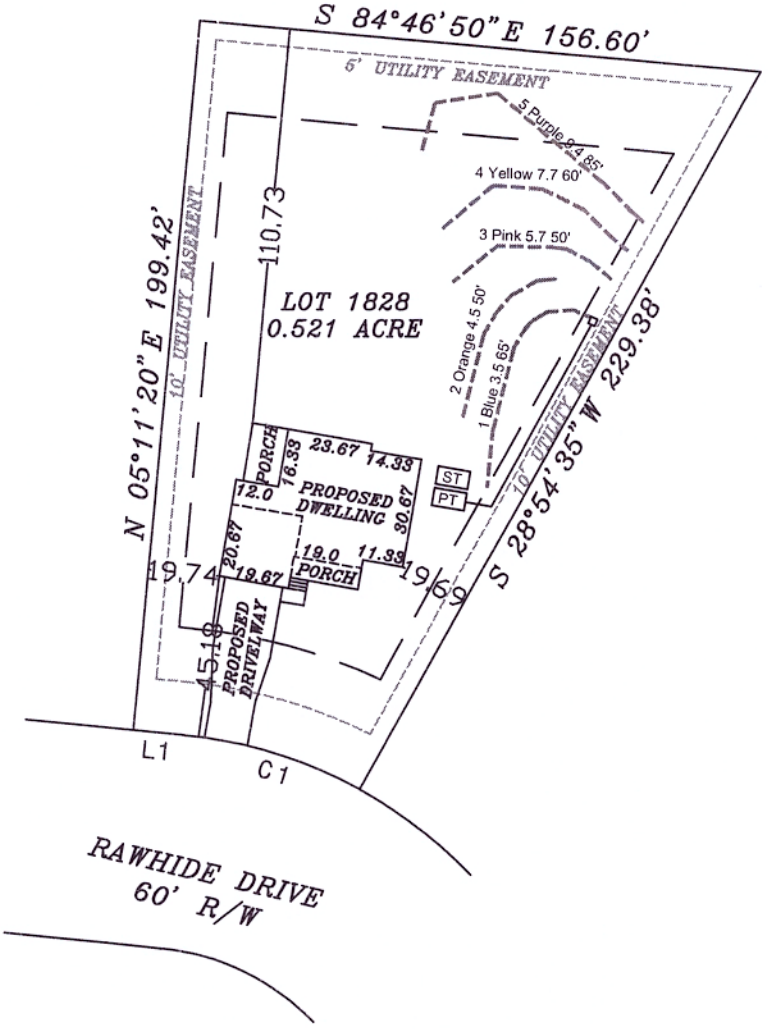
Septic Tank 1000 Pump Tank 1000 Drain field 3'x310' Type System PtoAcc Max trench depth 22"

Septic Contractor_____ Septic/Pump tank dates_____ PUMP FEE PAID _____

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

* See attached layout & tap chart designed by CCSC *

*Keep tanks and drain lines 10' from property lines.
*Not a survey.
*Not a guarantee of a septic permit.
*Keep supply lines >5' from property lines.
*Some lines are flagged longer in the field than lengths indicate.
*No grading septic area.



System: ------

System: Pressure Manifold
Lines: 1–5, (310')
Accepted Status System
0.325 Soil LTAR
22" Trench Bottom

GRAPHIC SCALE
1" = 50'
50 0 50 100

Central Carolina Soil Consulting, PLLC
1900 South Main Street, Suite 110
Wake Forest, North Carolina 27587
Phone (919)569–6704 Fax (919)569–6703

3–Bedroom Septic Layout
Lot 1828, Lake Royale Subdivision
Franklin County, North Carolina

Job#	: 4381
Drawn By	: LW
Date	: 06/25/2024
Revision:	

Lot 1828 Lake Royale
Initial System TAP CHART

Bench Mark;		is = 100.00	Location of BM:					**Elevation Head:**	10.90
Pump tank elev.		8.00	92.00	**Pump elev.**	86.60			**Manifold elevation:**	97.50
line	**color**	**rod read**	**Elevation**	**length**	**hole size**	**flow/tap**	**gal/day**	**trench area**	**LINE LTAR**
1	Blue	3.50	96.50	65	1/2in SCH 40	7.11	72.55	195	0.3721
2	Orange	4.50	95.50	50	1/2in SCH 80	5.48	55.92	150	0.3728
3	Pink	5.70	94.30	50	1/2in SCH 80	5.48	55.92	150	0.3728
4	Yellow	7.70	92.30	60	1/2in SCH 40	7.11	72.55	180	0.4031
5	Purple	9.40	90.60	85	3/4in SCH 80	10.1	103.06	255	0.4042

	total	**feet =**	**310**	**gal/min =**	**35.28**		**LTAR =**	**0.3250**
							LTAR + %5	**0.3413**
% of Dose Vol.	75		**Des. Flow**	**360**			**(ltar W/ INOV)**	0.4333
Dose Volume	151.13		**Pump Run=**	10.20			**(ltar W/ INOV + 5%)**	0.4550
Dose Pump Time	4.28		**Tank Gal/IN**	19.65				
Drawdown in Inches	7.69							

	total	**feet =**	**0**	**gal/min =**	**0**		**LTAR =**	**0.3000**
							LTAR + %5	**0.3150**
% of Dose Vol.	75		**Des. Flow**	**480**			**(ltar W/ INOV)**	0.4000
Dose Volume	0.00		**Pump Run=**	#DIV/0!			**(ltar W/ INOV + 5%)**	0.4200
Dose Pump Time	#DIV/0!		**Tank Gal/IN**	19.65				
Drawdown in Inches	0.00							