



IMPROVEMENT PERMIT

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

For Office Use Only

*CDP File Number 373699 - 1

County ID Number:

Evaluated For: NEW

PERMIT VALID UNTIL: 04/25/2027

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

Applicant: RYAN CALLAHAN

Address: 11211 LINDEN WOOD CIRCLE

City: RALEIGH

State/Zip: NC 27614

Phone #:

Property Owner: HOMES AT LAKE ROYALE LLC

Address: 14903 E 24TH AVE

City: CITY OF SPOKANE VALLEY

State/Zip: WA. 99037

Phone #:

Property Location & Site Information

Address/Road #: 111 MORNING SUN DR , NC

Subdivision:

Phase: NEW

Lot:

Directions

Structure: SINGLE FAMILY

of Bedrooms: 3

of People: 2

*Water Supply: N/A

111 MORNING SUN DR

Initial System

*Site Classification:

Design Flow: 360

Soil Application Rate: 0.3000

*System Classification/Description:

TYPE III B. SYSTEM W/SINGLE EFFLUENT PUMP

*Proposed System:

25% REDUCTION

System Specifications

Minimum Trench Depth: Inches

Maximum Trench Depth: 21 Inches

Septic Tank: 1000 Gallons

Pump Required ☐ Yes ☐ No ☒ May Be Required

Pump Tank: 1000 Gallons

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

Repair System

*Site Classification:

Soil Application Rate:

*System Classification/Description:

N/A

*Proposed System:

Minimum Trench Depth: Inches

Maximum Trench Depth: Inches

Pump Required: ☐ Yes ☐ 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

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 (1938(b)).

Authorized State Agent:

Bendel, Joel

Date of Issue:

04/25/2022

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: RYAN CALLAHAN
Address: 11211 LINDEN WOOD CIRCLE
City: RALEIGH
State/Zip: NC 27614
Phone #: _____

Property Owner: HOMES AT LAKE ROYALE LLC
Address: 14903 E 24TH AVE
City: CITY OF SPOKANE VALLEY
State/Zip: WA, 99037
Phone #: _____

Property Location & Site Information

Address/Road #: 111 MORNING SUN DR , NC Subdivision: _____ Phase: NEW Lot: _____

Directions:

Structure: SINGLE FAMILY 111 MORNING SUN DR
of Bedrooms: 3
of People: 2
*Water Supply: _____

System Specifications

*Site Classification: _____ Minimum Trench Depth: _____ Inches

Design Flow: 360

Maximum Trench Depth: 21 Inches

Soil Application Rate: 0.3000

Minimum Soil Cover: _____ Inches

*System Classification/Description:

TYPE III B. SYSTEM W/SINGLE EFFLUENT PUMP

Maximum Soil Cover: _____ Inches

*Proposed System:

25% REDUCTION

*Distribution Type: PUMP TO GRAVITY

Nitrification Field: _____ Sq. ft.

Septic Tank: 1,000 Gallons

No. Drain Lines: 3

Pump Required: ☐ Yes ☐ No ☒ May Be Required

Total Trench Length: 300 ft.

☐ Inches O.C.

Pump Tank: 1,000 Gallons

☒ Feet O.C.

Trench Spacing: _____ - 9

☐ Inches

Grease Trap: _____ Gallons

Trench Width: _____ - 3

☒ Feet

Septic Tank Installer

Aggregate Depth: _____ inches

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)). 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

Authorized State Agent: Bendel, Joel

Date of Issue: 04/25/2022

☐ Hand Drawing

☐ Import Drawing

Site Plan/Drawing attached.

Total Time : (HH:MM) _____



File # 373699

PIN#

Property Address: 111 Morning Sun Dr

Applicant or Owner Name: Ryan Callahan

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**: 4-25-22 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'x300' Type System Pto Acc Max Trench Depth 21"

Septic Contractor _____ Septic/Pump tank dates _____ Pump fee: ☒ YES ☐ NO

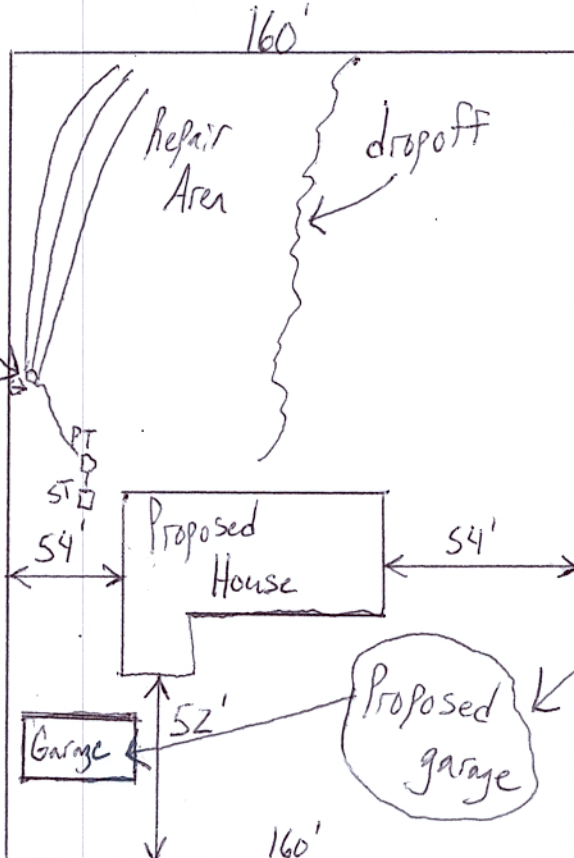
Well Contractor _____ Well Grout date: _____

Bedrooms: _____

* Drawing not to scale

* Keep lines on high left side of lot - better soil

- Lot slopes significantly towards right



* Achieve gravity if possible

Refer to plot plan

Morning Sun Dr.