



IMPROVEMENT PERMIT

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

For Office Use Only

*CDP File Number 371682 - 1
County ID Number: 2830-73-7974
Evaluated For: NEW

PERMIT VALID UNTIL: 05/04/2027

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

Applicant: SHAUN LIGGETT
Address: 301 E NASH ST
City: LOUISBURG
State/Zip: NC 27549
Phone #: _____

Property Owner: JASON AMMERMAN
Address: 630 LAKE ROYALE
City: LOUISBURG
State/Zip: NC. 27549
Phone #: _____

Property Location & Site Information

Address/Road #: 683 SAGAMORE DR Subdivision: LAKE ROYALE Phase: NEW Lot: 483
Structure: LOUISBURG, NC 27549
SINGLE FAMILY
of Bedrooms: 3 683 SAGAMORE DR
of People: 2
*Water Supply: N/A

System Specifications

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

Minimum Trench Depth: _____ Inches

Maximum Trench Depth: 24 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 * 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

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:

05/04/2022

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: _____

For Office Use Only

*CDP File Number: 371682 - 1

County ID Number: 2830-73-7974

Evaluated For: NEW

PERMIT VALID UNTIL: 05/04/2027

☐ Open Pump System Sheet

Applicant: SHAUN LIGGETT

Address: 301 E NASH ST

City: LOUISBURG

State/Zip: NC 27549

Phone #: _____

Property Owner: JASON AMMERMAN

Address: 630 LAKE ROYALE

City: LOUISBURG

State/Zip: NC 27549

Phone #: _____

Property Location & Site Information

Address/Road #: 683 SAGAMORE DR
LOUISBURG, NC 27549

Subdivision: LAKE ROYALE Phase: NEW Lot: 483

Directions:

Structure: SINGLE FAMILY

683 SAGAMORE DR

of Bedrooms: 3

of People: 2

*Water Supply: _____

System Specifications

*Site Classification: _____

Minimum Trench Depth: _____ Inches

Design Flow: 360

Maximum Trench Depth: 24 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: 4

Pump Required: ☒ Yes ☐ No ☐ May Be Required

Total Trench Length: 300 ft.

☐ Inches O.C.

Pump Tank: 1,000 Gallons

Trench Spacing: _____ - 9

☒ Feet O.C.

Grease Trap: _____ Gallons

Trench Width: _____ - 3

☐ Inches

Aggregate Depth: _____ inches

☒ Feet

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:

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: 05/04/2022

☐ Hand Drawing

☐ Import Drawing

Site Plan/Drawing attached.

Total Time : (HH:MM) _____



File # 371682 PIN#

Property Address: 683 Sagamore Dr.

Applicant or Owner Name: Shawn Liggett

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**: 5-3-22 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 Pump Max Trench Depth 24"

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

Well Contractor Well Grout date:

Bedrooms:
* Drawing not to scale

* Contact EHS
for questions
about layout

