



IMPROVEMENT PERMIT

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

For Office Use Only

*CDP File Number: 466346 - 1
County ID Number: 1883-86-1591
Evaluated For: NEW

PERMIT VALID UNTIL: 02/16/2031

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

Applicant: Dustin Moore
Address: 848 Cooke Road
City: Louisburg
State/Zip: NC 27549
Phone #:

Property Owner: Huntsburg III Development LLP
Address: PO Box 337
City: Atlantic Beach
State/Zip: NC. 28512
Phone #:

Property Location & Site Information

Address: 230 Whistlers Cove Louisburg, NC 27549 Subdivision: Huntsburg Block/Phase: NEW Lot: 29

Directions

Road #: 230 Whistlers Cove
Structure: SINGLE FAMILY
of Bedrooms: 4
of People: 8
*Water Supply: NEW WELL

System Specifications

Initial System

Usable Soil Depth: 48
Design Flow: 480
Soil Application Rate: 0.3000

Minimum Trench Depth: Inches

Maximum Trench Depth: 30 Inches

*System Classification/Description:

Type IIIb - Wastewater System with a Single Pump o

Septic Tank: 1000 Gallons

Pump Required: ☒ Yes ☐ No ☐ May Be Required

*Proposed System:
25% REDUCTION

Pump Tank: 1000 Gallons

Repair System Required: ☒ Yes ☐ No ☐ No, but has Available Space

Repair System

Usable Soil Depth: 48

Soil Application Rate: 0.300

Minimum Trench Depth: Inches

Maximum Trench Depth: 30 Inches

*System Classification/Description:

Type IIIb - Wastewater System with a Single Pump o

Pump Required: ☒ Yes ☐ No ☐ May Be Required

*Proposed System: 25% REDUCTION

Pump Tank: Gallons

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 (per rule .0301(a)).

Authorized State Agent: Wood, Jeffrey *W* Date of Issue: 02/16/2026
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: 466346 - 1

County ID Number: 1883-86-1591

Evaluated For: NEW

PERMIT VALID UNTIL: 02/16/2031

☐ Open Pump System Sheet

Applicant: Dustin Moore

Address: 848 Cooke Road

City: Louisburg

State/Zip: NC 27549

Phone #: _____

Property Owner: Huntsburg III Development LLP

Address: PO Box 337

City: Atlantic Beach

State/Zip: NC 28512

Phone #: _____

Property Location & Site Information

Address/Road #: 230 Whistlers Cove Louisburg, Subdivision: Huntsburg Phase: NEW Lot: 29
NC 27549

Directions:

Structure: SINGLE FAMILY 230 Whistlers Cove

of Bedrooms: 4

of People: 8

*Water Supply: NEW WELL

System Specifications

Usable Soil Depth: 48

Design Flow: 480

Soil Application Rate: 0.3000

*System Classification/Description:

Type IIIb - Wastewater System with a Single Pump o

*Proposed System:

25% REDUCTION

Minimum Trench Depth: _____ Inches

Maximum Trench Depth: 30 Inches

Minimum Soil Cover: _____ Inches

Maximum Soil Cover: _____ Inches

*Distribution Type: PUMP TO GRAVITY

Nitrification Field: _____ Sq. ft.

No. Drain Lines: 4

Total Trench Length: 400 ft.

Trench Spacing: _____ - _____

Trench Width: _____ - _____

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 (.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: Wood, Jeffrey

Date of Issue: 02/16/2026

☐ Hand Drawing

☐ Import Drawing

Site Plan/Drawing attached.

Total Time : (HH:MM) _____



Well Construction Permit

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

For Office Use Only

*CDP File Number 466346

PIN Number: 1883-86-1591

Tax Lot #: 29 Tax Block #: 047253

Evaluated For: SINGLE FAMILY \ WELL

PERMIT VALID UNTIL: 02/16/2031

Property Owner: Huntsburg III Development LLP
Address: PO Box 337
City: Atlantic Beach
State/Zip: NC / 28512
Phone #: _____

Applicant: Dustin Moore
Address: 848 Cooke Road
City: Louisburg
State/Zip: NC / 27549
Phone #: _____

Property Location & Site Information

Address/Road #: _____ Subdivision: Huntsburg Phase: _____ Lot: 29
230 Whistlers Cove
Louisburg NC, 27549
*Proposed use of Well: SINGLE FAMILY
If Other: _____
Applicant Email: _____
Owner Email: _____

Directions: 230 Whistlers Cove

Well Contractor Information

Drilling Contractor: _____ Driller Registration: _____

Permit Conditions

*Permit Conditions

Well location, construction and protection must meet all state and local regulations and must be inspected and approved by an authorized representative of the Local Health Department. The permit may be revoked at any time for failure to comply with existing regulations. The siting of approved well construction area(s) by the Health Department is to provide protection from the known possible sources of contamination. The approved well area(s) may not be changed without permission from an authorized representative of the Local Health Department. Issuance of this well permit does not guarantee water quality or adequate water production from the well once it is installed or repaired.

*Issued By: Wood, Jeffrey 

Authorized State Agent: _____

Owner/Applicant: _____

*Date of Issue: 02/16/2026

☐ Hand Drawing ☐ Import Drawing

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



File # 466346 PIN# _____

Property Address: 230 Whistlers Cove

Applicant or Owner Name: Dustin Moore

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**: 2/16/26 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 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' x 400' Type System P+0A Max Trench Depth 30"

Septic Contractor _____ Septic/Pump tank dates _____ Pump Fee Paid \$150

Well Contractor _____ Well Head Date: _____ Pump Final: _____ N/A (circle)

