IMPROVEMENT PERMIT

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

For Office Use Only

*CDP File Number: 377673 - 1
County ID Number:
Evaluated For: NEW

PERMIT VALID UNTIL: 01/26/2029

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

Applicant:	SANTIAGO AGUILAR
Address:	131 N JUDD PKWY NE
City:	FUQUAY VARINA
State/Zip:	NC 27526
Phone #:	

Property Owner:	PAUL SNIDER
Address:	1803 BRICKHAVEN LN
City:	LAWRENCEVILLE
State/Zip:	GA. 30043
Phone #:	

Property Location & Site Information

Address: 952 SAGAMORE DR , NC
Subdivision: LAKE ROYALE Block/Phase: NEW Lot:

Road #:
Structure: SINGLE FAMILY
# of Bedrooms: 3
# of People: 5
*Water Supply: COMMUNITY

Directions

952 SAGAMORE DR

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 (X) No ◯ May Be Required

*Proposed System:
25% REDUCTION

Pump Tank: _____ Gallons

Repair System Required: ◯ Yes (X) 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 ON CONTOUR. MAINTAIN PROPER SETBACKS.

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 (per rule .0301((a).

Authorized State Agent: Ennis, Crystal Date of Issue: 01/26/2024

Total TIme: (HH:MM) ____ : ____

◯ Hand Drawing ◯ Import Drawing ****Site Plan/Drawing attached.****

Construction Authorization

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

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City:	FUQUAY VARINA
State/Zip:	NC 27526
Phone #:	

Property Owner:	PAUL SNIDER
Address:	1803 BRICKHAVEN LN
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State/Zip:	GA. 30043
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Property Location & Site Information

Address/Road #: 952 SAGAMORE DR , NC Subdivision: LAKE ROYALE Phase: NEW Lot:

Structure: SINGLE FAMILY

# of Bedrooms: 3

# of People: 5

*Water Supply: COMMUNITY

Directions:

952 SAGAMORE DR

System Specifications

Usuable Soil Depth: 36

Design Flow: 360

Soil Application Rate: 0.3000

*System Classification/Description:
TYPE III G. OTHER NON-CONV. TRENCH SYSTEMS

*Proposed System:
25% REDUCTION

Minimum Trench Depth: _____ Inches

Maximum Trench Depth: 24 Inches

Minimum Soil Cover: _____ Inches

Maximum Soil Cover: _____ Inches

*Distribution Type: GRAVITY - SERIAL

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.
(X) Feet O.C.
◯ Inches
(X) Feet

Septic Tank: 1,000 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:**

INSTALL ON CONTOUR. MAINTAIN PROPER SETBACKS.

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 regaurding system location, installation, operation, maintenance, monitoring, reporting and repair (per rule .0301((a)).

Authorized State Agent: Ennis, Crystal Date of Issue: 01/26/2024

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

◯ Hand Drawing ◯ Import Drawing

Total Time : (HH:MM) _____

Franklin County
NORTH CAROLINA

File # 377673 PIN# _____

Property Address: 952 Sagamore Dr.

Applicant or Owner Name: Santiago Aguilar

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

Diagram Date:** 1-25-24 **EHS:** Crystal Enos

****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.

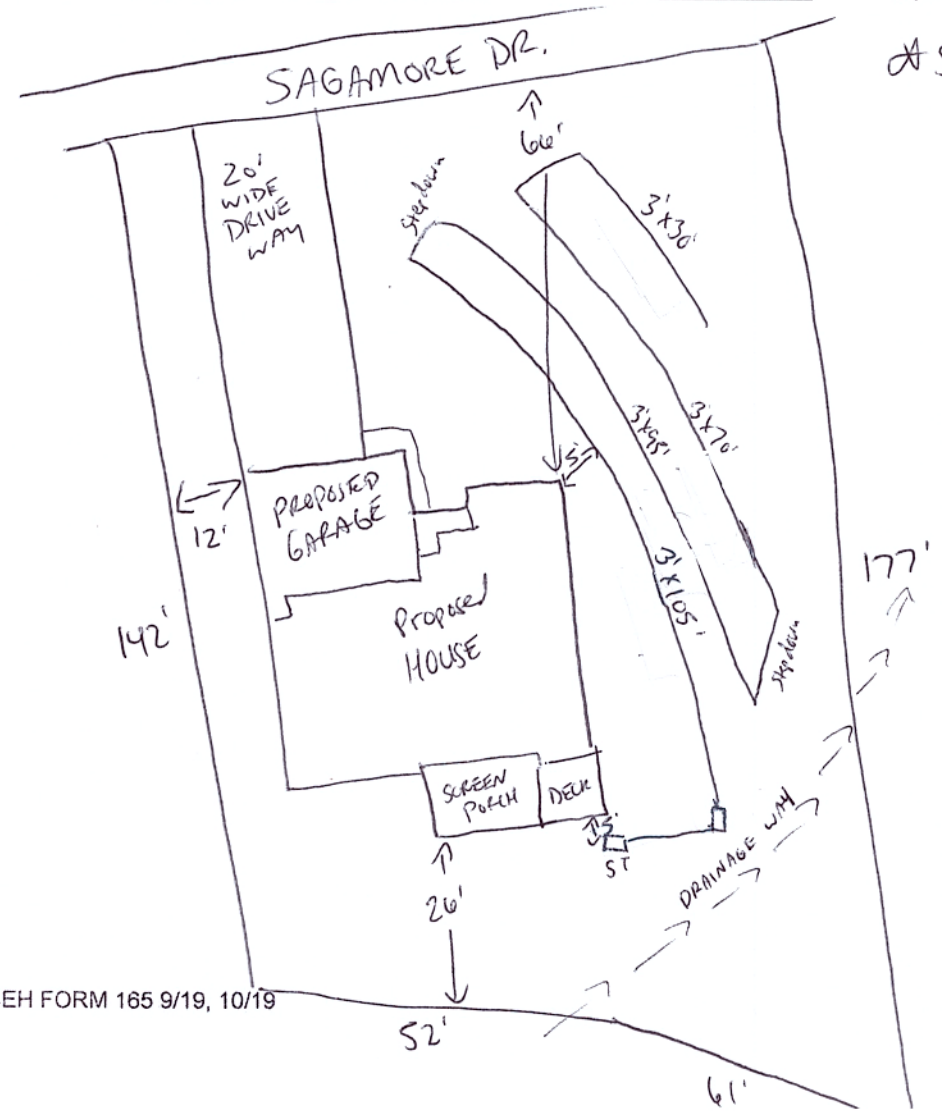
Septic Tank 1000 Pump Tank / Drainfield 3'x300' Type System Acc Max Trench Depth 24"

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

Well Contractor _____ Well Grout date: _____

Drawing not to scale

Serial distribution



FCEH FORM 165 9/19, 10/19