919 496 5576

Franklin County Health Department
Division of Environmental Health
107 Industrial Drive-Suite C
Louisburg, North Carolina 27549

Phone: 919-496-8100 | **Fax: 919-496-8136**

SEPTIC PERMIT

Permit Number: 10276 Type: I PIN : 2824-94-2729 Date: 5/15/2018

Applicant: GREGORY & ~~RYAN~~ Fran SPINOLA
1229 FAIRVIEW CLUB DR
WAKE FOREST, NC 27587
Telephone: (704) 534-4531

Owner: TIM MORRIS
450 MAIN ST
BUNN, NC 27508
Telephone:

Subdivision: MAPLE SPRINGS Lot Number: 1 Size: 3.330

Physical Address/ Location /Directions 184 Mort Harris ~~MORT HARRIS~~ RD

Description: LifeTime _____ 5 Year ✓

TYPE FACIL SFD # EMPLOY 1 # BEDRMS 3 GPD 360 LTAR 0.3 gld

TYPE WAT Priv TYPE SYS Acc TYPE REP Acc BSMT NO BST FX N/A

SIZE TANK 900 SIZE CHB 1 SIZE NITR 3'x300' MTD 24"

COMMENTS: Install on contour. Maintain proper setbacks.

Septic Contractors are responsible for notifying the health department for final inspections, between 8:00-9:00 AM on the day of completion, Monday - Friday. Any request for final inspections received afterwards will be scheduled the same day, if possible, or the next workday. Have permit number and owner/applicant's name ready when making the call.

Actions of representatives of state or local agencies engaged in the evaluation and determination of measures required to effect the compliance with the provisions of this permit shall in no way be taken as a guarantee that wastewater disposal systems permitted and approved will function in a satisfactory manner for any given period of time, or that such employees assume any liability for damages, consequential or direct which are caused, or may be caused, by a malfuction of this wastewater treatment and disposal system.

Proper precautions must be taken to assure the proper functioning of the system after it has been covered. Do not run any heavy equipment over the system, as soft earth will allow damage to the tank and lines. Pipe all roof drains away from the septic system site to prevent flooding of the lines from surface water. Terrace the ground to prevent excessive drainage from higher areas adjacent to the system. Do not construct driveways over any part of the septic system unless proper provisions were made when the septic system was constructed. Only grass, not trees or shrubbery, should be cultivated over the lines. All plumbing fixtures should be carefully inspected periodically and any problems repaired immediately. All septic tanks should be pumped off by a permitted pump operator on a regular schedule, not to exceed every five years.

The improvement permit and construction authorization is a site approval, for the future installation of a wastewater treatment and disposal system. Changes in ownership of the site do not affect the validity of this permit. However, any alteration of the site or soil conditions, changes in the location of the proposed facilty, changes to the wastewater flow and/or characteristics, or submittal of false information with the application or misrepresentation of the property lines may subject this permit to suspension or revocation.

FOR THIS TO BE A VALID CONSTRUCTION AUTHORIZATION, A LAYOUT SHEET MUST BE ATTACHED

IMPROVEMENT PERMIT DATE 5-22-18 EHS Cynthia Ennis

CONSTRUCTION AUTHORIZATION DATE 5-22-18 EHS Cynthia Ennis

Vist www.franklincountyenvironmentalhealth.com for permit information and tracking.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

Sheet 1 of 1
PROPERTY ID #: 2824-94-2
COUNTY: FRANKLIN

SOIL/SITE EVALUATION
***for* ON-SITE WASTEWATER SYSTEM**
(Complete all fields in full)

OWNER: Gregory & Fran Spendla
ADDRESS: ~~#~~ 1229 Fairview Club Drive Lake Forest
PROPOSED FACILITY: SFD
PROPOSED DESIGN FLOW (.1949):
LOCATION OF SITE: Mort Harris
APPLICATION DATE 5-15-18
DATE EVALUATED: 5-22-18
PROPERTY SIZE: 3.37
PROPERTY RECORDED:

WATER SUPPLY: ~~Private~~ Public (Well) Spring Other
EVALUATION METHOD: (Auger Boring) Pit Cut
TYPE OF WASTEWATER: (Sewage) Industrial Process Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LS	0-10	GR / SL	VFR, NS, NP		36			PS 0.3
		10-22	BK / SCL	FR, S, P/Sexp					
		22-36	BK / SC	FR, S, P/Sexp					
		36	SAP						
2	LS	0-12	GR / SL	VFR, NS, NP		36			PS 0.3
		12-20	BK / SCL	FR, S, P/Sexp					
		20-36	BK / SC	FR, S, P/Sexp					
		36	SAP						
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	Yes	Yes
System Type(s)	Acc	Acc
Site LTAR	0.3	0.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Gary Kim
OTHER(S) PRESENT: Fran & Greg Spendla

COMMENTS:

Franklin County Development Permit

Zoning Permit #: X1609 **RESIDENTIAL**

ADDRESS: **MORT HARRIS RD**

PARCEL NO.: **2824-94-2729** ZONING: **A R**

SUBDIVISION: **MAPLE SPRINGS** LOT: **1**

ISSUED TO: **SPINOLA GREGORY & FRAN**
1229 FAIRVIEW CLUB DR
WAKE FOREST NC 27587

PHONE NUMBER: **704-534-4531**

Revised Site plan JTR 5/18/18

SETBACK: FRONT: **30** RIGHT: **10** LEFT: **10** REAR: **25**

COUNTY WATER: **NO** FLOODPLAIN: **NO** MISC FEE:

PERMIT TYPE: **ZONING PERMIT**

TYPE OF CONSTRUCTION: **SFD/NEW SEPTIC/NEW WELL**

PERMIT DATE: **05/15/2018** WATERSHED **NO**

TOWNSHIP **LSBG** EXPIRE DATE: **11/15/2018**

3/2

It is hereby certified that the above use as shown on the plats and plans submitted with this application conforms with all applicable provisions of the Franklin County Zoning Ordinance. The issuance of this application does not allow the violation of Franklin County Zoning Ordinance or other governing regulations. The applicant is responsible for obtaining a building permit (if required) prior to commencing work on the proposed improvement. A final zoning inspection must be scheduled by the applicant.

NOTES:

I hereby certify that all information I have provided to the Planning Department is true and accurate.

APPLICANTS SIGNATURE: Gregory L. Spinola

UTILITY COMPANY: PROGRESS ENERGY WAKE ELECTRIC OTHER

NUMBER OF STORIES: 1 _____ 1 1/2 _____ 2 _____ 2 1/2 _____

SQUARE FOOTAGE: HEATED _____ UNHEATED _____ TOTAL _____

BASEMENT: YES _____ NO _____

FIREPLACE: NO _____ MASONARY _____ MANUFACTURED _____

PLAN SETS: MODULAR _____ STICKBUILT _____

NAME OF:

ELECTRICIAN: _____ MECHANICAL: _____

PLUMBING: _____

COST OF CONSTRUCTION: _____

NO MORE THAN 2 STRUCTURAL DEVIATIONS OR PLANS MUST BE REDRAWN

DEPARTMENTAL USE ONLY

	INITIALS (IN)	DATE	INITIALS (OUT)	DATE
ZONING	JTR	5/15/18	JTR	5/18/18
INITIAL PERMITTING				
ADDRESSING				
PLAN REVIEW				
FIRE REVIEW				
SEPTIC/SEWER				
FINAL PERMITTING				

Franklin County

COUNTY OF FRANKLIN

ENVIRONMENT HEALTH APPLICATION (496-8100)

Permit #: **48578** Permit Type: **WELL/SEPTIC** Date Issued: **05/15/2018**

Project Address: **MORT HARRIS RD, LOUISBURG NC 27549**

Location: **MORT HARRIS RD** Size #: **3.330**

Subdivision: **MAPLE SPRINGS** Lot #: **1**

Applicant: **SPINOLA GREGORY & FRAN**
1229 FAIRVIEW CLUB DR
WAKE FOREST NC 27587 Phone: **704.534.4531**

Owner Name: **MORRIS TIM** Phone: **919.418.0259**

Address: **450 MAIN ST**
BUNN NC 27508

Tax record: **35937** Pin #: **2824-94-2729** Parcel #: **J07 00 038D**

Zoned: **A R** Setbacks Front: **30** Rear: **25** Side: **10**

Proposed Use: **SFD** # of bedrooms: **3** # of people: **2**

Township: **LSBG** Public Water/Sewer:

Desc: Fees Due: **$800.00** Date Paid: **05/15/2018**

*** Please complete all sections below***

____ Yes ✓ No Does this site contain any previously identified jurisdictional wetlands?
____ Yes ✓ No Is any wastewater, other than domestic, going to be generated?
____ Yes ✓ No Is the site subject to approval by any other public agency?

*If the answer to any of the above is "yes", applicant must submit supporting documentation.

Please indicate desired system type(s). Systems can be ranked in order of preference.
___Conventional ___Accepted ___Modified Conventional ___Alternative
___Other ✓ No Preference

Call Environmental Health (919.496.8100) between 8:00 - 9:00 am Monday - Friday in order to schedule an appointment with an 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 or 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 or visit their website at www.franklincountyenvironmentalhealth.com to determine the status of your application prior to visiting the Planning & Inspections Department to obtain a building permit.

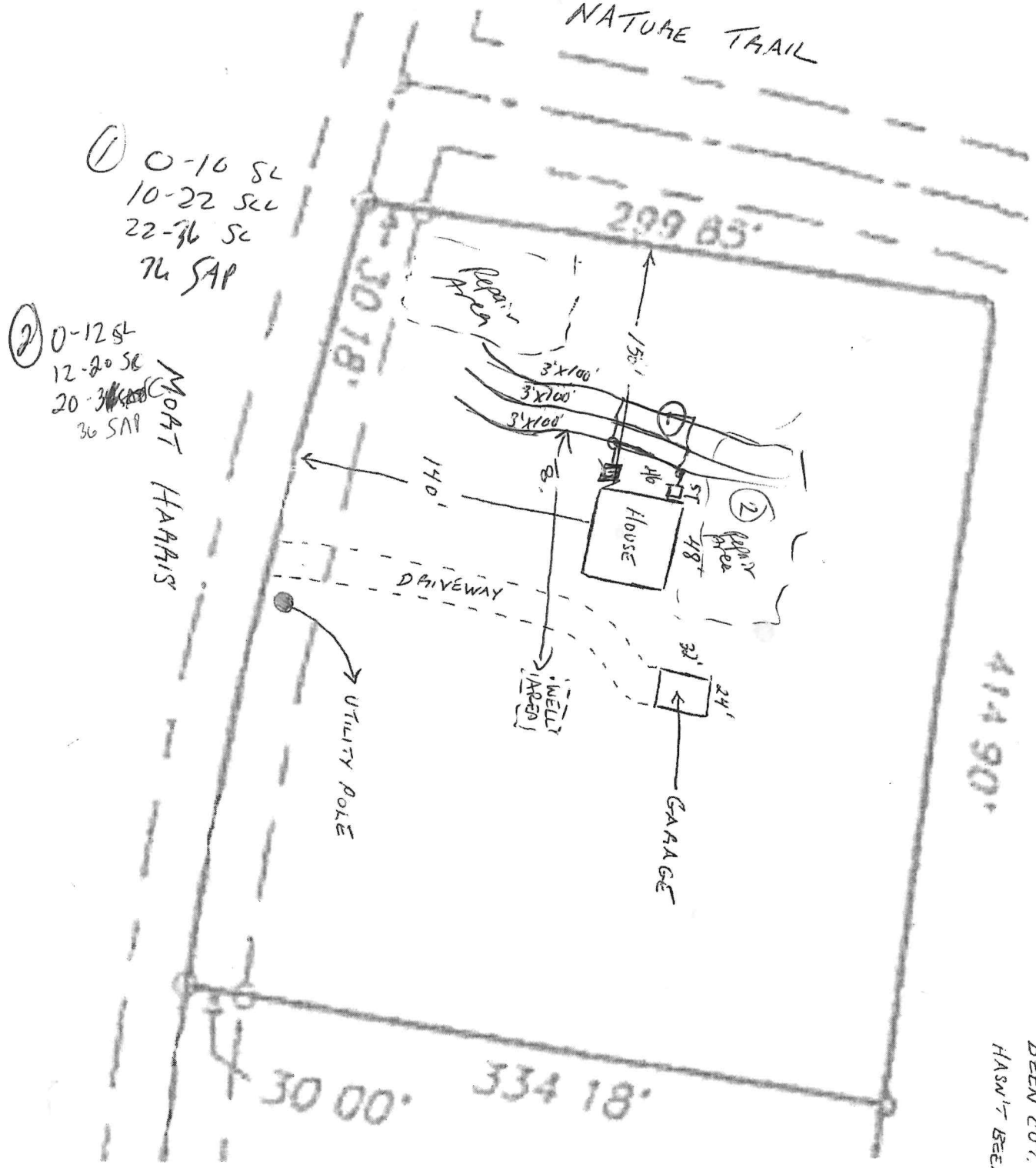
I hearby certify that I am the owner, or authorized by the owner to act as his/her legal representation. Futhermore, as legal representative (if applicable) I have advised the owner of my intention to apply for this wastewater treatment and disposal system and drinking water and well system permit.

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 release information upon public request.

X Gregory L. Spinola 05/15/2018

Print & Signature of Owner or Owner's Legal Representative

SOUTHERN MISSY @ GMAIL.COM



NOTES: HOUSE LOCATION IS STAKED OUT AND GUTHEAT IN THE HOUSE AREA HAS BEEN CUT. THE GARAGE HASN'T BEEN STAKED YET.

Franklin County Health Department

Name: SPINOLA Permit Number 10276

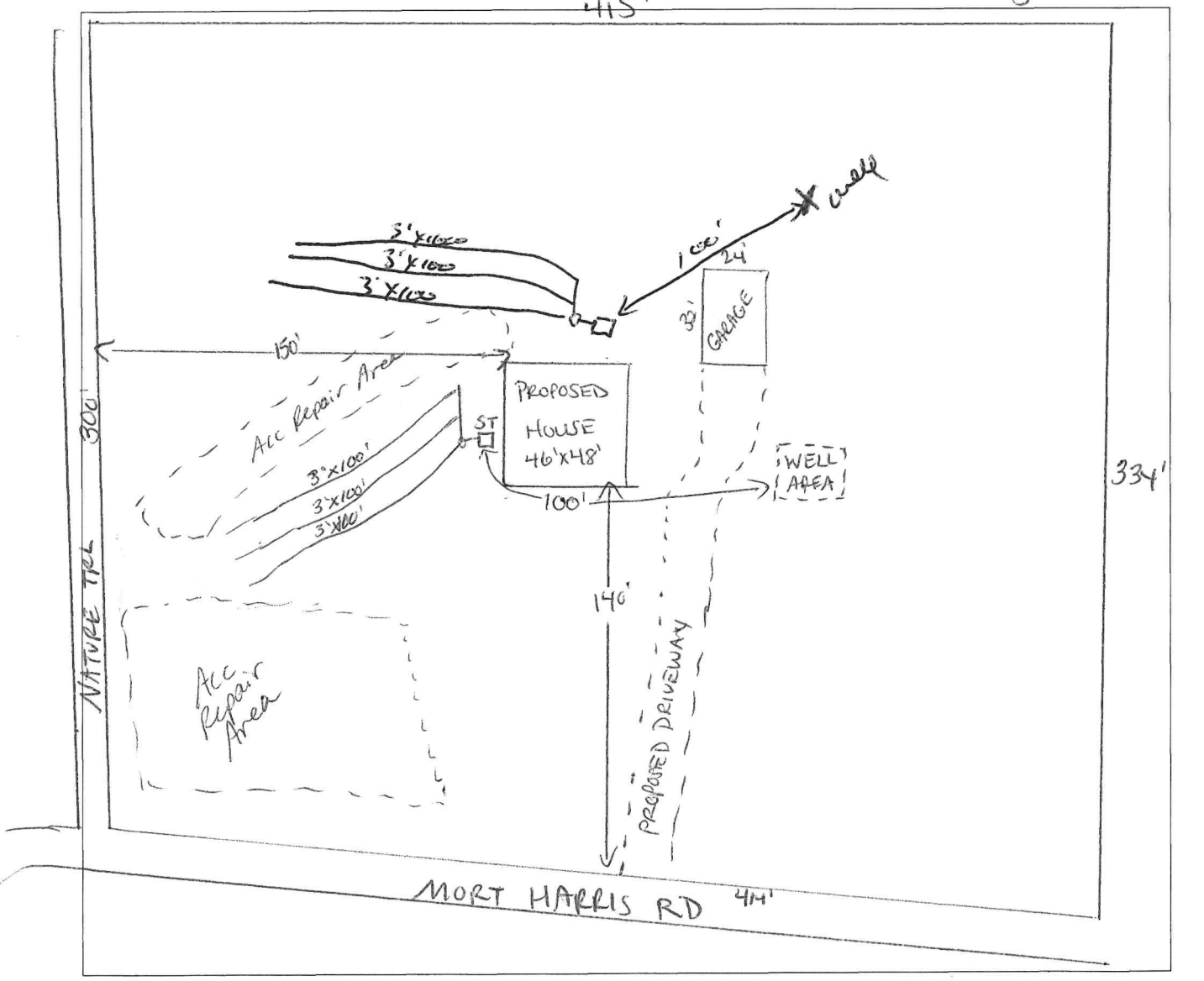
CONTRACTOR Vernon Dickerson TANK MANU Ellis 1000 MANU DATE 6-5-18

WELL INSTALLED YES X NO _____ SYSTEM CODE EZ1203-NG

SEPTIC SYSTEM LAYOUT

(SKETCH SYSTEM LAYOUT HERE)

Drawing not to scale



SEPTIC SYSTEM AS-BUILT

(IF DIFFERENT FROM INITIAL LAYOUT)

ON REVERSE

OPERATIONS PERMIT DATE 9-7-18 EHS Thad Jones

Transmission Report

Date/Time	09-06-2018	01:58:00 p.m.	Transmit Header Text	
Local ID 1	9194968136		Local Name 1	FC Environmental Health

This document : Confirmed
(reduced sample and details below)
Document size : 8.5"x11"

919 496 5576

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Division of Environmental Health
107 Industrial Drive-Suite C
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PAGE 1 OF 2

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Total Pages Scanned : 2 Total Pages Confirmed : 2

No.	Job	Remote Station	Start Time	Duration	Pages	Line	Mode	Job Type	Results
001	667	9194965018	01:55:14 p.m. 09-06-2018	00:02:02	2/2	1	EC	HS	CP9600

Abbreviations:

HS: Host send	PL: Polled local	MP: Mailbox print	CP: Completed	TS: Terminated by system
HR: Host receive	PR: Polled remote	RP: Report	FA: Fail	G3: Group 3
WS: Waiting send	MS: Mailbox save	FF: Fax Forward	TU: Terminated by user	EC: Error Correct

264565

Franklin County NORTH CAROLINA

COUNTY OF FRANKLIN

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