OPERATION PERMIT

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

For Office Use Only

*CDP File Number: 326974 - 1
County ID Number: 2840-09-1124
Evaluated For: NEW

Property Owner: WALKER FAMILY TRUST
Address: 465 LAKE ROYALE
Road #:
City: LOUISBURG
State/Zip: /
Phone #:
Township:
Subdivision:
Phase: NEW Lot:

Structure: SINGLE FAMILY
# of Bedrooms: 3
# of People: 2
Water Supply: N/A
Saprolite System?: [ ] Yes [X] No
Pump Required?: [ ] Yes [X] No
Design Flow: 360
System Classification/Description: TYPE II A. CONV SYSTEM (SINGLE-FAMILY OR 480 GPD OR LESS)

Installer: Busy Bee's Const.
Certification #:
Specific System Installed: UNKNOWN
Septic Tank Date: 08/24/2021
STB: 1000
Pump Tank Date:
PT:
Comments:

This system has been installed in compliance with applicable NC General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.

PERMIT CONDITIONS:

I. **Performance: System shall perform in accordance with Rule .1961.**

II. **Monitoring: As required by Rule .1961.**

III. **Maintenance: Ground absorption sewage treatment and disposal systems shall be checked, and the contents of the septic tank removed, periodically from all compartments, to ensure proper operation of the system. The contents shall be pumped whenever the solids level is found to be more than 1/3 of the liquid depth in any compartment.**

Other:

Subsurface Operator Required: [ ] Yes [X] No

If yes, see attached sheet for additional operation conditions, maintenance and reporting.

Operation:

Other:

Authorized State Agent: Bendel, Joel
Date of Issue: 02/23/2022

Owner/Applicant: _____

Franklin County
NORTH CAROLINA

File # 326974 PIN# 2840-09-1124

Property Address: 147-149 Ottawa Dr

Applicant or Owner Name: Madeline Stiles

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 ( ) Additional Diagram/Specifications Attached

Diagram Date:** 7-22-20 **EHS:** Joel Bendel

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

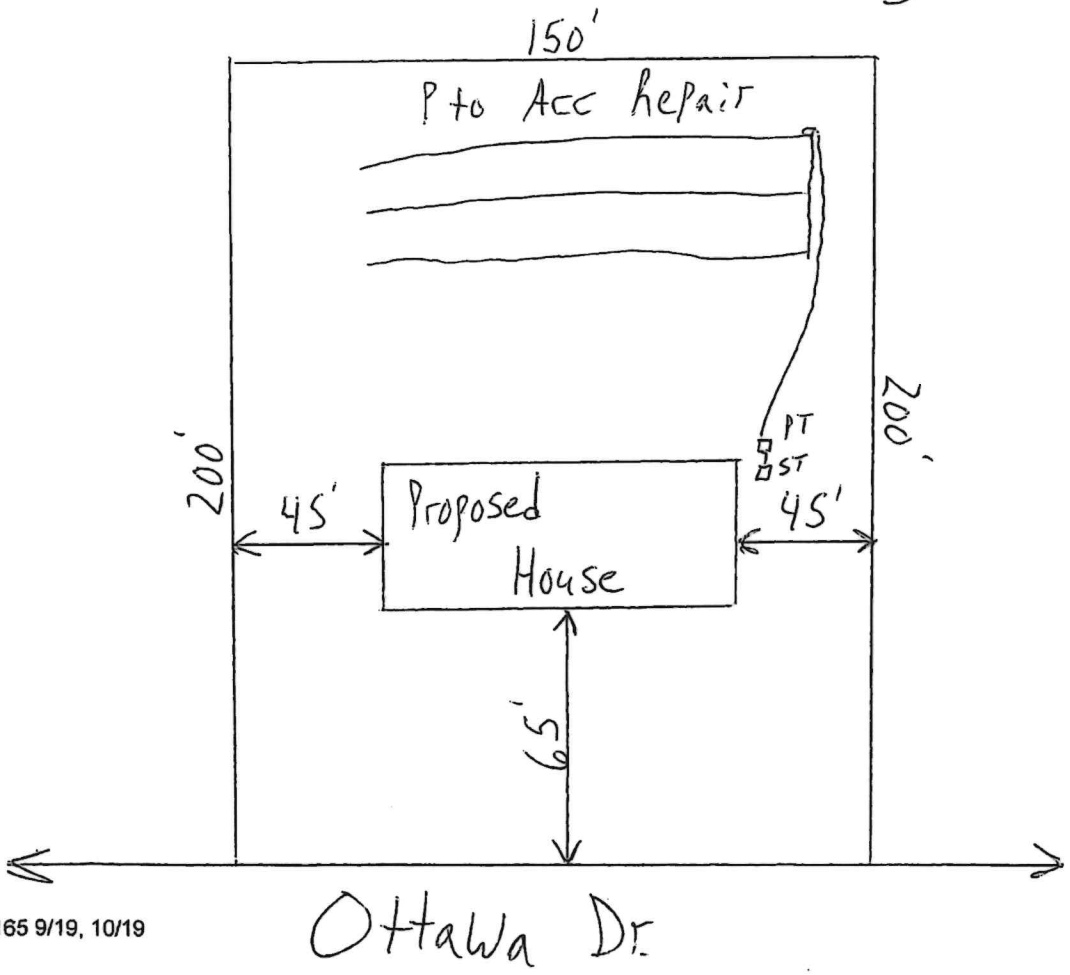
Installation/grouting inspections may be scheduled the day before, or, the day of installation until 9am by contacting the Environmental Health office at 919 496 8100. A revisit fee may apply if installation is not ready for inspection at the time requested. *Septic Operations Permits* will be issued 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 300' Type System P to Acc Max Trench Depth 24"

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

Well Contractor _____ Well Grout date: _____

*Drawing not to scale



Franklin County
NORTH CAROLINA

File # 326974 PIN# 2840-09-1124

Property Address: 147-149 Ottawa Dr

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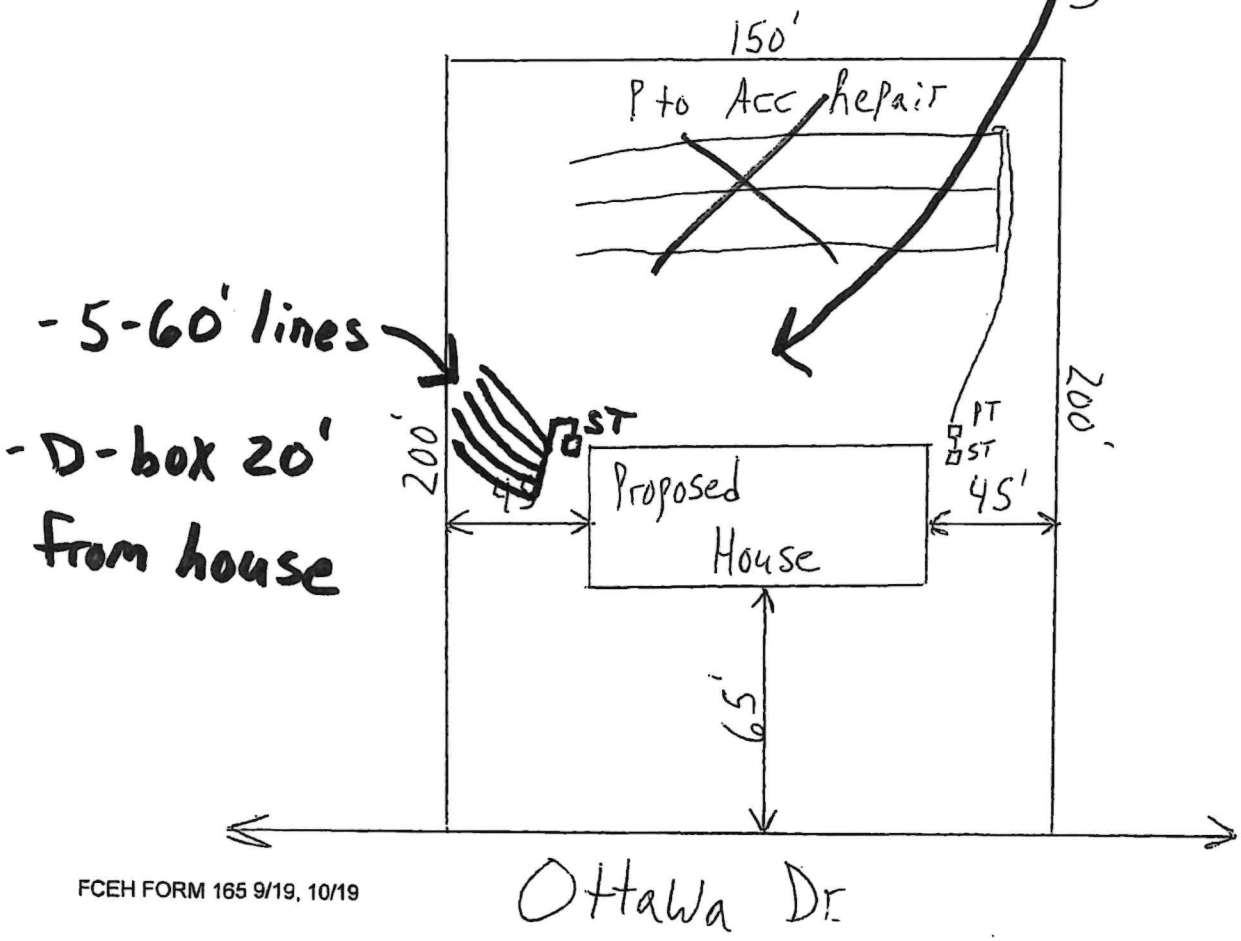
Septic Tank 1000 Pump Tank 1000 Drainfield 3'x 300' Type System P to Acc Max Trench Depth 24"

Septic Contractor Busy Bee's Septic/Pump tank dates 8-24-21 Pump fee? NO (YES) pd_____

Well Contractor _____ Well Grout date:_____

*Drawing not to scale



FCEH FORM 165 9/19, 10/19

Issued to: Madeline Stiles

Location: 0 NO STREET , NC 00000

Franklin County
NORTH CAROLINA

Franklin County
215 E. Nash St. Louisburg, NC 27549
Phone (919) 496-2281
www.franklincountync.us

NEW SEPTIC APPLICATION

Application Type:

NEW SEPTIC

Permit #: E-20-443 Date: July 1

Dwelling Type: PARCEL

Location: 0 NO STREET , NC

Description of work:

# of bedrooms: 3

# of people: 2

Subdivision:

Tax ID #: 023377

APPLICANT INFORMATION

Name: Madeline Stiles Email: mlstiles24@gmail.com Phone: 571

Address: 128 Lake Royale 100 Cheyenne Dr. Louisburg NC, 27549

PROPERTY OWNER INFORMATION

Owner: WALKER FAMILY TRUST Email: Phone:

Address: 465 LAKE ROYALE LOUISBURG NC 27549

GENERAL CONTRACTOR INFORMATION

Name: Randall Shirley Builders, LLC

Address: 294 Triple Crown Run Louisburg 27549-7532 License Number: 41358

Phone: (919) 795-7965 Email:

ZONING

Zoning: R 1 County Water: TESI

Setbacks - Front: 30 Setbacks - Rear: 25

Setbacks - Left: 10 Setbacks - Right: 10

Call Environmental Health (919-496-8100) between 8:00 - 9:00 a.m. Monday - Friday in order to schedule an appointment with and environmental Health Specialist for your lot ev for an improvement permit/construction authorization and well permit does not constitute approval for zoning, septic, and building permits. It will be necessary to meet all guideline building permits prior to construction. The permit is valid for either 60 months or without expiration, depending upon documentation submitted. (complete site plan = 60 months---c without expiration.)

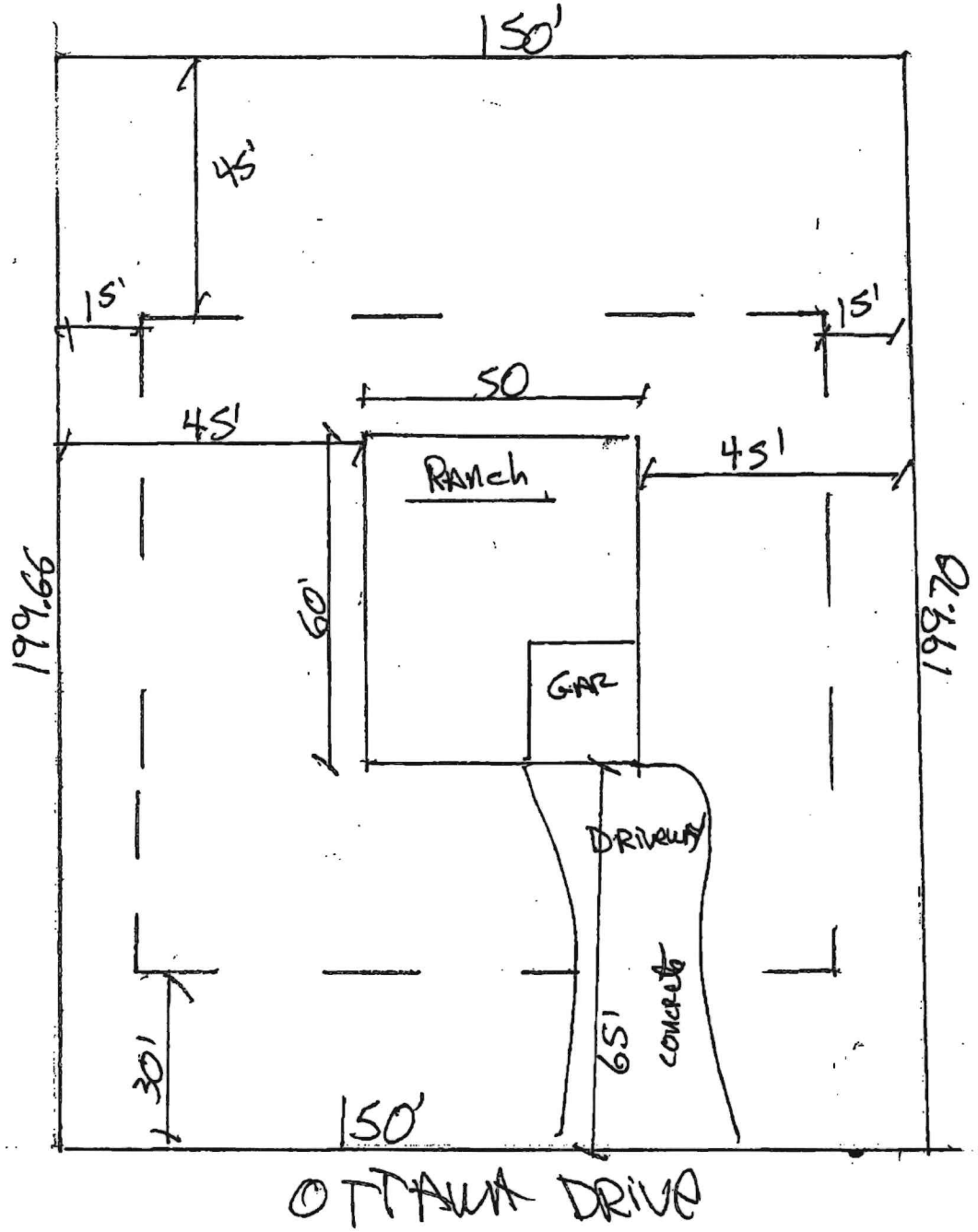
Please contact the Environmental Health Department at 919-496-8100 to determine the status of your application prior to visiting the Planning & Inspections Department to obtain a l

I hereby certify that I am the owner, or authorized by the owner to act as his/her legal representation. Furthermore, as legal representative (if applicable) I have advised the owner of my intention treatment and disposal system and drinking water and well system permit.

I also certify that all of the statements made in this application and any attached documents are true, complete, and correct, to the best of my knowledge and belief, and are made in good faith. If application for these improvements is falsified, changed or site is altered, then improvement permits and authorization to construct these improvements shall become invalid. Authorized county re right of entry to make these evaluations or inspections, and to be release information upon public request.

_____ July 14, 2020

Signature of Owner or Owner's Legal Representative



Randall Shirley
6-8-2020
1" = 30'
151 OTTAWA DR
2148-2149 Rev.
.687 ACRES
BK2020 PG 32-31
10% Imp.

IMPROVEMENT PERMIT

Franklin County Health Department

107 Industrial Drive

Louisburg NC 27549

For Office Use Only

*CDP File Number: 326974 - 1

County ID Number: 2840-09-1124

Evaluated For: NEW

PERMIT VALID UNTIL: 07 / 22 / 2025

*NOTE TO INSPECTIONS DIVISION: Building Permits cannot be issued with only an Improvement Permit. ☐ Fill Sheet ◯CA?

Applicant:	MADELINE STILES
Address:	128 LAKE ROYALE
City:	LOUISBURG
State/Zip:	NC
Phone #:	

Property Owner:	WALKER FAMILY TRUST
Address:	465 LAKE ROYALE
City:	LOUISBURG
State/Zip:	
Phone #:	

Property Location & Site Information

Address: 147/149 OTTAWA DR

Road #: NC Subdivision: Phase: Lot:

Township:

Directions: OTTAWA DR

Structure: SINGLE FAMILY

# of Bedrooms: 3

# of People: 2

*Water Supply: N/A

Initial System

*Site Classification: Provisionally Suitable

Saprolite System? ◯Yes ◯No

Design Flow: 360

Soil Group:

Soil Application Rate: .

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

*Proposed System: 25% REDUCTION

System Specifications

Minimum Trench Depth: Inches

Maximum Trench Depth: 24 Inches

Fill Depth: 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

Repair System

*Site Classification: Provisionally Suitable

Soil Application Rate: .

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

*Proposed System: 25% REDUCTION

Minimum Trench Depth: Inches

Maximum Trench Depth: 24 Inches

Fill Depth: Inches

Pump Required: ◉Yes ◯No ◯May be Required

Pump Tank: 1000 Gallons

No grading or construction activity is allowed in areas designated for system and repair without approval of Health Department.

Chara Rema 750

***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.

Chara Rema 400

***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 shall be responsible for assuring compliance with the laws, rules, and permit conditions regarding system location, installation, operation, maintenance, monitoring, reporting, and repair (.1938(b)).

*Authorized State Agent: 2739 - Joel Bendel Date of Issue: 07 / 22 / 2020

Authorized State Agent Signature:

Owner/Applicant Signature:

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

◯Hand Drawing ◯Import Drawing

CONSTRUCTION AUTHORIZATION

Franklin County Health Department

107 Industrial Drive

Louisburg NC 27549

For Office Use Only

*CDP File Number: 326974 - 1

County ID Number: 2840-09-1124

Evaluated For: NEW

PERMIT VALID UNTIL: 07 / 22 / 2025

☐ Open Pump System Sheet

Applicant:	MADELINE STILES
Address:	128 LAKE ROYALE
City:	LOUISBURG
State/Zip:	NC
Phone #:	

Property Owner:	WALKER FAMILY TRUST
Address:	465 LAKE ROYALE
City:	LOUISBURG
State/Zip:	
Phone #:	

Property Location & Site Information

Address 147/149 OTTAWA DR
Road # NC

Subdivision: Phase: Lot:

Township:

Directions
OTTAWA DR

Structure: SINGLE FAMILY

# of Bedrooms: 3

# of People: 2

*Water Supply: N/A

System Specifications

*Site Classification: Provisionally Suitable

Saprolite System? ◯Yes ◯No

Design Flow: 360

Soil Application Rate: ___ . ___

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

*Proposed System: 25% REDUCTION

Nitrification Field ___ Sq. ft.

No. Drain Lines ___

Total Trench Length: 300 ft.

Trench Spacing: ___ – ___ ◯Inches O.C. ◯Feet O.C.

Trench Width: ___ – ___ ◯Inches ◯Feet

Aggregate Depth: ___ inches

Minimum Trench Depth: ___ Inches

Maximum Trench Depth: 24 Inches

Minimum Soil Cover: ___ Inches from "Natural Ground Level"

Maximum Soil Cover: ___ Inches "Natural Ground Level"

*Distribution Type: PUMP TO GRAVITY

Septic Tank: 1000 Gallons

Pump Required: ◉Yes ◯No

Pump Tank: 1000 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

This 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 is found to have been incorrect, falsified or changed, or the site is altered, the 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 and repair (1938(b)).

*Authorized State Agent: 2739 - Joel Bendel *Date of Issue: 07 / 22 / 2020

Authorized State Agent Signature: Joel Bendel

Owner/Applicant Signature: ___

Site Plan/Drawing attached.

Malfunction Log ◯Yes

◯Hand Drawing ◯Import Drawing