



IMPROVEMENT PERMIT

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

For Office Use Only

*CDP File Number 414242 - 1

County ID Number:

Evaluated For: NEW

PERMIT VALID UNTIL:

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

Applicant: Lisa Ferguson

Address: 4909 Unicon Drive Suite 107

City: Wake Forest

State/Zip: NC 27587

Phone #:

Property Owner: Ken Harvey Homes LLC

Address: 4909 Unicon Drive Suite 107

City: Wake Forest

State/Zip: NC. 27587

Phone #:

Property Location & Site Information

Address: 224 Sequoia Dr Louisburg, NC 27549

Subdivision: Lake Royale

Block/Phase: NEW

Lot: 2451

Directions

224 Sequoia Dr Louisburg NC 27549

Road #:

Structure: SINGLE FAMILY

of Bedrooms: 3

of People: 4

*Water Supply: N/A

System Specifications

Initial System

Usable Soil Depth: 36

Design Flow: 360

Soil Application Rate: 0.3000

Minimum Trench Depth: Inches

Maximum Trench Depth: 24 Inches

*System Classification/Description:

TYPE III G. OTHER NON-CONV. TRENCH SYSTEMS

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

* 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 SYSTEM AS DESIGNED BY CCSC.

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:

06/18/2024

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: 414242 - 1

County ID Number: _____

Evaluated For: NEW

PERMIT VALID UNTIL: 06/18/2029

☐ Open Pump System Sheet

Applicant: Lisa Ferguson

Address: 4909 Unicon Drive Suite 107

City: Wake Forest

State/Zip: NC 27587

Phone #: _____

Property Owner: Ken Harvey Homes LLC

Address: 4909 Unicon Drive Suite 107

City: Wake Forest

State/Zip: NC, 27587

Phone #: _____

Property Location & Site Information

Address/Road #: 224 Sequoia Dr Louisburg, NC 27549 Subdivision: Lake Royale Phase: NEW Lot: 2451

Directions:

Structure: SINGLE FAMILY

224 Sequoia Dr Louisburg NC 27549

of Bedrooms: 3

of People: 4

*Water Supply: COMMUNITY

System Specifications

Usuable Soil Depth: 36

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 G. OTHER NON-CONV. TRENCH SYSTEMS

Maximum Soil Cover: _____ Inches

*Proposed System:

25% REDUCTION

*Distribution Type: GRAVITY - SERIAL

Nitrification Field: _____ Sq. ft.

Septic Tank: 1,000 Gallons

No. Drain Lines: 7

Pump Required: ☐ Yes ☒ No ☐ May Be Required

Total Trench Length: 310 ft.

☐ Inches O.C.

Pump Tank: _____ Gallons

Trench Spacing: _____ - _____

☐ Feet O.C.

Grease Trap: _____ Gallons

Trench Width: _____ - _____

☐ 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:

INSTALL SYSTEM AS DESIGNED BY CCSC.

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: 06/18/2024

☐ Hand Drawing

☐ Import Drawing

Site Plan/Drawing attached.

Total Time : (HH:MM) _____



File# 414 242 PIN# _____

Property Address: 224 Sequoia Drive

Applicant Or Owner Name: Lisa Ferguson

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**: 6-18-24 EHS: Cynthia E...

****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 1 Drain field 3x310' Type System Acc Max trench depth 24"

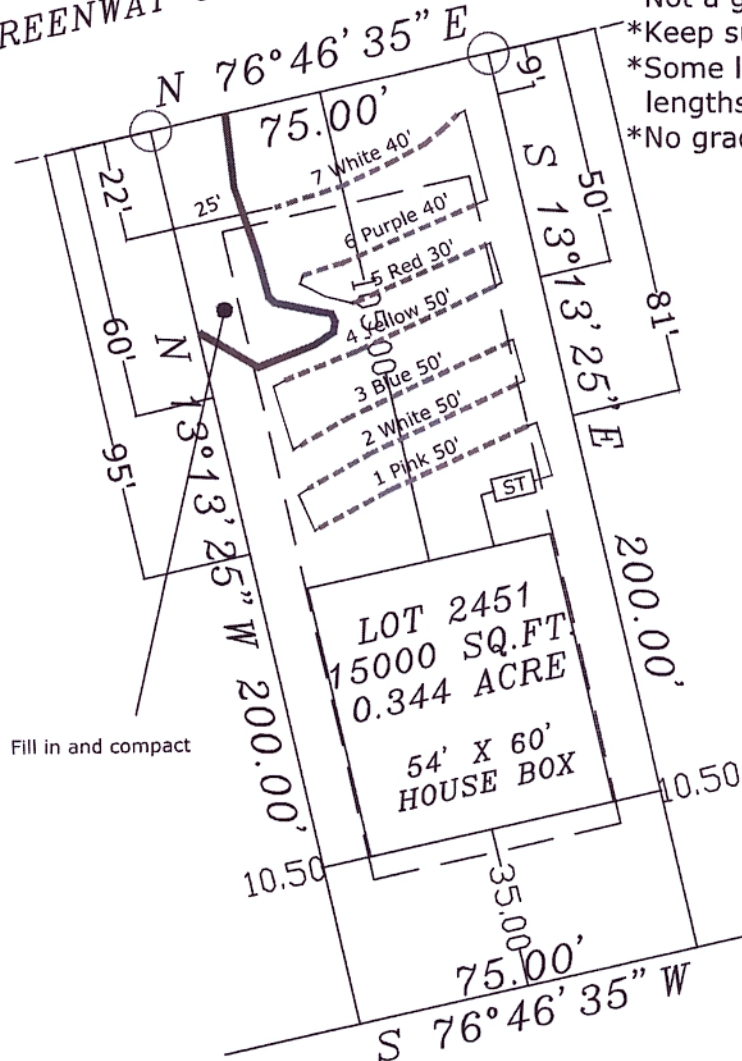
Septic Contractor _____ Septic/Pump tank dates _____ PUMP FEE PAID _____

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

** See attached layout designed by CCSC **

GREENWAY OF PRF 1 SLIDE 104

- *Keep tanks and drain lines 5' from property lines.
- *Not a survey.
- *Not a guarantee of a septic permit.
- *Keep supply lines >5' from property lines.
- *Some lines are flagged longer in the field than lengths indicate.
- *No grading septic area.



System: Gravity to Serial Distribution
Lines: 1-7, (310')
Accepted Status System
0.30 Soil LTAR
24" Trench Bottom

System: -----

[ST] : 1000 Gallon

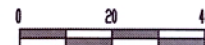
Soil Line: _____

Fill in and compact

SEQUOIA DRIVE
60' PRIVATE R/W



MEASUREMENT CAPTURED FROM THIS LOCATION



SCALE:
1" = 40 ft.



Central Carolina Soil Consulting, PLLC
1900 South Main Street, Suite 110
Wake Forest, North Carolina 27587
Phone (919)569-6704 Fax (919)569-6703

3-Bedroom Septic Layout
224 Sequoia Drive
Lot 2451, Lake Royale Subdivision
Franklin County, North Carolina

Job# : 4381

Drawn By : MS

Date : 11/03/2023

Revision: