IMPROVEMENT PERMIT

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

For Office Use Only

*CDP File Number: 462700 - 1
County ID Number:
Evaluated For: NEW

PERMIT VALID UNTIL: 01/13/2031

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

Applicant:	Gonzalo Montes
Address:	3738 US 401 HWY North
City:	Louisburg
State/Zip:	NC 27549
Phone #:	

Property Owner:	Gonzalo Gomes Montes
Address:	4004 Virginia St
City:	Raleigh
State/Zip:	NC. 27610
Phone #:	

Property Location & Site Information

Address: 3738 US 401 Highway North
Louisburg, NC 27549
Subdivision:
Block/Phase: NEW
Lot:

Road #:

Structure: SINGLE FAMILY

# of Bedrooms: 3

# of People: 6

*Water Supply: N/A

Directions

3738 US 401 Highway North

System Specifications

Initial System

Usable Soil Depth: 36

Design Flow: 360

Soil Application Rate: 0.3500

*System Classification/Description:
Type IIIg - Other Non-Conventional Systems

*Proposed System:
25% REDUCTION

Minimum Trench Depth: ____ Inches

Maximum Trench Depth: 24 Inches

Septic Tank: 1000 Gallons

Pump Required: ◯ Yes (X) No ◯ May Be Required

Pump Tank: ____ Gallons

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

Repair System

Usable Soil Depth: 36

Soil Application Rate: 0.350

*System Classification/Description:
Type IIIg - Other Non-Conventional Systems

*Proposed System: 25% REDUCTION

Minimum Trench Depth: ____ Inches

Maximum Trench: Depth: 24 Inches

Pump Required: ◯ Yes (X) 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**

INSTALL ON CONTOUR. MAINTAIN PROPER SETBACKS. MAINTAIN AT LEAST 50 FEET FROM EXISTING WELL.

CDP File Number: 462700 County ID Number:

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: 01/13/2026

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:	Gonzalo Montes
Address:	3738 US 401 HWY North
City:	Louisburg
State/Zip:	NC 27549
Phone #:	

Property Owner:	Gonzalo Gomes Montes
Address:	4004 Virginia St
City:	Raleigh
State/Zip:	NC. 27610
Phone #:	

Property Location & Site Information

Address/Road #: 3738 US 401 Highway North, Louisburg, NC 27549
Subdivision:
Phase: NEW Lot:

Structure: SINGLE FAMILY
# of Bedrooms: 3
# of People: 6
*Water Supply: EXISTING WELL

Directions:
3738 US 401 Highway North

System Specifications

Usable Soil Depth: 36
Design Flow: 360
Soil Application Rate: 0.3500
*System Classification/Description: Type IIIg - Other Non-Conventional Systems
*Proposed System: 25% REDUCTION

Minimum Trench Depth: ____ Inches
Maximum Trench Depth: 24 Inches
Minimum Soil Cover: ____ Inches
Maximum Soil Cover: ____ Inches
*Distribution Type: GRAVITY - PARALLEL (eq. d-box)

Nitrification Field: ____ Sq. ft.
No. Drain Lines: 4
Total Trench Length: 280 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: ____ 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 ON CONTOUR. MAINTAIN PROPER SETBACKS. MAINTAIN AT LEAST 50 FEET FROM EXISTING WELL.

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: 01/13/2026

⊗ Hand Drawing ○ Import Drawing

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

Franklin County
NORTH CAROLINA
A Research Triangle Region Community

File # 462700 PIN# 2808-83-4913

Property Address: 3738 US 401 HWY N

Applicant or Owner Name: Gonzalo Montes

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 ( ) Additional Diagram/Specifications Attached

Diagram Date:** 1-9-26 **EHS:** Crystal Evans

****Any previously dated CA diagram is revoked and/or invalid. Confirm this is the valid diagram for the site before beginning any construction.**

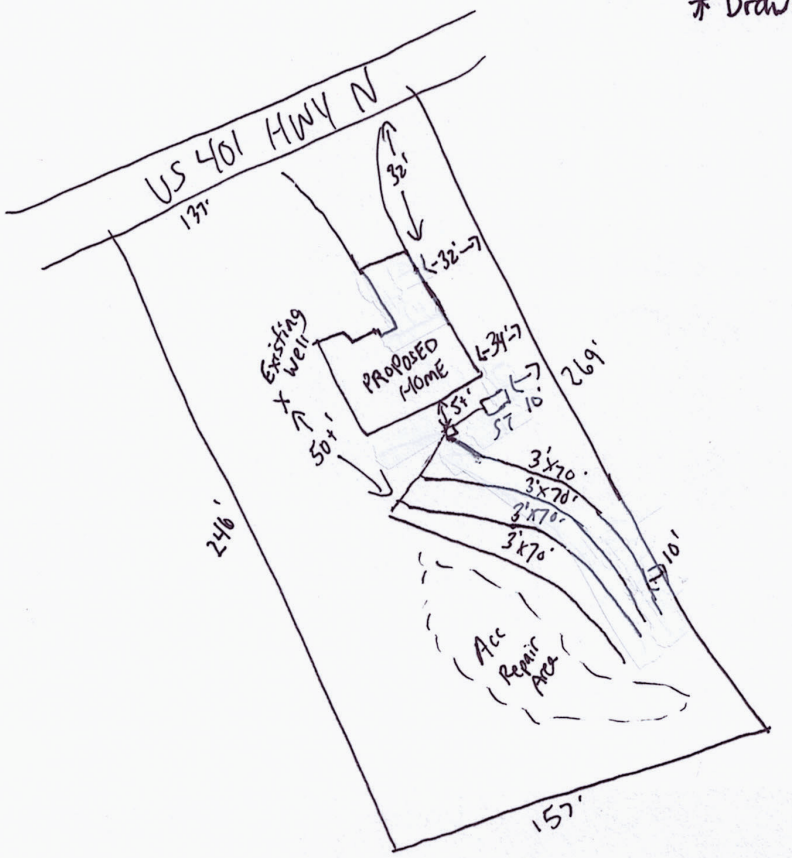
Installation/grouting inspections may be scheduled the day before, or, the day of installation until 9am by contacting the Environmental Health office at 919 496 8100. A revisit fee may apply if installation is not ready for inspection at the time requested. ***Septic Operations Permits*** will be issued 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 3'x280' Type System Acc Max Trench Depth 24"

Septic Contractor _____ Septic/Pump tank dates_____ Pump Fee Paid_____

Well Contractor _____ Well Head Date:_____ Pump Final:_____N/A (circle)

*Drawing not to scale



FCEH FORM 165 9/19, 10/19,1/24, 6/25