IMPROVEMENT PERMIT

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

For Office Use Only

*CDP File Number: 380868 - 1
County ID Number:
Evaluated For: NEW

PERMIT VALID UNTIL: 09/20/2027

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

Applicant:	CAVINESS AND CATES BUILDING AND DEVELOF
Address:	639 EXECUTIVE PLACE
City:	FAYETTEVILLE
State/Zip:	NC 28305
Phone #:	

Property Owner:	CAVINESS AND CATES BUILDING AND DEVE
Address:	639 EXECUTIVE PLACE
City:	FAYETTEVILLE
State/Zip:	NC. 28305
Phone #:	

Property Location & Site Information

Address/Road #: 5 CINNAMON TEAL WAY YOUNGSVILLE. NC 27596
Subdivision: BALLINGER FARMS
Phase: NEW
Lot: 65
Structure: SINGLE FAMILY
# of Bedrooms: 4
# of People: 2
*Water Supply: PUBLIC

Directions
5 CINNAMON TEAL WAY

System Specifications

Initial System

*Site Classification: Provisionally Suitable
Design Flow: 480
Soil Application Rate: 0.3250

*System Classification/Description:
TYPE II A. CONV SYSTEM (SINGLE-FAMILY OR 480 GPD OR LESS)

*Proposed System:
25% REDUCTION

Minimum Trench Depth: ____ Inches
Maximum Trench Depth: 24 Inches

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

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

Repair System

*Site Classification: Provisionally Suitable
Soil Application Rate: 0.325

*System Classification/Description:
TYPE II A. CONV SYSTEM (SINGLE-FAMILY OR 480 GPD OR LESS)

*Proposed System:
50% REDUCTION

Minimum Trench Depth: ____ Inches
Maximum Trench Depth: 24 Inches

Pump Required: (X) 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 Departmen

***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**

Please install septic system in accordance with attached design sheets submitted by CCSC. Respect all setbacks.

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 (.1938(b)).

Authorized State Agent: Jones, Lori
Date of Issue: 09/20/2022

( ) Hand Drawing (✓) Import Drawing ****Site Plan/Drawing attached.****

Total Time: (HH:MM) ____ : ____

Construction Authorization

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

For Office Use Only

*CDP File Number: 380868 - 1
County ID Number:
Evaluated For: NEW

PERMIT VALID UNTIL: 09/20/2027

☐ Open Pump System Sheet

Applicant:	CAVINESS AND CATES BUILDING AND DEVELOF
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Phase: NEW
Lot: 65

Directions: 5 CINNAMON TEAL WAY

Structure: SINGLE FAMILY
# of Bedrooms: 4
# of People: 2
*Water Supply:

System Specifications

*Site Classification: Provisionally Suitable
Design Flow: 480
Soil Application Rate: 0.3250
*System Classification/Description: TYPE II A. CONV SYSTEM (SINGLE-FAMILY OR 480 GPD OR LESS)
*Proposed System: 25% REDUCTION

Minimum Trench Depth: ____ Inches
Maximum Trench Depth: 24 Inches
Minimum Soil Cover: ____ Inches
Maximum Soil Cover: ____ Inches
*Distribution Type: PRESSURE MANIFOLD

Nitrification Field: ____ Sq. ft.
No. Drain Lines: 3
Total Trench Length: 410 ft.
Trench Spacing: ____ - 9
Trench Width: ____ - 3
Aggregate Depth: ____ inches

○ Inches O.C.
(X) Feet O.C.
○ Inches
(X) 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:**

Please install septic system in accordance with attached design sheets submitted by CCSC. Respect all setbacks.

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)). Ther 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

Authorized State Agent: Jones, Lori
Date of Issue: 09/20/2022

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

○ Hand Drawing (✓) Import Drawing
Total Time : (HH:MM) ____

Franklin County
NORTH CAROLINA

Parcel ID: 0464403
File # 3808868 PIN# _____

Property Address: 5 Cinnamon Teal Way

Applicant or Owner Name: Caviness & Cates Yngs

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:** 9-20-2022 **EHS:** Lori Jones

****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 410' Type System Pump/manifold Accepted Max Trench Depth 24"

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

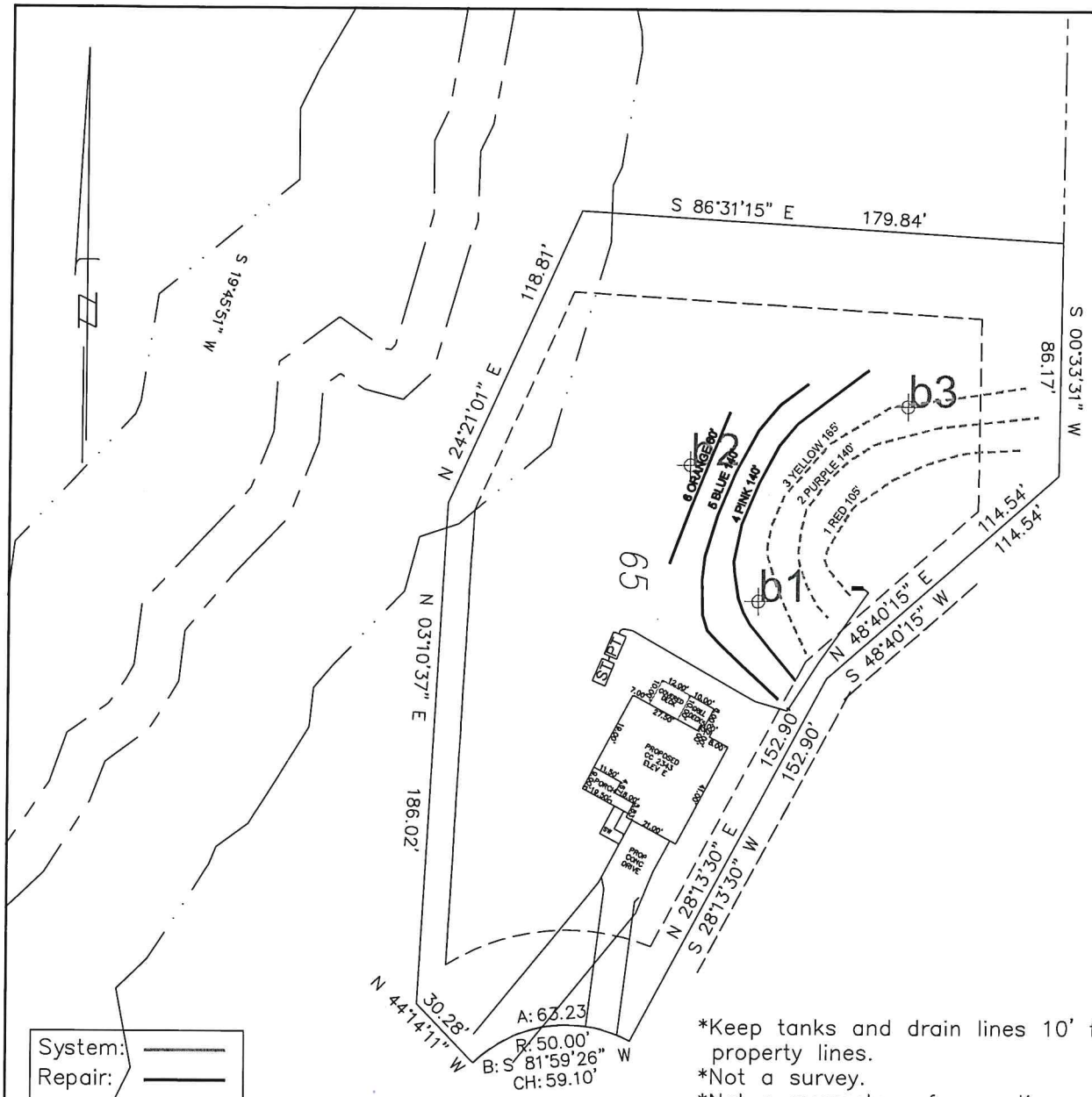
Well Contractor _____ Well Grout date: _____

Bedrooms: 4

* Drawing submitted by Soil Scientist

Please install septic system in accordance with attached design sheet(s) submitted by CCSC. Respect all setbacks.

> Enclosures / Attachments



System: ——
Repair: ——

System: Pressure Manifold
Lines: 1–3, (410')
Accepted Status System
0.325 Soil LTAR
24" Trench Bottom

Repair: Pressure Manifold
Lines: 4–6, (260')
T&J Panel 50% Reduction
0.325 Soil LTAR
24" Trench Bottom

*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.

GRAPHIC SCALE
1" = 60'

60 0 60 120

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

4-Bedroom Septic Layout
Lot 65, Ballinger Subdivision
Franklin County, North Carolina

Job# : 4083
Drawn By : AH
Date : 07/19/2022
Revision: 9/17/22

BALLINGER - LOT 65
System Tap Chart

Bench Mark								**Elevation Head**	1.60
Pump tank elev.			100.00	**Pump elev.**	95.00		**Manifold elev.**		96.60
line	**color**	**rod read**	**Elevation**	**length**	**hole size**	**flow/tap**	**gal/day**	**trench area**	**LINE LTAR**
1	Red	4.40	95.60	105	3/4in SCH 80	10.1	123.05	315	0.3906
2	Purple	5.00	95.00	140	3/4in SCH 40	12.5	152.28	420	0.3626
3	Yellow	6.10	93.90	165	1in SCH 80	16.8	204.67	495	0.4135

	total	**feet =**	**410**	**gal/min =**	**39.4**	**LTAR =**	**0.3000**
						LTAR + %5	**0.3150**
% of Dose Vol.	66		**Des. Flow**	**480**		**(ltar W/ INOV)**	0.4000
Dose Volume	175.89		**Pump Run=**	12.18		**(ltar W/ INOV + 5%**	0.4200
Dose Pump Time	4.46		**Tank Gal/IN**	19.65			
Drawdown in Inches	8.95						

BALLINGER - LOT 65
Repair Tap Chart

Bench Mark								**Elevation Head**	-1.20
Pump tank elev.			100.00	**Pump elev.**	95.00		**Manifold elev.**		93.80
line	**color**	**rod read**	**Elevation**	**length**	**hole size**	**flow/tap**	**gal/day**	**trench area**	**LINE LTAR**
4	Pink	7.20	92.80	150	3/4in SCH 40	12.5	170.94	450	0.3799
5	Blue	8.10	91.90	150	3/4in SCH 40	12.5	170.94	450	0.3799
6	Orange	9.50	90.50	120	3/4in SCH 80	10.1	138.12	360	0.3837

	total	**feet =**	**420**	**gal/min =**	**35.1**	**LTAR =**	**0.3000**
						LTAR + %5	**0.3150**
			Des. Flow	**480**		**(ltar W/ INOV)**	0.4000
			Pump Run=	13.68		**(ltar W/ INOV + 5%**	0.4200
			Tank Gal/IN	19.65			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

Sheet 1 of 1 (f+b)

PROPERTY ID #:
COUNTY: Franklin

updated site map rec'd 9-19-2022

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM
(Complete all fields in full)

OWNER: Caviness & Coles
ADDRESS: 1639 Exec Pl. St. 400 Fayetteville
PROPOSED FACILITY: Residence
LOCATION OF SITE: 5 Cinnamon Trail Loop
APPLICATION DATE: 9-1-2022
DATE EVALUATED: 9-20-22
PROPERTY SIZE: 1.09
PROPERTY RECORDED:
PROPOSED DESIGN FLOW (.1949):
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

Lot 65

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	Slope at top 2%	0-6	Gr/SCL	VFr NS,NPSE					
		6-20	Wk f gr/SC	FrSSPSE					
		20-36	Wk Vbk/C	FrSPSE					
					Fine SC				
2									
3									

at top of hill — Slope not concern where sys. is

Much Rock on middle of lot

Road ↑ ↓ Sample

Found at entr. on Blue b/m

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Size LTAR	3	3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Lori Jones
OTHER(S) PRESENT:

COMMENTS: Confirm soil sat Eval

over