



IMPROVEMENT PERMIT

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

For Office Use Only

*CDP File Number 400326 - 1

County ID Number:

Evaluated For: NEW

PERMIT VALID UNTIL: 09/21/2028

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

Applicant: RANDALL SHIRLEY
Address: 294 TRIPLE CROWN RUN
City: LOUISBURG
State/Zip: NC 27549
Phone #:

Property Owner: LARRY R ANDREWS
Address: 1125 RICHARDSON RD
City: ZEBULON
State/Zip: NC. 27597
Phone #:

Property Location & Site Information

Address: 135 CHICKSAW DR
LOUISBURG, NC 27549
Subdivision: LAKE ROYALE Block/Phase: NEW Lot:
Road #: **Directions**
Structure: SINGLE FAMILY 135 CHICKSAW
of Bedrooms: 3
of People: 3
*Water Supply: N/A

System Specifications

Initial System

*Site Classification: Provisionally Suitable

Design Flow: 360

Soil Application Rate: 0.3500

*System Classification/Description:

*Proposed System:
25% REDUCTION

Minimum Trench Depth: Inches

Maximum Trench Depth: 30 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 * 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

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 (.1938(b)).

Authorized State Agent: Wood, Jeffrey Date of Issue: 09/21/2023

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: 400326 - 1

County ID Number: _____

Evaluated For: NEW

PERMIT VALID UNTIL: 09/21/2028

☐ Open Pump System Sheet

Applicant: RANDALL SHIRLEY

Address: 294 TRIPLE CROWN RUN

City: LOUISBURG

State/Zip: NC 27549

Phone #: _____

Property Owner: LARRY R ANDREWS

Address: 1125 RICHARDSON RD

City: ZEBULON

State/Zip: NC. 27597

Phone #: _____

Property Location & Site Information

Address/Road #: 135 CHICKSAW DR
LOUISBURG, NC 27549

Subdivision: LAKE ROYALE Phase: NEW Lot: _____

Directions:

Structure: SINGLE FAMILY 135 CHICKSAW

of Bedrooms: 3

of People: 3

*Water Supply: PUBLIC

System Specifications

*Site Classification: Provisionally Suitable

Minimum Trench Depth: _____ Inches

Design Flow: 360

Maximum Trench Depth: 30 Inches

Soil Application Rate: 0.3500

Minimum Soil Cover: _____ Inches

*System Classification/Description:

TYPE III B. SYSTEM W/SINGLE EFFLUENT PUMP

Maximum Soil Cover: _____ Inches

*Proposed System:

25% REDUCTION

*Distribution Type: PUMP TO GRAVITY

Nitrification Field: _____ Sq. ft.

Septic Tank: 1,000 Gallons

No. Drain Lines: 3

Pump Required: ☒ Yes ☐ No ☐ May Be Required

Total Trench Length: 270 ft. ☐ Inches O.C. ☐ Feet O.C.

Pump Tank: 1,000 Gallons

Trench Spacing: _____ - _____ ☐ Inches

Grease Trap: _____ Gallons

Trench Width: _____ - _____ ☐ Feet

Aggregate Depth: _____ inches

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)). 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

Authorized State Agent: Wood, Jeffrey

Date of Issue: 09/21/2023

☐ Hand Drawing

☐ Import Drawing

Site Plan/Drawing attached.

Total Time : (HH:MM) _____



File # 400 326 PIN# _____

Property Address: 135 Chickasaw

Applicant or Owner Name: Randall Shirley

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**: 9/21/23 EHS: [Signature]

**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 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 1000 Drainfield 3x270' Type System Pto A Max Trench Depth 30"

Septic Contractor _____ Septic/Pump tank dates _____ Pump fee? ☒ Yes No \$50.00

Well Contractor _____ Well Grout date: _____

