IMPROVEMENT PERMIT

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

For Office Use Only

*CDP File Number: 376895 - 4
County ID Number:
Evaluated For: NEW

PERMIT VALID UNTIL: 06/27/2027

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

Applicant:	LISA FERGUSON
Address:	1450 LAKE ROBBINS DR
City:	THE WOODLANDS
State/Zip:	TX 77380
Phone #:	

Property Owner:	LGI HOMES
Address:	1450 LAKE ROBBINS DR
City:	THE WOODLANDS
State/Zip:	. 77380
Phone #:	

Property Location & Site Information

Address/Road #: 20 SHEARIN LN , NC
Subdivision: PARKERS Phase: NEW Lot: 26

Directions GATE
20 SHEARIN LN

Structure: SINGLE FAMILY
# of Bedrooms: 4
# of People: 4
*Water Supply: N/A

System Specifications

Initial System

*Site Classification: Provisionally Suitable
Design Flow: 480
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 18 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 II A. CONV SYSTEM (SINGLE-FAMILY OR 480 GPD OR LESS)

*Proposed System:
25% REDUCTION

Minimum Trench Depth: _____ Inches
Maximum Trench Depth 18 Inches

Pump Required: ◯ Yes (X) 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**

Please install septic system in accordance with attached design sheets submitted by CCSC. Respect all 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 (.1938(b)).

Authorized State Agent: Jones, Lori Date of Issue: 06/27/2022

◯ 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: 376895 - 4
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☐ Open Pump System Sheet

Applicant:	LISA FERGUSON
Address:	1450 LAKE ROBBINS DR
City:	THE WOODLANDS
State/Zip:	TX 77380
Phone #:	

Property Owner:	LGI HOMES
Address:	1450 LAKE ROBBINS DR
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Property Location & Site Information

Address/Road #: 20 SHEARIN LN , NC
Subdivision: PARKERS GATE
Phase: NEW
Lot: 26

Directions: 20 SHEARIN LN

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

System Specifications

*Site Classification: Provisionally Suitable
Design Flow: 480
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: 18 Inches
Minimum Soil Cover: ____ Inches
Maximum Soil Cover: ____ Inches
*Distribution Type: GRAVITY - SERIAL

Nitrification Field: ____ Sq. ft.
No. Drain Lines: 6
Total Trench Length: 400 ft.
Trench Spacing: ____ - 9 ◯ Inches ⓧ Feet
Trench Width: ____ - 3
Aggregate Depth: ____ inches

◯ Inches O.C.
ⓧ Feet O.C.

Septic Tank: 1,000 Gallons
Pump Required: ◯ Yes ⓧ 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:**

Please install septic system in accordance with attached design sheets submitted by CCSC. Respect all setbacks. Please use dbox for serial distribution. Dbox is the first checkpoint in case of repair.

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: Jones, Lori
Date of Issue: 06/27/2022

◯ Hand Drawing ☑ Import Drawing

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

Lot 26

Franklin County
NORTH CAROLINA

File #376895 Parcel ID: 0487768 PIN#

Property Address: 20 Shearin Ln. Yngs

Applicant or Owner Name: Lisa Ferguson C/o LGI Homes

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:** 6-27-2022 **EHS:** Lori Jones

****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 na Drainfield 3'X400' Type System Gravity/Serial w/ Dbox Max Trench Depth 18"

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

Well Contractor _____ Well Grout date: _____

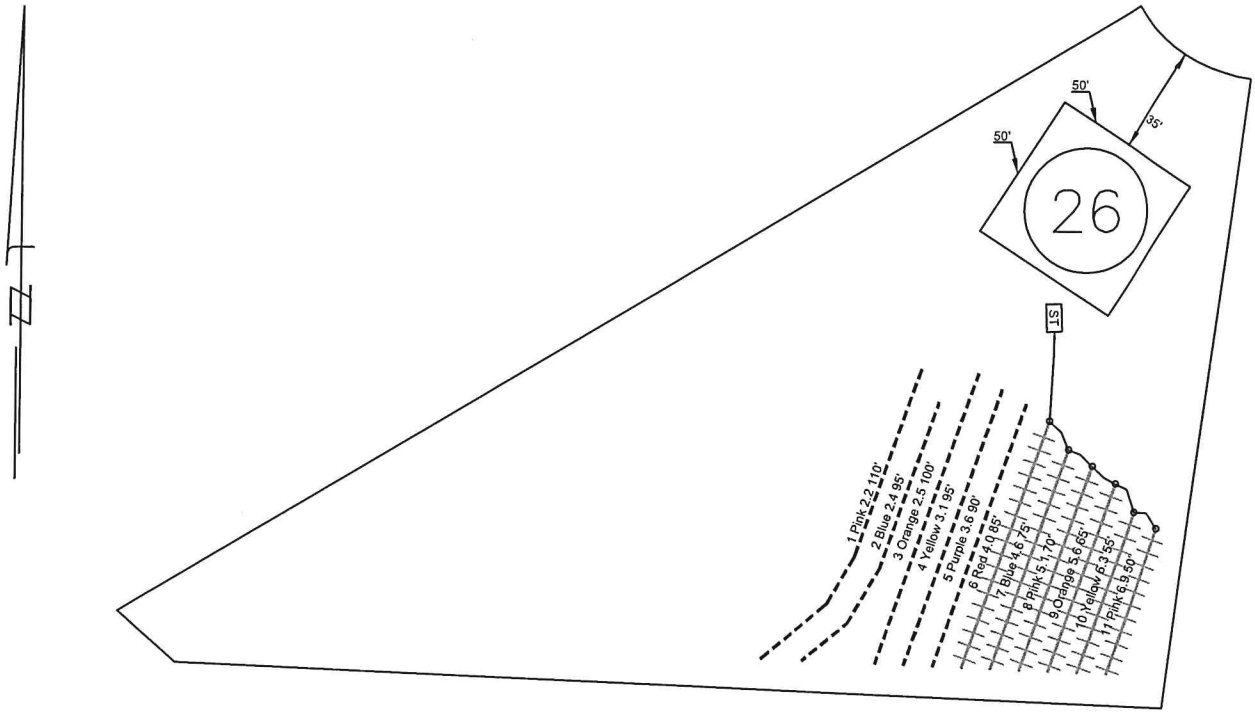
Bedrooms: 4

* Drawing submitted by Soil Scientist

Please install septic system in accordance with attached design sheet(s) submitted by CCSC. Respect all setbacks.

> Enclosures / Attachments

* Use dbox, to simplify repairs, please.



System: ++++++
Repair: -------

*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.

System: Gravity Serial Dist.
Lines: 6–11, (400')
Accepted Status System
0.3 Soil LTAR
18" Trench Bottom

Repair: Pressure Manifold
Lines: 1–5, (490')
Accepted Status System
0.3 Soil LTAR
18" Trench Bottom

GRAPHIC SCALE
1" = 60'

60 0 60 120

Central Carolina Soil Consulting, PLLC
1900 South Main Street, Suite 110
Wake Forest, North Carolina 27587
Phone (919)569-6704 Fax (919)569-6703

4-Bedroom Septic Layout
Lot 26, Parkers Place Subdivision
Wake County, North Carolina

Job# : 1675
Drawn By : LW
Date : 05/18/2022
Revision: