IMPROVEMENT PERMIT

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

For Office Use Only

*CDP File Number: 334804 - 1
County ID Number:
Evaluated For: NEW

PERMIT VALID UNTIL: 01/20/2026

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

Applicant:	BRIAN FINNAMORE
Address:	509 MILLS ST
City:	RALEIGH
State/Zip:	NC 27608
Phone #:	

Property Owner:	DONNYBROOK LLC
Address:	2221 5TH AVE
City:	RONKONKOMA
State/Zip:	NY. 11779
Phone #:	

Property Location & Site Information

Address/Road #: 210 MEADOW LAKE DR YOUNGSVILLE. NC 27596
Subdivision: MEADOW LAKE Phase: NEW Lot: 40

Structure: SINGLE FAMILY
# of Bedrooms: 4
# of People: 2
*Water Supply: N/A

Directions

210 MEADOW LAKE DR

System Specifications

Initial System

*Site Classification: Provisionally Suitable
Design Flow: 480
Soil Application Rate: 0.3000

*System Classification/Description:
TYPE III B. SYSTEM W/SINGLE EFFLUENT PUMP

*Proposed System:
25% REDUCTION

Minimum Trench Depth: ____ Inches
Maximum Trench Depth: 22 Inches

Septic Tank: 1000 Gallons
Pump Required (X) Yes ( ) No ( ) May Be Required
Pump Tank: 1000 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: 22 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 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 (.1938(b)).

Authorized State Agent: Ennis, Crystal Date of Issue: 01/20/2021

( ) 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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☐ Open Pump System Sheet

Applicant:	BRIAN FINNAMORE
Address:	509 MILLS ST
City:	RALEIGH
State/Zip:	NC 27608
Phone #:	

Property Owner:	DONNYBROOK LLC
Address:	2221 5TH AVE
City:	RONKONKOMA
State/Zip:	NY. 11779
Phone #:	

Property Location & Site Information

Address/Road #: 210 MEADOW LAKE DR YOUNGSVILLE, NC 27596
Subdivision: MEADOW LAKE Phase: NEW Lot: 40

Structure: SINGLE FAMILY
# of Bedrooms: 4
# of People: 2
*Water Supply: COMMUNITY

Directions:

210 MEADOW LAKE DR

System Specifications

*Site Classification: Provisionally Suitable
Design Flow: 480
Soil Application Rate: 0.3000
*System Classification/Description: TYPE III B. SYSTEM W/SINGLE EFFLUENT PUMP
*Proposed System: 25% REDUCTION

Minimum Trench Depth: ____ Inches
Maximum Trench Depth: 22 Inches
Minimum Soil Cover: ____ Inches
Maximum Soil Cover: ____ Inches
*Distribution Type: PRESSURE MANIFOLD

Nitrification Field: ____ Sq. ft.
No. Drain Lines: 5
Total Trench Length: 400 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: (X) 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:**

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 (.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: 01/20/2021

◯ Hand Drawing ◯ Import Drawing

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

Franklin County
NORTH CAROLINA

File # 334804 PIN# 1844-53-6138

Property Address: 210 Meadow Lake Dr. (Meadow Lake Lot 40)

Applicant or Owner Name: Brian Finnamore

Environmental Health Septic/Well Permit Diagram

Building permits cannot be issued nor should construction begin without Construction Authorization issuance.

(D) Septic Improvement Permit (D) Septic Construction Authorization (CA) ( ) CA Reissue** ( ) As Built
( ) Well Construction Authorization ( ) Additional Diagram/Specifications Attached

Diagram Date:** 1-20-21 **EHS:** Crystal Evans

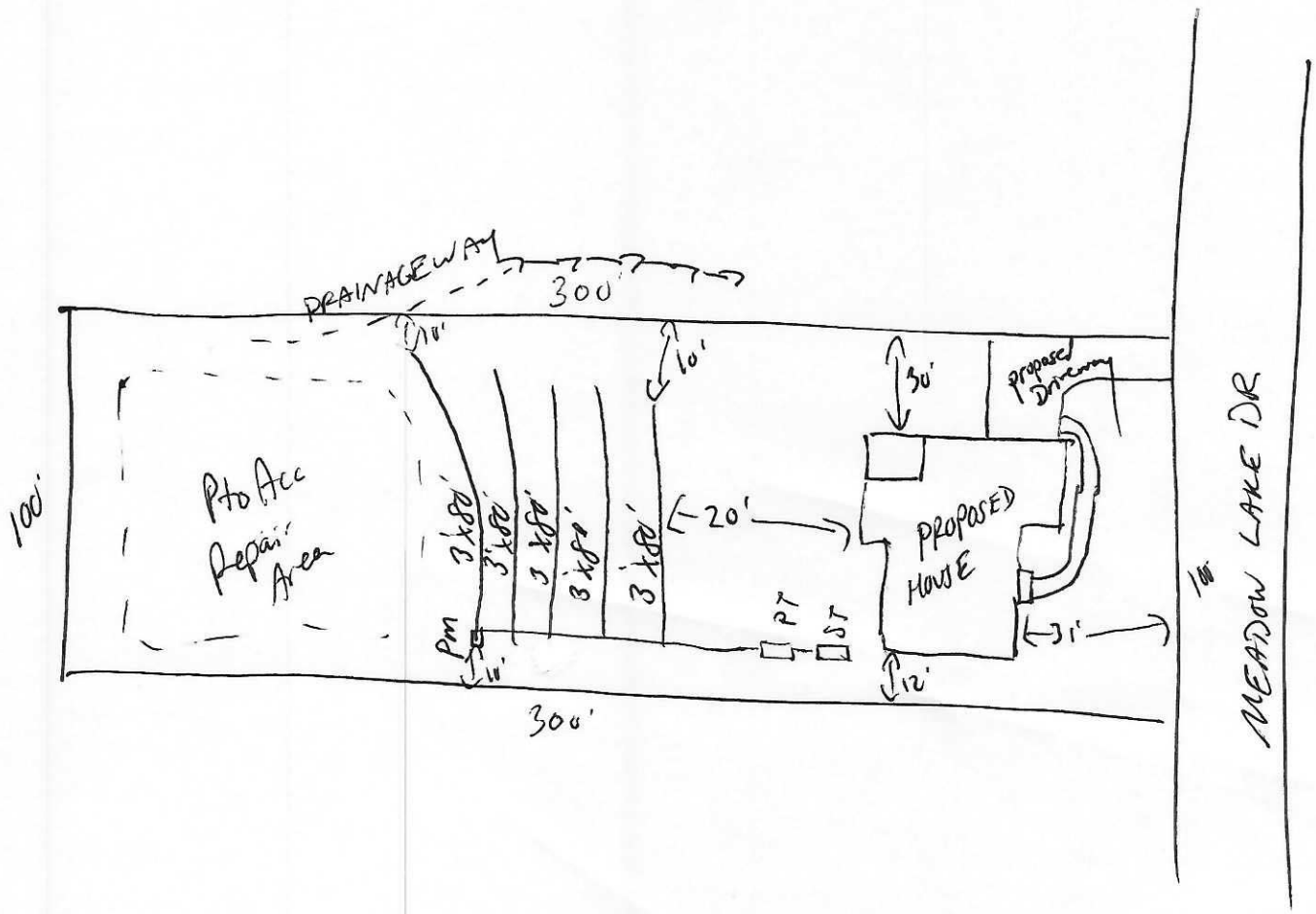
****Any previously dated CA diagram is revoked and/or invalid. Confirm this is the valid diagram for the site before beginning any construction.**

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 Pto Acc Max Trench Depth 22"

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

Well Contractor _____ Well Grout date: _____ # Drawing not to scale #



FCEH FORM 165 9/19, 10/19