



IMPROVEMENT PERMIT

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

For Office Use Only

*CDP File Number 380013 - 1
County ID Number: _____
Evaluated For: NEW

PERMIT VALID UNTIL: 08/19/2027

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

Applicant: TERRY MARCOTT
Address: 2538 VILLAGE MANOR WAY
City: RALEIGH
State/Zip: NC 27614
Phone #: _____

Property Owner: T G BUILDERS LLC
Address: 1313 SID MITCHELL RD
City: YOUNGSVILLE
State/Zip: NC. 27596
Phone #: _____

Property Location & Site Information

Address/Road #: 102 SKY WAY YOUNGSVILLE, NC 27596 Subdivision: _____ Phase: NEW Lot: _____
Structure: SINGLE FAMILY
of Bedrooms: 2
of People: 1
*Water Supply: N/A

Directions

102 SKY WAY

System Specifications

Initial System

*Site Classification: Provisionally Suitable
Design Flow: 240
Soil Application Rate: 0.3000

Minimum Trench Depth: _____ Inches

Maximum Trench Depth: 30 Inches

*System Classification/Description:

TYPE II A. CONV SYSTEM (SINGLE-FAMILY OR 480 GPD OR LESS)

Septic Tank: 1000 Gallons

Pump Required: ☐ Yes ☒ No ☐ May Be Required

*Proposed System:
25% REDUCTION

Pump Tank: _____ Gallons

Repair System Required: ☒ Yes ☐ No ☐ No, but has Available Space

Repair System

*Site Classification: Provisionally Suitable

Soil Application Rate: 0.300

Minimum Trench Depth: _____ Inches

Maximum Trench Depth: 30 Inches

*System Classification/Description:

TYPE II A. CONV SYSTEM (SINGLE-FAMILY OR 480 GPD OR LESS)

Pump Required: ☐ Yes ☒ No ☐ May Be Required

*Proposed System:
25% REDUCTION

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

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: Jones, Lori

Date of Issue: 08/19/2022

Total Time: (HH:MM)

☒ Hand Drawing

☐ Import Drawing

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



Construction Authorization

Franklin County Health Department
107 Industrial Drive
Louisburg, NC 27549
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☐ Open Pump System Sheet

Applicant: TERRY MARCOTT
Address: 2538 VILLAG EMANOR WAY
City: RALEIGH
State/Zip: NC 27614
Phone #: _____

Property Owner: T G BUILDERS LLC
Address: 1313 SID MITCHELL RD
City: YOUNGSVILLE
State/Zip: NC. 27596
Phone #: _____

Property Location & Site Information

Address/Road #: 102 SKY WAY YOUNGSVILLE, NC 27596 Subdivision: _____ Phase: NEW Lot: _____
Directions:
Structure: SINGLE FAMILY 102 SKY WAY
of Bedrooms: 2
of People: 1
*Water Supply: _____

System Specifications

*Site Classification: Provisionally Suitable Minimum Trench Depth: _____ Inches
Design Flow: 240 Maximum Trench Depth: 30 Inches
Soil Application Rate: 0.3000 Minimum Soil Cover: _____ Inches
*System Classification/Description: TYPE II A. CONV SYSTEM (SINGLE-FAMILY OR 480 GPD OR LESS) Maximum Soil Cover: _____ Inches
*Proposed System: 25% REDUCTION *Distribution Type: GRAVITY - PARALLEL (eq. d-box)
Nitrification Field: _____ Sq. ft. Septic Tank: 1,000 Gallons
No. Drain Lines: 2 Pump Required: ☐ Yes ☒ No ☐ May Be Required
Total Trench Length: 200 ft. ☐ Inches O.C. Pump Tank: _____ Gallons
Trench Spacing: _____ - 9 ☒ Feet O.C. Grease Trap: _____ Gallons
Trench Width: _____ - 3 ☒ Inches Septic Tank Installer
Aggregate Depth: _____ inches ☒ Feet 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: Jones, Lori

Date of Issue: 08/19/2022

☒ Hand Drawing

☐ Import Drawing

Site Plan/Drawing attached.

Total Time : (HH:MM) _____

File # 380013 PIN# _____Property Address: 102 Skyway LnApplicant or Owner Name: Terry Marcott**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 AttachedDiagram Date: 8-19-2022 EHS: Jeri 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' x 200' Type System Gravity/Dbox Max Trench Depth 30"

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

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

Bedrooms: 2 equiv.If Repair: 240 dailyBenchmark/Elevation: Flab

Tank Mfr: _____

STB: _____ Gallons: _____

Distance from house: _____ ft

Elevation: _____ Filter: _____

Dbox Elevation: _____

Supply Line Length: _____

Line(s):	Feeder (ft)	Line (ft)	Elevation
1			
2			
3			
4			
5			
6			
7			

Product: EZ flow or Chambers / LP

Pump Mfr: _____

STB: _____ Gallons: _____

Alarm: _____ Water Dose: _____

Water to manifold/dbox: _____

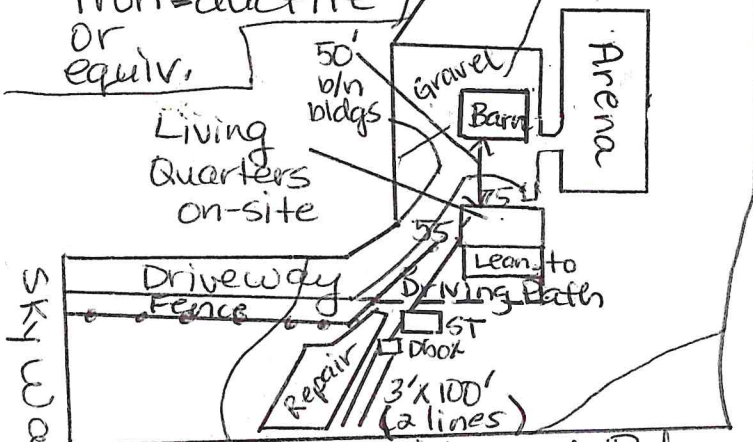
If dbox, flow adjusters correct: _____

If manifold, water pressure correct: _____

Dbox location: _____

Acreage: 10.19Parcel ID: 040762*Drawing not to scale (if large acreage, may be portion)
(If not as built, indicate changes on front or back of sheet.)

X Sewer Line
or
Supply line
under driving
path to
lean-to, must
be sleeved w/
iron-ductile
or
equiv.

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

OWNER: Terry Marcott
ADDRESS: 2538 N. 11th

ADDRESS: 2538 Village Manor Way Rm. 200
PROPOSED FACILITY: PROPOSED PROJECT

PROPOSED FACILITY: 103 SK PROPOSED DESIGN FLOW (1949): 240

LOCATION OF SITE: 102 Skyway, Unga

WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other

APPLICATION DATE 8-12-2022

DATE EVALUATED:

PROPERTY SIZE: 10.19

PROPERTY RECORDED: _____

EVALUATION METHOD: ☒ Auger Boring ☐ Pit ☐ Cut

TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM	OTHER FACTORS (.1946): _____ SITE CLASSIFICATION (.1948): _____ EVALUATED BY: _____ OTHER(S) PRESENT: _____
Available Space (.1945)			
System Type(s)			
Is LTAR			
REMARKS:			