IMPROVEMENT PERMIT

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

For Office Use Only	
*CDP File Number	366348 - 1
County ID Number:	1852-24-8240
Evaluated For:	NEW

PERMIT VALID UNTIL: 12/20/2026

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

Applicant:	THREE SIX BUILDERS
Address:	PO BOX 113
City:	ZEBULON
State/Zip:	NC 27597
Phone #:	

Property Owner:	
Address:	
City:	
State/Zip:	
Phone #:	

Property Location & Site Information

Address/Road #: 104 RED CARDINAL CT YOUNGSVILLE, NC 27596
Subdivision: EASTWOODS Phase: NEW Lot: 95
Structure: SINGLE FAMILY
Directions AT PATTERSON
# of Bedrooms: 4
104 RED CARDINAL CT
# of People: 6
*Water Supply: N/A

System Specifications

Initial System

*Site Classification: Provisionally Suitable
Design Flow: 480
Soil Application Rate: 0.3500

*System Classification/Description:
TYPE III B. SYSTEM W/SINGLE EFFLUENT PUMP

*Proposed System:
25% REDUCTION

Minimum Trench Depth: _____ Inches
Maximum Trench Depth 24 Inches

Septic Tank: 1000 Gallons
Pump Required (X) Yes ( ) No ( ) May Be Required

Pump Tank: 1000 Gallons

Repair System Required: (X) Yes ( ) No ( ) No, but has Available Space

Repair System

*Site Classification: Provisionally Suitable
Soil Application Rate: 0.350

*System Classification/Description:
TYPE III B. SYSTEM W/SINGLE EFFLUENT PUMP

*Proposed System:
25% REDUCTION

Minimum Trench Depth: _____ Inches
Maximum Trench Depth 24 Inches

Pump Required: (X) 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 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**

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: Leonard, Shad Date of Issue: 12/20/2021

( ) 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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*CDP File Number: 366348 - 1
County ID Number: 1852-24-8240
Evaluated For: NEW

PERMIT VALID UNTIL: 12/20/2026

☐ Open Pump System Sheet

Applicant:	THREE SIX BUILDERS
Address:	PO BOX 113
City:	ZEBULON
State/Zip:	NC 27597
Phone #:	

Property Owner:	
Address:	
City:	
State/Zip:	
Phone #:	

Property Location & Site Information

Address/Road #: 104 RED CARDINAL CT YOUNGSVILLE, NC 27596
Subdivision: EASTWOODS AT PATTERSON
Phase: NEW
Lot: 95

Directions: 104 RED CARDINAL CT

Structure: SINGLE FAMILY
# of Bedrooms: 4
# of People: 6
*Water Supply: PUBLIC

System Specifications

*Site Classification: Provisionally Suitable
Design Flow: 480
Soil Application Rate: 0.3500
*System Classification/Description: TYPE III B. SYSTEM W/SINGLE EFFLUENT PUMP
*Proposed System: 25% REDUCTION

Minimum Trench Depth: _____ Inches
Maximum Trench Depth: 24 Inches
Minimum Soil Cover: _____ Inches
Maximum Soil Cover: _____ Inches
*Distribution Type: PUMP TO GRAVITY

Nitrification Field: _____ Sq. ft.
No. Drain Lines: 3
Total Trench Length: 360 ft.
Trench Spacing: 9 - _____
Trench Width: 3 - _____
Aggregate Depth: _____ inches

◯ Inches O.C. ⓧ Feet O.C.
◯ Inches ⓧ Feet

Septic Tank: 1,000 Gallons
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:**

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: Leonard, Shad
Date of Issue: 12/20/2021

◯ Hand Drawing ◯ Import Drawing

****Site Plan/Drawing attached.****
Total Time : (HH:MM) _____

Franklin County
NORTH CAROLINA

File # 366348 PIN# 1852-24-8240

Property Address: 104 Red Cardinal Ct

Applicant or Owner Name: Three Six Builders

Environmental Health Septic/Well Permit Diagram

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

(X) Septic Improvement Permit (X) Septic Construction Authorization (CA) ( ) CA Reissue** ( ) As Built
(X) Well Construction Authorization ( ) Additional Diagram/Specifications Attached

Diagram Date:** 12-20-21 **EHS:** Chad Lunard

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

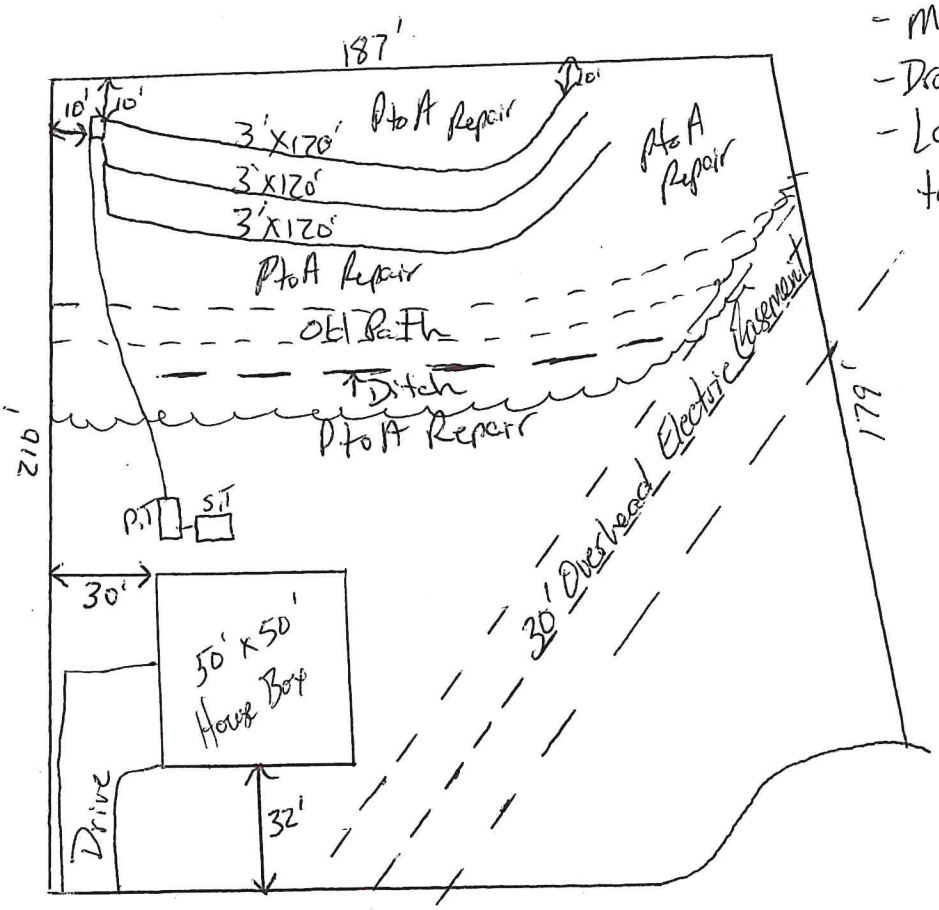
Installation/grouting inspections may be scheduled the day before, or, the day of installation until 9am by contacting the Environmental Health office at 919 496 8100. A revisit fee may apply if installation is not ready for inspection at the time requested. *Septic Operations Permits* will be issued 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'X360' Type System PtoA Max Trench Depth 24"

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

Well Contractor _____ Well Grout date: _____

- Drawing not to scale
- Maintain proper setbacks
- Drain lines may need stepdowns
- Layout may vary due to Rock.



Red Cardinal Ct

FCEH FORM 165 9/19, 10/19