



IMPROVEMENT PERMIT

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

For Office Use Only

*CDP File Number 458011 - 1
County ID Number: _____
Evaluated For: NEW

PERMIT VALID UNTIL: 08/28/2030

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

Applicant: Robert Scales
Address: 128 Black Cloud Dr
City: Louisburg
State/Zip: NC 27549
Phone #: _____

Property Owner: Patricia Jones
Address: 290 Wilders Ln
City: Louisburg
State/Zip: NC. 27549
Phone #: _____

Property Location & Site Information			
Address:	139 Ottawa Drive	Louisburg, NC	Subdivision: Lake Royale
	27549		Block/Phase: NEW
Road #:			Lot: 2155
Structure:	SINGLE FAMILY		
# of Bedrooms:	3		
# of People:	6		
*Water Supply:	N/A		

Initial System		System Specifications	
Usable Soil Depth:	40	Minimum Trench Depth:	_____ Inches
Design Flow:	360	Maximum Trench Depth:	28 Inches
Soil Application Rate:	0.3000	Septic Tank:	1000 Gallons
*System Classification/Description:	TYPE III B. SYSTEM W/SINGLE EFFLUENT PUMP		
*Proposed System:	25% REDUCTION		

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

INSTALL ON CONTOUR. MAINTAIN PROPER SETBACKS.

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 (per rule .0301(fa)).

Authorized State Agent: Ennis, Crystal Date of Issue: 08/28/2025

☒ 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: _____

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☐ Open Pump System Sheet

Applicant: Robert Scales
Address: 128 Black Cloud Dr
City: Louisburg
State/Zip: NC 27549
Phone #: _____

Property Owner: Patricia Jones
Address: 290 Wilders Ln
City: Louisburg
State/Zip: NC. 27549
Phone #: _____

Property Location & Site Information

Address/Road #: 139 Ottawa Drive Louisburg, Subdivision: Lake Royale Phase: NEW Lot: 2155
NC 27549
Directions: _____
Structure: SINGLE FAMILY 139 Ottawa Drive
of Bedrooms: 3
of People: 6
*Water Supply: PUBLIC

System Specifications

Usable Soil Depth: 40 Minimum Trench Depth: _____ Inches
Design Flow: 360
Soil Application Rate: 0.3000 Maximum Trench Depth: 28 Inches
*System Classification/Description: Minimum Soil Cover: _____ Inches
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
☒ Feet O.C. Grease Trap: _____ Gallons
Trench Spacing: 9 - _____ ☐ Inches
Trench Width: 3 - _____ ☒ Feet
Aggregate Depth: _____ inches 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.

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 regarding system location, installation, operation, maintenance, monitoring, reporting and repair (per rule .0301(a)).

Authorized State Agent: Ennis, Crystal

Date of Issue: 08/28/2025

☒ Hand Drawing

☐ Import Drawing

Site Plan/Drawing attached.

Total Time : (HH:MM) _____

File# 458011PIN# 2830-99-7021Property Address: 139 Ottawa Dr.Applicant Or Owner Name: Robert ScalesEnvironmental 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**: 8-27-25EHS: Crystal Ennis

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

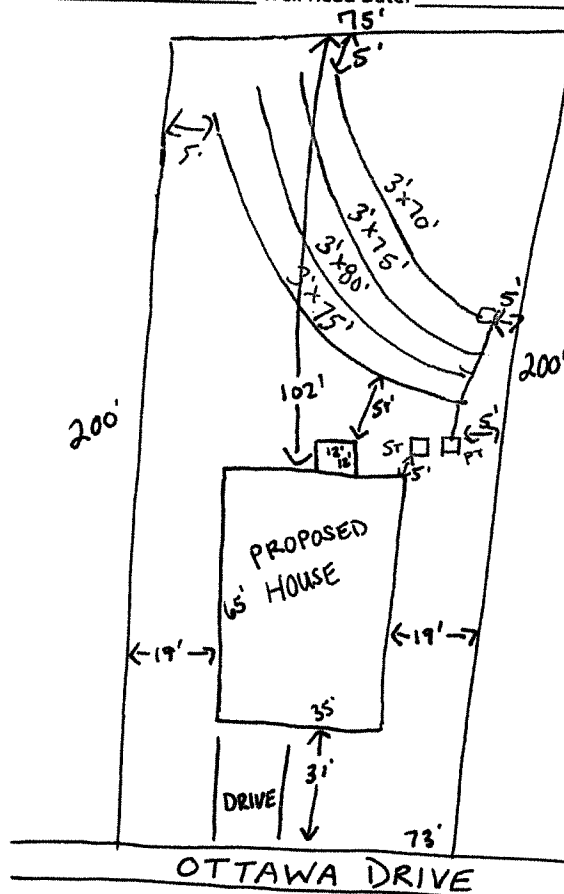
Installation inspections may be scheduled the day before or the day of installation by 9am. Contact the Environmental Health office at 919 496-8100. A revisit fee may apply if installation is not ready for inspection at the time requested.

SEPTIC OPERATIONS PERMITS will be issued after installation is approved, all permit 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 Drain field 3'x300' Type System Pto Acc Max trench depth 28"

Septic Contractor _____ Septic/Pump tank dates _____ PUMP FEE PAID _____

Well Contractor _____ Well Head Date: _____ PUMP FINAL: _____ N/A (CIRCLE)



Drawing not to scale
*May be able to achieve gravity depending on tank placement + plumbing



Health Department
107 Marshall Oak, Ste. C
Lenoir, NC 22549
Phone: 919-696-2335
Fax: 919-696-4372
www.franklincountync.gov

FRANKLIN COUNTY ENVIRONMENTAL HEALTH
SEPTIC SYSTEM PUMP REQUIREMENTS

PUMP SYSTEM Fee

An additional fee of fifty dollars (\$50.00) is assessed when a pump and related components are required for a new septic system. This fee must be paid prior to the Operations Permit being issued. Franklin County Environmental Health reserves the fee is paid before beginning the septic installation process, the final inspection is automatically. The application will not be signed off and a CO cannot be obtained until this fee is paid. This fee may be paid in person or by mail at:

Franklin County Health Department
Environmental Health Section
107 Marshall Oak, Suite C
Lenoirburg, NC 27549

When making payment, please provide the permit number and the applicant name to ensure the payment is applied to the correct permit.

PUMP TO GRANTY DISTRIBUTION

Unless otherwise noted on your septic permit or related attachments, the minimum type distribution method for your septic system is by means of a distribution line (D-line). This is achieved by pumping the wastewater to a D-box and allowing gravity to naturally disperse the wastewater evenly to each drain line. This type distribution may be used for up to four (4) drain line laterals. The D-box should be watertight. The supply line is to be terminated in the D-box with a 90 degree elbow directed downwards to prevent a "siphon" action of the wastewater. This D-box location should be marked on-site to make it easily identifiable and prevent damage.

REQUIREMENTS FOR PUMP SYSTEMS
(Pump is conventional, pressure-retarded, or LPP)

The following requirements must be met, in addition to the requirements on the permit itself:

TIES and BERTS:

All-ties shall be constructed according to plans which have been approved by the Division of Environmental Health. Pump lines shall have a flow which extends to at least 6" above the finished grade (flow is recommended on septic tank). Pump lines should be of "one piece" construction. If not, it shall be tested for water tightness by the approved method (if a seal witness condition exists within 6" of the tank top). Pipes shall be properly sealed into the tank. Pipes and control must exit through "goose-neck" provided vent shall be hooked on pump tank if over 30' from facility.

Supply Line:

Supply line shall be Schedule 40 PVC or stronger, supply line shall have a check-valve, gate valve, and a threaded union in order to allow easy removal of pump-control resistant rope or chain shall also be connected to pump. Supply line top box shall be allowed with a 90 and extended down to within 2" of the bottom of the distribution box. Supply line shall be properly sealed at pump tank and box.

Electrical:

Electrical, pump controller, and alarm components shall be enclosed in a NEMA 4X (weatherproof) enclosure. Enclosure shall be securely mounted on a treated 4x4 post, adjacent to the pump tank, and at least 12" above grade. When pump pump and control boxes shall be conveyed from the floor to the control panel through sealed electrical conduit (shall be sealed to be watertight and gasketed). Original plugs shall be used, with no splices in the wire cables. Control boxes shall be sealed mercury type control boxes shall be suspended from a PVC arm or "Christmas Tree" (not from the supply line) for unrestricted movement.

Alarm System:

Alarm system shall be on a separate circuit from power to the pump. Alarm shall be visible and audible to system user. Alarm system shall be NEMA 4X or equivalent if mounted outside. NEMA 4X junction box, containing a means of disconnection for the alarm line, shall be provided adjacent to the pump tank. If the alarm panel is located inside the facility

Electrical service, or a generator, must be available for final inspection in order to check pump and alarm system.