OPERATION PERMIT

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

For Office Use Only

*CDP File Number: 300955 - 2
County ID Number: 1874705356
Evaluated For: NEW

Property Owner: MJC PROPERTIES
Address: PO BOX 516
Road #:
City: FRANKLINTON
State/Zip: NC/ 27525
Phone #: (919) 872-7525
Township:
Subdivision: MAGNOLIA RIDGE
Phase : ACTIVE Lot: 41

Structure: SINGLE FAMILY
# of Bedrooms: 3
# of People: 3
Water Supply: NEW WELL
Saprolite System?: ☐ Yes ☒ No
Pump Required?: ☐ Yes ☒ No
Design Flow: 360
System Classification/Description: TYPE II C. CONV. SYSTEM WITH SHALLOW PLACEMENT

Installer: DB & Sons
Certification #: 1036
Specific System Installed: EZFLOW EZ 1203H-GEO
Septic Tank Date: 05/14/2020
STB: 502
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 ☒ No

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

Operation:

Other:

Authorized State Agent: Ennis, Crystal

Date of Issue: 09/15/2020

Owner/Applicant: _____

Well Construction Permit

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

For Office Use Only

*CDP File Number 300955

PIN Number: 1874705356

Tax Lot #: 41 Tax Block #:

Evaluated For: SINGLE FAMILY \ WELL

Property Owner:	MJC PROPERTIES	Applicant:	CHARLES D'ARMETTA
Address:	PO BOX 516	Address:	1722 TARBORO RD
City:	FRANKLINTON	City:	YOUNGSVILLE
State/Zip:	NC / 27525	State/Zip:	NC / 27596
Phone #:		Phone #:	H: (919) 872-7525

Property Location & Site Information

Address/Road #: 35 WICKERSHAM WAY
LOUISBURG NC, 27549

Subdivision: MAGNOLIA RIDGE

Phase:

Lot: 41

*Proposed use of Well: SINGLE FAMILY

Directions

If Other:

35 WICKERSHAM WAY

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. No volume of quality of water is guaranteed by the Health Department.

*Issued By: Ennis, Crystal

*Date of Issue: 07/23/2020

Authorized State Agent:

Owner/Applicant:

○ Hand Drawing ○ Import Drawing

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

IMPROVEMENT PERMIT

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

For Office Use Only

*CDP File Number	300955 - 2
County ID Number:	1874705356
Evaluated For:	NEW

PERMIT VALID UNTIL: 07/23/2025

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

Applicant:	CHARLES D'ARMETTA
Address:	1722 TARBORO RD
City:	YOUNGSVILLE
State/Zip:	NC 27596
Phone #:	home: (919) 872-7525

Property Owner:	MJC PROPERTIES
Address:	PO BOX 516
City:	FRANKLINTON
State/Zip:	NC. 27525
Phone #:	home: (919) 872-7525

Property Location & Site Information

Address/Road #:	35 WICKERSHAM WAY LOUISBURG, NC 27549
Structure:	SINGLE FAMILY
# of Bedrooms:	3
# of People:	3
*Water Supply:	NEW WELL

Subdivision: MAGNOLIA RIDGE Phase: ACTIVE Lot: 41

Directions

35 WICKERSHAM WAY

System Specifications

Initial System

*Site Classification: PS @ Grade w/Cap
Design Flow: 360
Soil Application Rate: 0.3500

*System Classification/Description:
TYPE II C. CONV. SYSTEM WITH SHALLOW PLACEMENT

*Proposed System:
25% REDUCTION

Minimum Trench Depth: _____ Inches
Maximum Trench Depth 12 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: PS @ Grade w/Cap
Soil Application Rate: 0.350

*System Classification/Description:
TYPE II C. CONV. SYSTEM WITH SHALLOW PLACEMENT

*Proposed System:
25% REDUCTION

Minimum Trench Depth: _____ Inches
Maximum Trench Depth 12 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**

Install on contour. Maintain proper setbacks. Must bring in 6-8 inches approved soil cover. Will require pits if trenches are to be deeper than 12".

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: 07/23/2020

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: 300955 - 2
County ID Number: 1874705356
Evaluated For: NEW

PERMIT VALID UNTIL: 07/23/2025

☐ Open Pump System Sheet

Applicant:	CHARLES D'ARMETTA
Address:	1722 TARBORO RD
City:	YOUNGSVILLE
State/Zip:	NC 27596
Phone #:	home: (919) 872-7525

Property Owner:	MJC PROPERTIES
Address:	PO BOX 516
City:	FRANKLINTON
State/Zip:	NC. 27525
Phone #:	home: (919) 872-7525

Property Location & Site Information

Address/Road #: 35 WICKERSHAM WAY LOUISBURG, NC 27549
Subdivision: MAGNOLIA RIDGE
Phase: ACTIVE
Lot: 41

Directions: 35 WICKERSHAM WAY

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

System Specifications

*Site Classification: PS @ Grade w/Cap
Design Flow: 360
Soil Application Rate: 0.3500
*System Classification/Description: TYPE II C. CONV. SYSTEM WITH SHALLOW PLACEMENT
*Proposed System: 25% REDUCTION

Minimum Trench Depth: ____ Inches
Maximum Trench Depth: 12 Inches
Minimum Soil Cover: 6 Inches
Maximum Soil Cover: 8 Inches
*Distribution Type: GRAVITY - PARALLEL (eq. d-box)

Nitrification Field: ____ Sq. ft.
No. Drain Lines: 3
Total Trench Length: 270 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: ◯ Yes (X) 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:**

Install on contour. Maintain proper setbacks. Must bring in 6-8 inches approved soil cover. Will require pits if trenches are to be deeper than 12".

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: 07/23/2020

◯ Hand Drawing ◯ Import Drawing

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

Franklin County
NORTH CAROLINA

File # 300955 PIN# 1874-70-5356

Property Address: 35 Wickersham Way

Applicant or Owner Name: Charles D'Armetta

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
(X) Well Construction Authorization ( ) Additional Diagram/Specifications Attached

Diagram Date:** 7-23-20 **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.

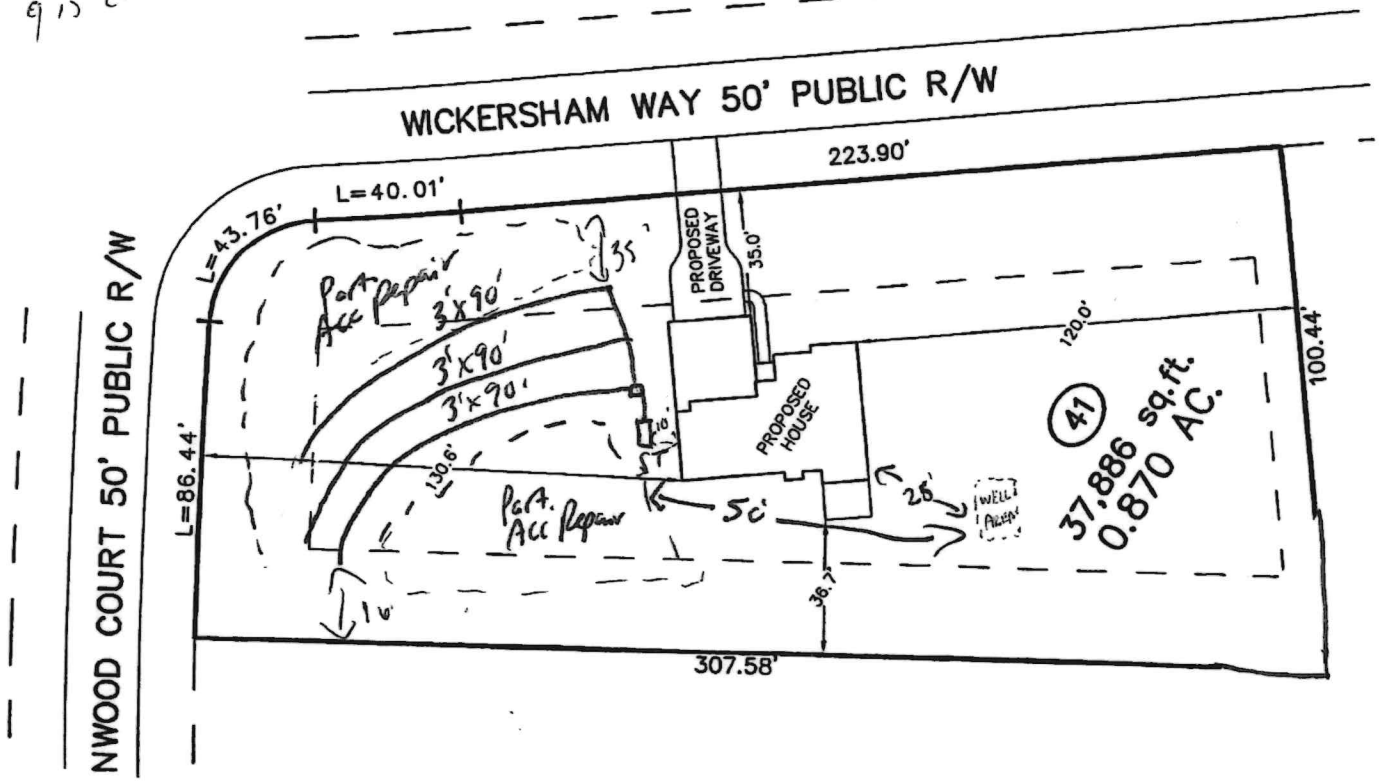
Septic Tank 1000 Pump Tank 1 Drainfield 3x270' Type System Acc DB1006 STB 502 Max Trench Depth 12" @ Grade 22"

Septic Contractor DB & Sons Septic/Pump tank dates 5-14-20 Pump fee? Yes (No)

Well Contractor _____ Well Grout date: _____

Drawing not to scale
*Must bring in 6-8 inches approved soil cover
*Pits required if trenches are to be deeper than 12"

9-15-20



Issued to: Charles D'Armetta

Location: 35 WICKERSHAM WAY LOUISBURG, NC 27549

Franklin County
NORTH CAROLINA

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

NEW SEPTIC APPLICATION
NEW WELL APPLICATION

Application Type:

NEW SEPTIC NEW WELL

Permit #: E-20-355 Date: June 10, 2020

Dwelling Type: PARCEL

Location: 35 WICKERSHAM WAY , LOUISBURG NC

Description of work:

300955

# of bedrooms: 3

# of people: 3

Subdivision: Magnolia Ridge Lot 41

Tax ID #: 033538 1874-70-5356

APPLICANT INFORMATION

Name: Charles D'Armetta

Email: Chuck@bountyconstruction.com

Phone: 9198727525

Address: 1722 Tarboro Road Youngsville NC, 27596

PROPERTY OWNER INFORMATION

Owner: MJC PROPERTIES LLC

Email:

Phone:

Address: P O BOX 516 FRANKLINTON NC 27525

GENERAL CONTRACTOR INFORMATION

Name: Bounty Construction, Inc.

Address: 1722 Tarboro Rd. Youngsville 27596-7166

License Number: 74568

Phone: (919) 669-4033

Email:

ZONING

Zoning: R 30

County Water: No

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 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 permit is valid for either 60 months or without expiration, depending upon documentation submitted. (complete site plan = 60 months---complete surveyed plat = 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 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.

_____ June 10, 2020

Signature of Owner or Owner's Legal Representative