



File # 306307 PIN# 185Z-05-4094

Property Address: 262 US 1 AS Youngsville

Applicant or Owner Name: Three Six Builders

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**: 5-12-20 EHS: Shad Leonard

**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' x 200' Type System Low Pressure Horizontal Panel Block Max Trench Depth 20"

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

Well Contractor _____ Well Grout date: _____

- System is designed for Low pressure distribution to Horizontal Panel Block
- See Attached Package from AWT for design specifications.
- Low Pressure system will require Certified Operator Contract to be signed prior to O.P. being Issued. Also must pay 50.00 pump fee.



IMPROVEMENT PERMIT

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

For Office Use Only

*CDP File Number 306307 - 1
County ID Number: 1852-05-4094
Evaluated For: NEW

PERMIT VALID UNTIL: 05/12/2025

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

Applicant: THREE SIX BUILDERS
Address: PO BOX 1250
City: KNIGHTDALE
State/Zip: NC 27545
Phone #: home: (919) 440-9145

Property Owner: PATTERSON WOODS, LLC
Address: 833-A WAKE FOREST BUS PARK
City: WAKE FOREST
State/Zip: NC. 27587
Phone #: home: (919) 556-2519

Property Location & Site Information

Address/Road #: 262 US 1 A YOUNGSVILLE, NC Subdivision: PATTERSON Phase: NEW Lot: 2
27596
Structure: SINGLE FAMILY Directions WOODS
of Bedrooms: 3 262 US 1 A
of People: 0
*Water Supply: N/A

System Specifications

Initial System

*Site Classification: PS LPP
Design Flow: 360
Soil Application Rate: 0.3000

Minimum Trench Depth: _____ Inches
Maximum Trench Depth: 20 Inches

*System Classification/Description:
TYPE IV A. ANY SYSTEM WITH LPP DISTRIBUTION

Septic Tank: 1000 Gallons
Pump Required ☒ Yes ☐ No ☐ May Be Required

*Proposed System:
50% REDUCTION

Pump Tank: 1000 Gallons

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

Repair System

*Site Classification: PS LPP
Soil Application Rate: 0.300

Minimum Trench Depth: _____ Inches
Maximum Trench Depth: 20 Inches

*System Classification/Description:
TYPE IV A. ANY SYSTEM WITH LPP DISTRIBUTION

Pump Required: ☒ Yes ☐ No ☐ May Be Required

*Proposed System:
50% 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 (1938(b)).

Authorized State Agent: Leonard, Shad Date of Issue: 05/12/2020

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: 306307 - 1

County ID Number: 1852-05-4094

Evaluated For: NEW

PERMIT VALID UNTIL: 05/12/2025

☐ Open Pump System Sheet

Applicant: THREE SIX BUILDERS

Address: PO BOX 1250

City: KNIGHTDALE

State/Zip: NC 27545

Phone #: home: (919) 440-9145

Property Owner: PATTERSON WOODS, LLC

Address: 833-A WAKE FOREST BUS PARK

City: WAKE FOREST

State/Zip: NC. 27587

Phone #: home: (919) 556-2519

Property Location & Site Information

Address/Road #: 262 US 1 A YOUNGSVILLE, NC Subdivision: PATTERSON Phase: NEW Lot: 2
27596 WOODS

Directions:

Structure: SINGLE FAMILY 262 US 1 A

of Bedrooms: 3

of People: 0

*Water Supply: COMMUNITY

System Specifications

*Site Classification: PS LPP

Design Flow: 360

Soil Application Rate: 0.3000

Minimum Trench Depth: _____ Inches

Maximum Trench Depth: 20 Inches

*System Classification/Description:

TYPE IV A. ANY SYSTEM WITH LPP DISTRIBUTION

Minimum Soil Cover: _____ Inches

Maximum Soil Cover: _____ Inches

*Proposed System:

50% REDUCTION

*Distribution Type: N/A

Nitrification Field: _____ Sq. ft.

No. Drain Lines: 4

Total Trench Length: 200 ft.

Trench Spacing: _____ - 9

Trench Width: _____ - 3

Aggregate Depth: _____ inches

☐ Inches O.C.

☐ Feet O.C.

☐ Inches

☐ Feet

Septic Tank: 1,000 Gallons

Pump Required: ☒ 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:

see design from AWT attached.

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: Leonard, Shad

Date of Issue: 05/12/2020

☐ Hand Drawing

☐ Import Drawing

Site Plan/Drawing attached.

Total Time : (HH:MM) _____