



IMPROVEMENT PERMIT

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

For Office Use Only

*CDP File Number 403695 - 1

County ID Number: _____

Evaluated For: NEW

PERMIT VALID UNTIL: 01/10/2029

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

Applicant: JOEL POWELL

Address: 8324 WOODLIEF RD

City: WAKE FOREST

State/Zip: NC 27587

Phone #: _____

Property Owner: GRAYLYN HOMES LLC

Address: 8324 WOODLIEF RD

City: WAKE FOREST

State/Zip: NC. 27587

Phone #: _____

Property Location & Site Information

Address: 45 LEISURE LN LOUISBURG,
NC 27549

Subdivision: THARRINGTON

Block/Phase: NEW

Lot: 4

Road #:

Directions ACRES

Structure: SINGLE FAMILY

45 LEISURE LN

of Bedrooms: 3

of People: 4

*Water Supply: N/A

Initial System

Usable Soil Depth: 35

Design Flow: 360

Soil Application Rate: 0.3000

*System Classification/Description:

TYPE III B. SYSTEM W/SINGLE EFFLUENT PUMP

*Proposed System:

25% REDUCTION

System Specifications

Minimum Trench Depth: _____ Inches

Maximum Trench Depth: 23 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

Repair System

Usable Soil Depth: 35

Soil Application Rate: 0.300

*System Classification/Description:

TYPE III B. SYSTEM W/SINGLE EFFLUENT PUMP

*Proposed System: 25% REDUCTION

Minimum Trench Depth: _____ Inches

Maximum Trench: Depth: 23 Inches

Pump Required: ☒ Yes ☐ 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. PUMP TO D-BOX

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(a)).

Authorized State Agent: Ennis, Crystal Date of Issue: 01/10/2024

☒ 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: _____

For Office Use Only

*CDP File Number: 403695 - 1

County ID Number: _____

Evaluated For: NEW

PERMIT VALID UNTIL: 01/10/2029

☐ Open Pump System Sheet

Applicant: JOEL POWELL

Address: 8324 WOODLIEF RD

City: WAKE FOREST

State/Zip: NC 27587

Phone #: _____

Property Owner: GRAYLYN HOMES LLC

Address: 8324 WOODLIEF RD

City: WAKE FOREST

State/Zip: NC 27587

Phone #: _____

Property Location & Site Information

Address/Road #: 45 LEISURE LN LOUISBURG, NC 27549 Subdivision: THARRINGTON Phase: NEW Lot: 4
Directions: ACRES

Structure: SINGLE FAMILY

45 LEISURE LN

of Bedrooms: 3

of People: 4

*Water Supply: NEW WELL

System Specifications

Usuable Soil Depth: 35

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: 23 Inches

Minimum Soil Cover: _____ Inches

Maximum Soil Cover: _____ Inches

*Distribution Type: PUMP TO GRAVITY

Nitrification Field: _____ Sq. ft.

No. Drain Lines: 4

Total Trench Length: 300 ft.

Trench Spacing: _____ - 9

Trench Width: _____ - 3

Aggregate Depth: _____ inches

☐ Inches O.C.

☒ Feet O.C.

☐ Inches

☒ Feet

Pump Required: ☒ Yes ☐ No ☐ May Be Required

Pump Tank: 1,000 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. PUMP TO D-BOX

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: 01/10/2024

☐ Hand Drawing

☐ Import Drawing

Site Plan/Drawing attached.

Total Time : (HH:MM) _____



Well Construction Permit

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

For Office Use Only

*CDP File Number 403695

PIN Number: _____

Tax Lot #: 4 Tax Block #: 049963

Evaluated For: _____

PERMIT VALID UNTIL: 01/09/2029

Property Owner: GRAYLYN HOMES LLC

Address: 8324 WOODLIEF RD

City: WAKE FOREST

State/Zip: NC / 27587

Phone #: _____

Applicant: JOEL POWELL

Address: 8324 WOODLIEF RD

City: WAKE FOREST

State/Zip: NC / 27587

Phone #: _____

Property Location & Site Information

Address/Road #:

45 LEISURE LN

LOUISBURG NC, 27549

Subdivision: THARRINGTON ACRES

Phase: _____ Lot: 4

*Proposed use of Well:

If Other:

Applicant Email:

Owner Email:

Directions: 45 LEISURE LN

Well Contractor Information

Drilling Contractor:

Driller Registration:

Permit Conditions

*Permit Conditions

Well location, construction and protection must meet all state and local regulations and must be inspected and approved by an authorized representative of the Local Health Department. The permit may be revoked at any time for failure to comply with existing regulations. The siting of approved well construction area(s) by the Health Department is to provide protection from the known possible sources of contamination. The approved well area(s) may not be changed without permission from an authorized representative of the Local Health Department. Issuance of this well permit does not guarantee water quality or adequate water production from the well once it is installed or repaired.

*Issued By: Ennis, Crystal

Authorized State Agent: *Crystal Ennis*

Owner/Applicant: _____

*Date of Issue: 01/10/2024



Hand Drawing



Import Drawing

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



File # 403695 PIN# _____

Property Address: 45 Leisure Ln

Applicant or Owner Name: Joel Powell

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**: 1-10-24 EHS: Crystal Evers

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

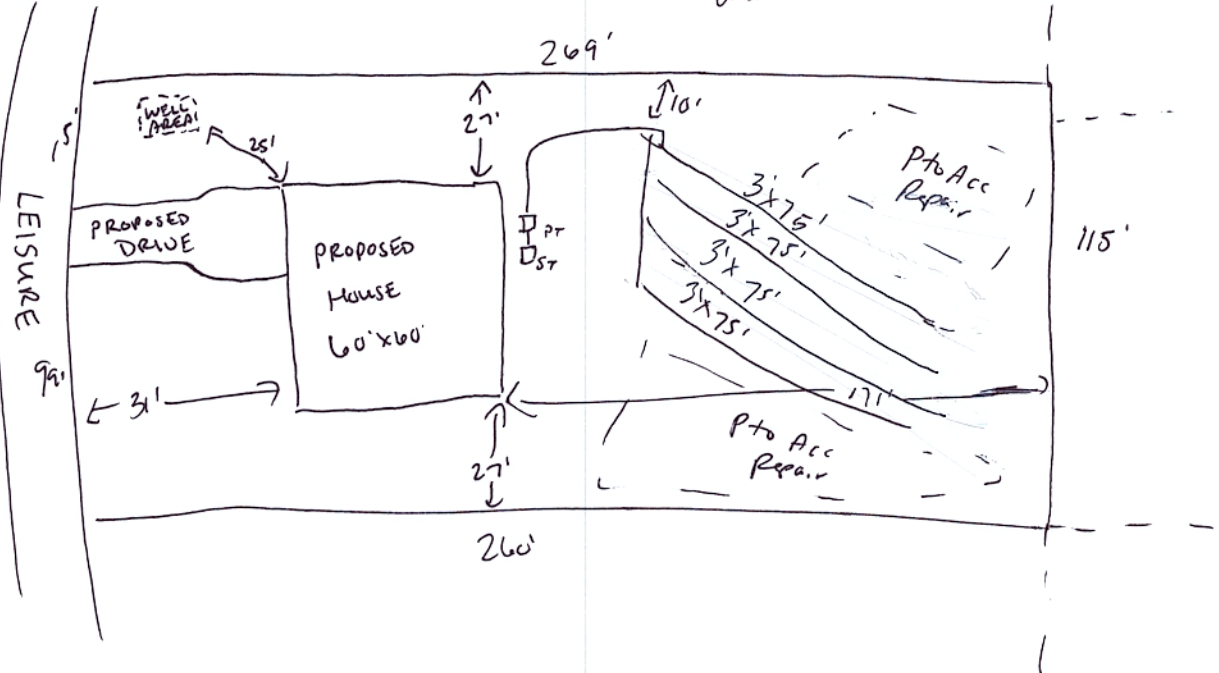
Installation/grouting inspections may be scheduled the day before, or, the day of installation until 9am by contacting the Environmental Health office at 919 496 8100. A revisit fee may apply if installation is not ready for inspection at the time requested. Septic Operations Permits will be issued after 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 Pto Acc Max Trench Depth 23"

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

Well Contractor _____ Well Grout date: _____

*Drawing not to scale
*May install three 100' Acceptable
drainlines





Health Department
107 Industrial Drive, Suite C
Louisburg, NC 27549
Phone: 919-495-3533
Fax: 919-495-8127
www.franklincountync.us

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 request the fee is paid before beginning the septic installation. In making the final inspection satisfactory. The septic permit 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 Industrial Dr, Suite C
Louisburg 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 GRAVITY 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 box (D-box). This is achieved by pumping the wastewater to a D-box and allowing gravity to naturally disperse the wastewater equally 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 "siphoning" action of the wastewater. The D-box location should be marked on-site to make it easily identifiable and prevent damage.

REQUIREMENTS FOR PUMP SYSTEMS (Pump to conventional, pressure-manifold, or LPP)

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

Tanks and Risers:

- all tanks shall be constructed according to plans which have been approved by the Division of Environmental Health
- pump tanks shall have a riser which extends to at least 6" above the finished grade (riser is recommended on septic tank)
- pump tanks should be of "one piece" construction, if not, it shall be tested for watertightness by the approved method (if a soil wetness condition exist within 5' of the tank top)
- risers must be properly sealed to the top of the tank
- pipes shall be properly sealed into the tank
- pipes and conduit must exit riser through "knock-outs" provided
- vent shall be installed 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)-corrosion resistant rope or chain shall also be connected to pump
- supply line into box shall be elbowed 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
- all connections, pump controllers, and alarm components shall be enclosed in a NEMA 4X (watertight) enclosure
- enclosure shall be securely mounted on a treated 4x4 post, adjacent to the pump tank, and at least 12" above grade
- wires from pumps and control floats shall be conveyed from the riser to the control panel through sealed electrical conduit (shall be sealed to be watertight and gasight)
- original plugs shall be used, with no splices in the wire cables
- control floats shall be sealed mercury type
- supply line) for unrestricted movement

Alarm System:

- power to high-water alarm shall be on a separate circuit from power to the pump
- alarm shall be audible and visible 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 float, 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