OPERATION PERMIT

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

For Office Use Only

*CDP File Number: 366337 - 1
County ID Number: 2830-13-7961
Evaluated For: NEW

Property Owner: CANTIERE HOMES INC
Address: 8505 ALDEN LANE
Road #:
City: WAKE FOREST
State/Zip: NC/ 27587
Phone #:
Township:
Subdivision: LAKE ROYALE
Phase : NEW Lot: 3107

Structure: SINGLE FAMILY
# of Bedrooms: 3
# of People: 6
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: TruWorks
Certification #:
Specific System Installed: UNKNOWN
Septic Tank Date: 06/30/2022
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: 07/22/2022

Owner/Applicant: _____

Franklin County
NORTH CAROLINA

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

Issued to: Cantiere Homes Inc Stacey DiStefano Location: 271 SACRED FIRE RD LOUISBURG , NC 27549

NEW SEPTIC APPLICATION

3666337 2830-13-7961

Joel LM 11/29 C12

Application Type: NEW SEPTIC
Application Number: E-21-943
Building Type:
Project Type: Single Family Dwelling
# of Bedrooms: 3
Parcel ID #; 020827

Date: November 18, 2021
Acreage: 0.46
Zoning: R-30
# of People: 6
Subdivsion: LOT ROYALE #3107

Applicant Information

Applicant Name: Cantiere Homes Inc Stacey DiStefano
Address: 8505 Alden Ln Wake Forest , NC 27587
Phone: 919-285-8986
Email: cantierehomes@gmail.com

Property Owner Information

Owner Name: Cantiere Homes Inc
Address: 8505 Alden Ln Wake Forest , NC 27587
Phone:
Email:

General Contractor Information

Contractor Name: Cantiere Homes, Inc.
Address: 8505 Alden Ln Wake Forest , NC 27587
Phone: (919) 285-8986
Email: Cantierehomes@gmail.com

Zoning

Zoning Permit #: Z-21-1871
County Water: TESI
Front Setback: 15
Right Setback: 5
Left Setback: 5
Rear Setback: 5

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 evaluation. This application 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 guidelines for zoning, septic, and building permits prior to construction. The application is valid for either 12 months or without expiration, depending upon documentation submitted.

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 building permit.

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 to apply for this wastewater 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 information in this 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 representatives are granted right of entry to make these evaluations or inspections, and to be release information upon public request.

November 18, 2021

Stacey Di Stefano

Signature of Owner or Owner's Legal Representative

Expires: November 18, 2022

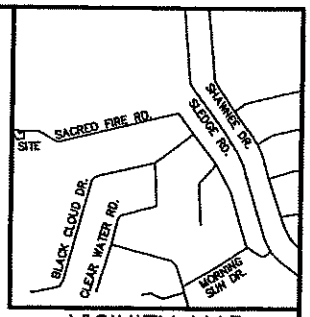
SURVEY FOR

CANTIERE HOMES

LOTS 3107, LAKE ROYALE
271 SACRED FIRE ROAD
PIN # 2830-13-7961
D.B. 1099, PAGE 199
P.B. 2005, PAGE 402
CYPRESS CREEK TOWNSHIP
FRANKLIN COUNTY, NORTH CAROLINA
SEPTEMBER 16, 2021

ADOPTED FROM P.B 2005, PAGE 402

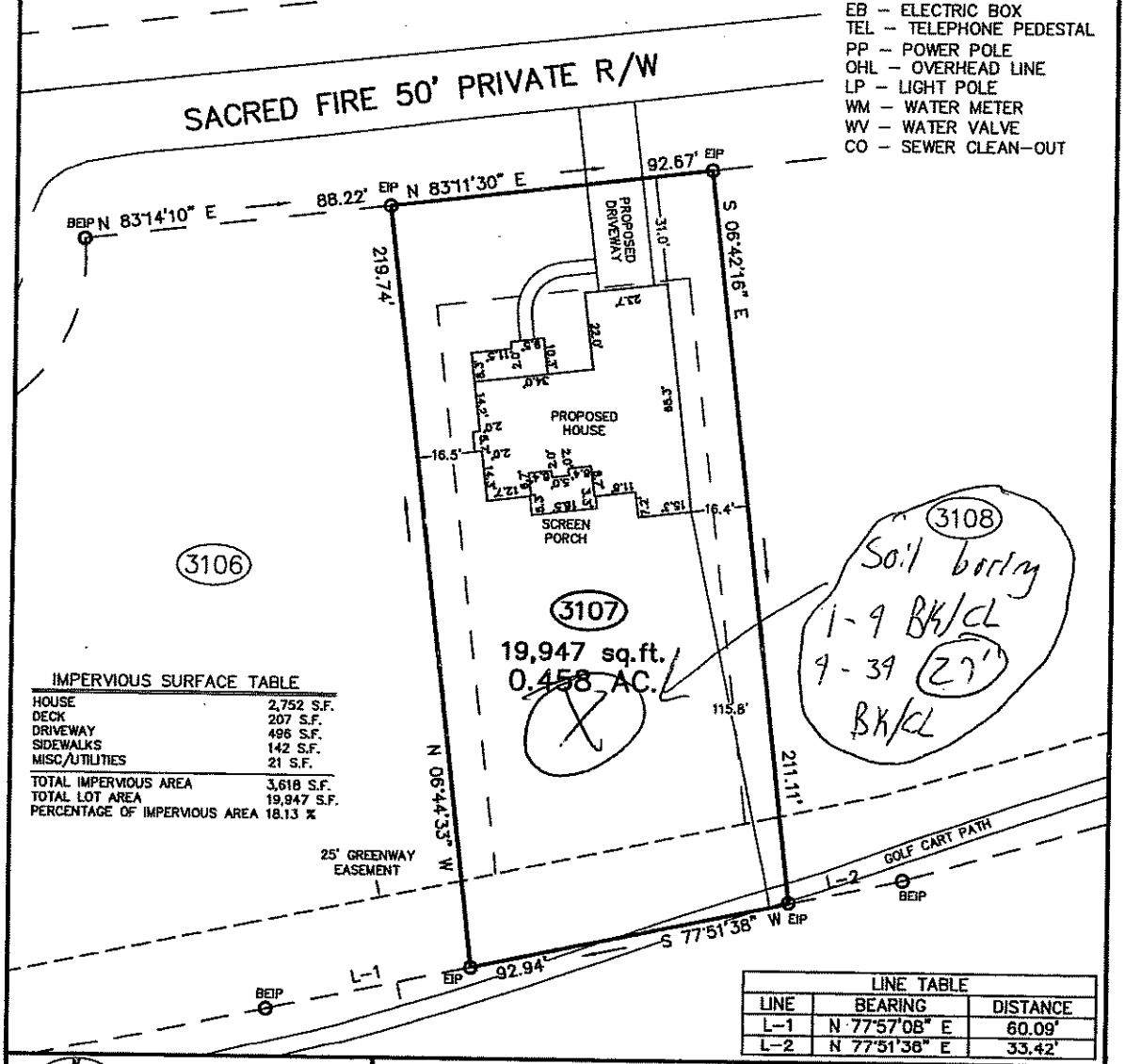
40 20 0 40 80
SCALE 1"=40'



VICINITY MAP

LEGEND:

EIP – EXISTING IRON PIPE
EIB – EXISTING IRON BAR
BEIP – BENT IRON PIPE
BEIB – BENT IRON BAR
CM – CONCRETE MONUMENT
EPK – EXISTING PK NAIL
SPK – SET PK NAIL
NIP – NEW IRON PIPE SET
R/W – RIGHT OF WAY
CATV – CABLE TV BOX
EB – ELECTRIC BOX
TEL – TELEPHONE PEDESTAL
PP – POWER POLE
OHL – OVERHEAD LINE
LP – LIGHT POLE
WM – WATER METER
WV – WATER VALVE
CO – SEWER CLEAN-OUT



IMPERVIOUS SURFACE TABLE

HOUSE	2,752 S.F.
DECK	207 S.F.
DRIVEWAY	496 S.F.
SIDEWALKS	142 S.F.
MISC/UTILITIES	21 S.F.
TOTAL IMPERVIOUS AREA	3,618 S.F.
TOTAL LOT AREA	19,947 S.F.
PERCENTAGE OF IMPERVIOUS AREA	18.13 %

LINE TABLE

LINE	BEARING	DISTANCE
L-1	N 77°57'08" E	60.09'
L-2	N 77°51'38" E	33.42'

CMP
CAWTHORNE, MOSS & PANCIERA, P.C.
Professional Land Surveyors
C-1525
333 S. White Street
Post Office Box 1253
Wake Forest, N.C. 27588
(919)556-3148

I DECLARE THAT THIS SURVEY COMPLIES WITH THE NORTH CAROLINA STANDARDS OF PRACTICE FOR SURVEYING, (SECTION 1600) FOR CLASS A SURVEYS AND THAT THE CALCULATED RATIO OF PRECISION BEFORE ADJUSTMENTS IS 1:10,000+. FURTHERMORE, PROPERTY CORNERS SHOWN ARE PRIMARY CONTROL MONUMENTATION FOR THE RE-ESTABLISHMENT OF PROPERTY CORNERS IN THE ABSENCE OF GRID MONUMENTS AND OTHER SUBDIVISION PROPERTY CORNERS. THIS SURVEY IS NOT TO BE RECORDED WITH-OUT THE WRITTEN AUTHORIZATION OF THE SURVEYOR.

11/1/2021
PROFESSIONAL LAND SURVEYOR L-3835

NORTH CAROLINA PROFESSIONAL SEAL L-3835 LAND SURVEYOR JASON L. PANCIERA

IMPROVEMENT PERMIT

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

For Office Use Only

*CDP File Number	366337 - 1
County ID Number:	2830-13-7961
Evaluated For:	NEW

PERMIT VALID UNTIL: 12/09/2026

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

Applicant:	CANTIERE HOMES INC STACEY DISTEFANO
Address:	8505 ALDEN LANE
City:	WAKE FOREST
State/Zip:	NC 27587
Phone #:	

Property Owner:	CANTIERE HOMES INC
Address:	8505 ALDEN LANE
City:	WAKE FOREST
State/Zip:	NC. 27587
Phone #:	

Property Location & Site Information

Address/Road #: 271 SACRED FIRE RD LOUISBURG, NC 27549
Subdivision: LAKE ROYALE Phase: NEW Lot: 3107
Structure: SINGLE FAMILY
# of Bedrooms: 3
# of People: 6
*Water Supply: N/A

Directions

271 SACRED FIRE

System Specifications

Initial System

*Site Classification:
Design Flow: 360
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 27 Inches

Septic Tank: 1000 Gallons
Pump Required ◯ Yes ◯ No (X) May Be Required
Pump Tank: 1000 Gallons

Repair System Required: (X) Yes ◯ No ◯ No, but has Available Space

Repair System

*Site Classification:
Soil Application Rate:

*System Classification/Description:
N/A

*Proposed System:

Minimum Trench Depth: ____ Inches
Maximum Trench Depth ____ Inches
Pump Required: ◯ 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**

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: Bendel, Joel Date of Issue: 12/09/2021

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: 366337 - 1
County ID Number: 2830-13-7961
Evaluated For: NEW

PERMIT VALID UNTIL: 12/09/2026

☐ Open Pump System Sheet

Applicant:	CANTIERE HOMES INC STACEY DISTEFANO
Address:	8505 ALDEN LANE
City:	WAKE FOREST
State/Zip:	NC 27587
Phone #:	

Property Owner:	CANTIERE HOMES INC
Address:	8505 ALDEN LANE
City:	WAKE FOREST
State/Zip:	NC. 27587
Phone #:	

Property Location & Site Information

Address/Road #: 271 SACRED FIRE RD LOUISBURG, NC 27549
Subdivision: LAKE ROYALE Phase: NEW Lot: 3107

Directions:

271 SACRED FIRE

Structure: SINGLE FAMILY
# of Bedrooms: 3
# of People: 6
*Water Supply:

System Specifications

*Site Classification:
Design Flow: 360
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: 27 Inches
Minimum Soil Cover: ____ Inches
Maximum Soil Cover: ____ Inches
*Distribution Type: PUMP TO GRAVITY

Nitrification Field: ____ Sq. ft.
No. Drain Lines: ____
Total Trench Length: 300 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 (X) 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 (.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: Bendel, Joel
Date of Issue: 12/09/2021

Site Plan/Drawing attached.

◯ Hand Drawing ◯ Import Drawing

Total Time : (HH:MM) ____

Franklin County
NORTH CAROLINA

File # 366337 PIN# _____

Property Address: 271 Sacred Fire Rd

Applicant or Owner Name: Can Here Homes Inc

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** (X) As Built
( ) Well Construction Authorization ( ) Additional Diagram/Specifications Attached

Diagram Date:** 12-9-21 **EHS:** Joel Bendel

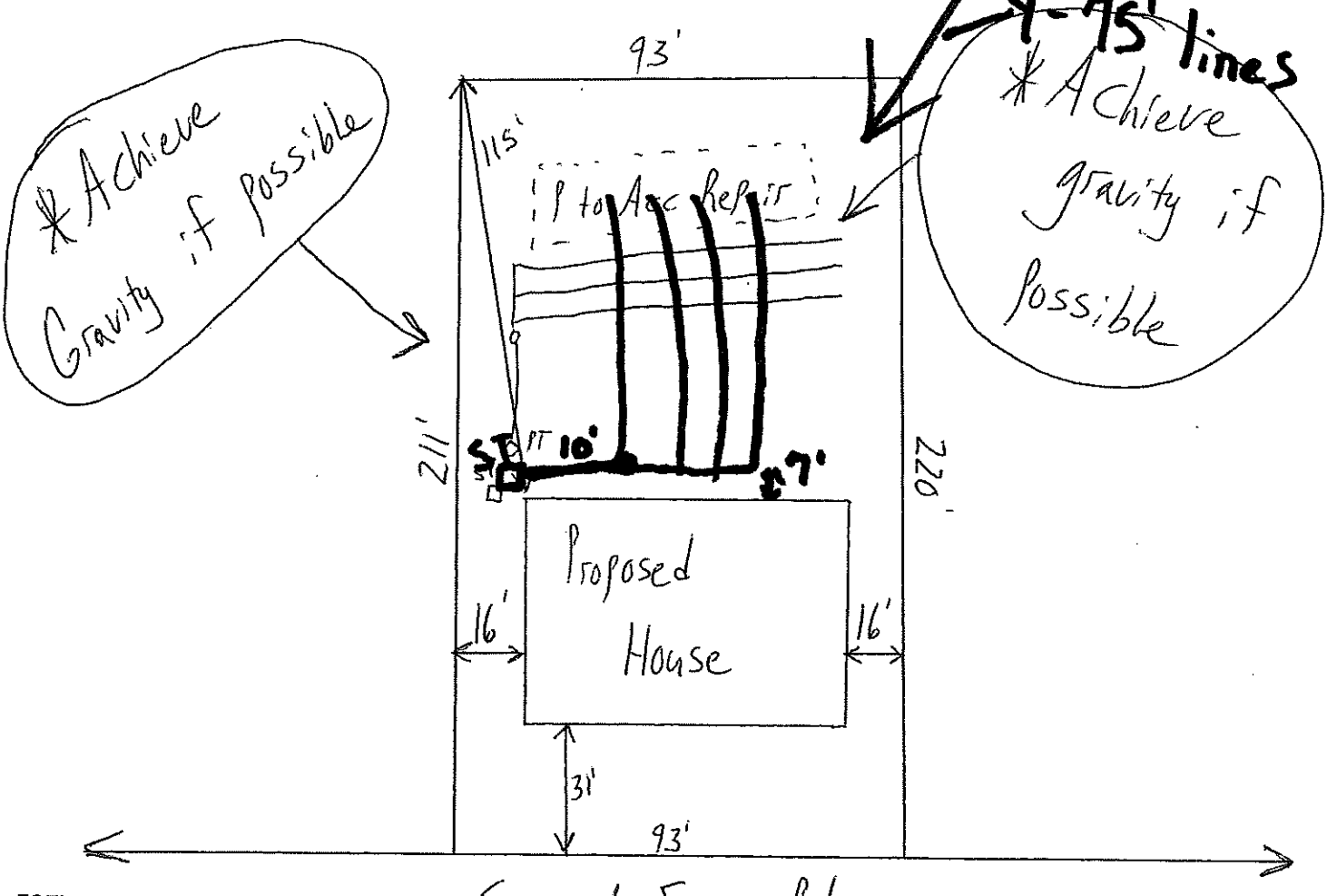
****Any previously dated CA diagram is revoked and/or invalid. Confirm this is the valid diagram for the site before beginning any construction.**

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'X300' Type System P to Acc Max Trench Depth 27"

Septic Contractor TrueWorks Septic/Pump tank dates ST 6-30-22 Pump fee? NO (YES) pd _____

Well Contractor _____ Well Grout date: _____



FCEH FORM 165 9/19, 10/19