IMPROVEMENT PERMIT

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

For Office Use Only

*CDP File Number: 336717 - 1
County ID Number:
Evaluated For: NEW

PERMIT VALID UNTIL: 03/24/2026

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

Applicant:	BULMARO RODRIGUEZ
Address:	12801 CAMP KANATA RD
City:	WAKE FOREST
State/Zip:	NC 27587
Phone #:	

Property Owner:	BULMARO RODRIGUEZ
Address:	12801 CAMP KANATA RD
City:	WAKE FOREST
State/Zip:	NC. 27587
Phone #:	

Property Location & Site Information

Address/Road #: 315 GLENN STREET FRANKLINTON, NC 27525
Subdivision:
Phase: NEW
Lot: 2

Structure: SINGLE FAMILY
# of Bedrooms: 3
# of People: 2
*Water Supply: N/A

Directions

315 GLENN STREET

System Specifications

Initial System

*Site Classification: Provisionally Suitable
Design Flow: 360
Soil Application Rate: 0.3000

*System Classification/Description:
TYPE II A. CONV SYSTEM (SINGLE-FAMILY OR 480 GPD OR LESS)

*Proposed System:
25% REDUCTION

Minimum Trench Depth: ____ Inches
Maximum Trench Depth: 30 Inches

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

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

Repair System

*Site Classification: Provisionally Suitable
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: 30 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**

Install system as designed by CCSC.

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: Ennis, Crystal
Date of Issue: 03/24/2021

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:

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*CDP File Number: 336717 - 1
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☐ Open Pump System Sheet

Applicant:	BULMARO RODRIGUEZ
Address:	12801 CAMP KANATA RD
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Address:	12801 CAMP KANATA RD
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Property Location & Site Information

Address/Road #: 315 GLENN STREET FRANKLINTON, NC 27525
Subdivision:
Phase: NEW Lot: 2

Directions:

315 GLENN STREET

Structure: SINGLE FAMILY
# of Bedrooms: 3
# of People: 2
*Water Supply: PUBLIC

System Specifications

*Site Classification: Provisionally Suitable
Design Flow: 360
Soil Application Rate: 0.3000
*System Classification/Description: TYPE II A. CONV SYSTEM (SINGLE-FAMILY OR 480 GPD OR LESS)
*Proposed System: 25% REDUCTION

Minimum Trench Depth: ____ Inches
Maximum Trench Depth: 30 Inches
Minimum Soil Cover: ____ Inches
Maximum Soil Cover: ____ Inches
*Distribution Type: GRAVITY - PARALLEL (eq. d-box)

Nitrification Field: ____ Sq. ft.
No. Drain Lines: 2
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 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 (.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: Ennis, Crystal
Date of Issue: 03/24/2021

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

◯ Hand Drawing ◯ Import Drawing

Total Time : (HH:MM) ____

Franklin County
NORTH CAROLINA

File # 336717 PIN# _____

Property Address: 315 Glenn Street

Applicant or Owner Name: Bulmaro Rodriguez

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 (X) Additional Diagram/Specifications Attached

Diagram Date:** 3-24-21 **EHS:** Crystal Sm

****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 30"

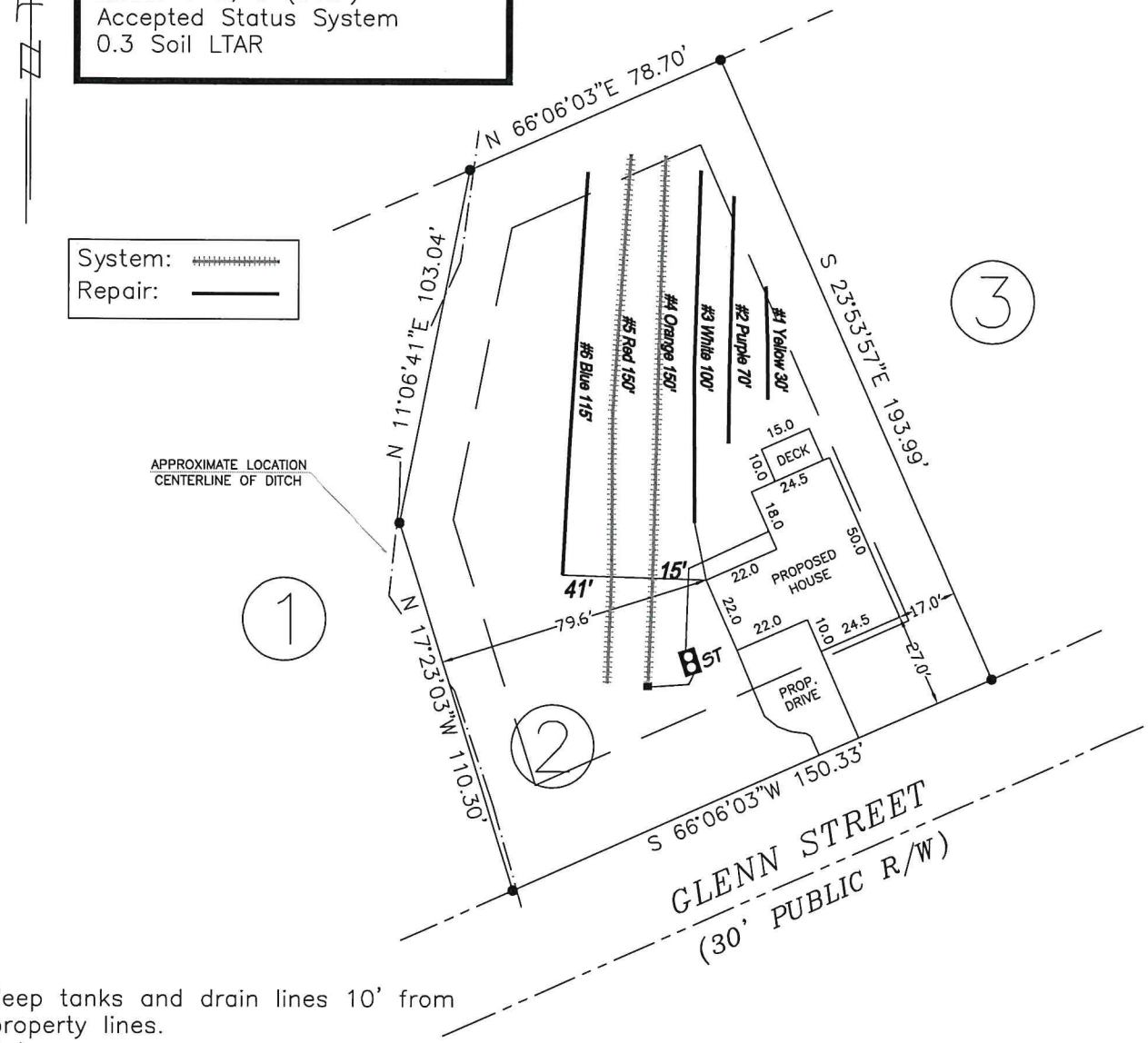
Septic Contractor _____ Septic/Pump tank dates _____ Pump fee? (NO) YES pd _____

Well Contractor _____ Well Grout date: _____

* See attached layout & repair tap charts designed by CCR#

System: Gravity to D–Box
Lines: 4–5, (300')
Accepted Status System
0.3 Soil LTAR

Repair: Pressure Manifold
Lines: 1–3, 6 (315')
Accepted Status System
0.3 Soil LTAR



*Keep tanks and drain lines 10' 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.

GRAPHIC SCALE
1" = 50'

50 0 50 100

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
Lot 2 Glenn Street Subdivision
Franklin County, North Carolina

Job# : 3390
Drawn By : JH
Date : 03/14/2021

Glenn Street lot 2
Repair Tap chart

Bench Mark		is = 100.00	Location of BM:					**Elevation Head**	10.80
Pump tank e	0	7	93.00	**Pump elev.**	88.00		**Manifold elev.**		98.80
line	**color**	**rod read**	**Elevation**	**length**	**hole size**	**flow/tap**	**gal/day**	**trench area**	**LINE LTAR**
1&2	Yel/Purple	2.20	97.80	100	3/4in SCH 80	10.1	120.00	300	0.4000
3	White	4.10	95.90	100	3/4in SCH 80	10.1	120.00	300	0.4000
6	Blue	8.9	91.10	115	3/4in SCH 80	10.1	120.00	345	0.3478

	total	**feet =**	**315**	**gal/min =**	**30.3**		**LTAR =**	**0.3000**
							LTAR + %5	**0.3150**
% of Dose Vol.	75		**Des. Flow**	**360**			**(ltar W/ INOV)**	0.4000
Dose Volume	153.56		**Pump Run=**	11.88			**(ltar W/ INOV + 5%**	0.4200
Dose Pump Time	5.07		**Tank Gal/IN**	21				
Drawdown in Inches	7.31							