IMPROVEMENT PERMIT

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

For Office Use Only

*CDP File Number: 384764 - 1
County ID Number:
Evaluated For: NEW

PERMIT VALID UNTIL: 12/15/2027

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

Applicant:	MATT BALDWIN
Address:	4009 GRAHM SHERRON RD
City:	WAKE FOREST
State/Zip:	NC 27587
Phone #:	

Property Owner:	MATT BALDWIN
Address:	4009 GRAHM SHERRON RD
City:	WAKE FOREST
State/Zip:	NC. 27587
Phone #:	

Property Location & Site Information

Address: 85 LILAC DR FRANKLINTON, NC 27525
Subdivision:
Block/Phase: NEW
Lot:
Road #:
Structure: SINGLE FAMILY
# of Bedrooms: 3
# of People: 6
*Water Supply: N/A

Directions

85 LLILAC DR

System Specifications

Initial System

*Site Classification: Provisionally Suitable
Design Flow: 360
Soil Application Rate: 0.3000

*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: 20 Inches

Septic Tank: _____ 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

*Site Classification: Provisionally Suitable
Soil Application Rate: 0.300

*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: 20 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 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**

This was a wooded lot at time of soil evaluation; Contour may appear different when cleared. Call EHS with any concerns.

CDP File Number: 384764 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 (.1938(b)).

Authorized State Agent: Jones, Lori Date of Issue: 12/15/2022

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: 384764 - 1
County ID Number:
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☐ Open Pump System Sheet

Applicant:	MATT BALDWIN
Address:	4009 GRAHM SHERRON RD
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Property Owner:	MATT BALDWIN
Address:	4009 GRAHM SHERRON RD
City:	WAKE FOREST
State/Zip:	NC. 27587
Phone #:	

Property Location & Site Information

Address/Road #: 85 LILAC DR FRANKLINTON, NC 27525
Subdivision:
Phase: NEW
Lot:

Directions:

85 LLILAC DR

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

System Specifications

*Site Classification: Provisionally Suitable
Design Flow: 360
Soil Application Rate: 0.3000
*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: 20 Inches
Minimum Soil Cover: ____ Inches
Maximum Soil Cover: ____ Inches
*Distribution Type: GRAVITY - PARALLEL (eq. d-box)

Nitrification Field: ____ Sq. ft.
No. Drain Lines: 3
Total Trench Length: 300 ft.
Trench Spacing: ____ - 9
Trench Width: ____ - 3
Aggregate Depth: ____ inches

◯ Inches O.C.
(X) Feet O.C.
◯ Inches
(X) Feet

Septic Tank: ____ Gallons
Pump Required: ◯ Yes (X) 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:**

This was a wooded lot at time of soil evaluation; Contour may appear different when cleared. Call EHS with any concerns.

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: Ennis, Crystal
Date of Issue: 12/15/2022

(✓) Hand Drawing ◯ Import Drawing

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

Total Time : (HH:MM) ____

Franklin County
NORTH CAROLINA

File #: 384764 PIN#:

Property Address: 85 Lilac Dr. Frk.

Applicant or Owner Name: Matt Baldwin

Environmental Health Septic/Well Permit Diagram

Lot: 100

Building permits cannot be issued nor should construction begin without Construction Authorization issuance.

(V) Septic Improvement Permit (V) Septic Construction Authorization (CA) ( ) CA Reissue** ( ) As Built

(V) Well Construction Authorization ( ) Additional Diagram/Specifications Attached

Diagram Date:** 12-15-2022 **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 na Drainfield 3'X300' Type System Gravity/Door Accepted Max Trench Depth 20"

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

Well Contractor _____ Well Grout date: _____ or self grout Well Head Date: _____

Bedrooms: 3

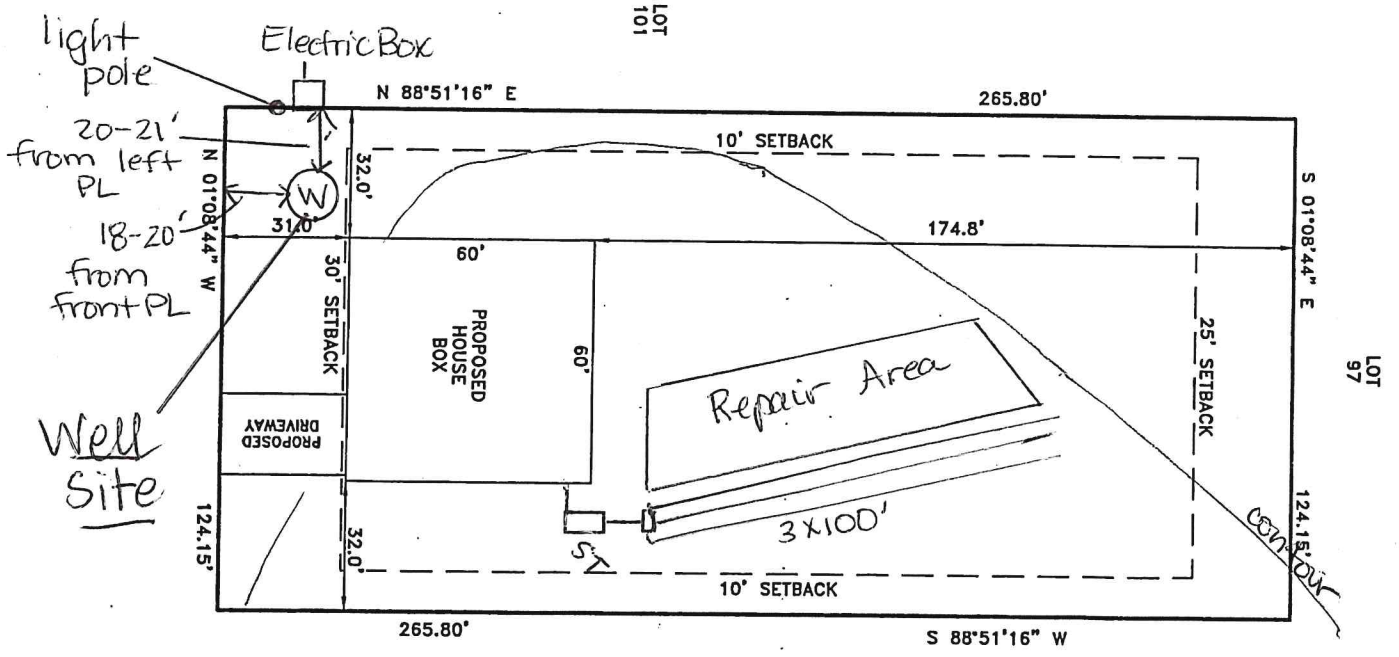
If Repair: na

Acreage: _____

Parcel ID: 049218

*Drawing not to scale (if large acreage, may be portion)

(If not as built, indicate changes on front or back of sheet.)



- Wooded lot when evaluated
- Contour + line length maybe flexible/slightly different.

...PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

Sheet 1 of 1 (1+0)
PROPERTY ID #:
COUNTY: Franklin

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

Lot: 100

OWNER: Matt Baldwin
ADDRESS: 4009 Graham Sherron Rd WF, NC
PROPOSED FACILITY: Residence
LOCATION OF SITE: 85 Lilac Dr. Frnk.
WATER SUPPLY: ☐ Private ☐ Public ☑ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☑ Pit ☐ Cut

APPLICATION DATE: 12-6-2022
PROPOSED DESIGN FLOW (.1949): 360
DATE EVALUATED:
PROPERTY SIZE:
PROPERTY RECORDED:
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

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	Linear 2%	0-4	CL			32"			PS .3
		4-32	C						
		32"	changing to more saprolite						
							Parent material from 32"		
2									
							20" Hard		
3									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
lable Space (.1945)		
m Type(s)		
TAR	.3	.3

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948):
EVALUATED BY:
OTHER(S) PRESENT: Soil Cons

ENTS:

over