# Well Construction Permit

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

For Office Use Only

*CDP File Number 400953
PIN Number:
Tax Lot #: 26 Tax Block #: 047250
Evaluated For:

PERMIT VALID UNTIL: 10/16/2028

Property Owner: MICHAEL SCHRIVER
Address: 115 EGRET CT
City: LOUISBURG
State/Zip: NC / 27549
Phone #:

Applicant: FIDELIS CONSTRUCTION INC
Address: 115 EGRET CT
City: LOUISBURG
State/Zip: NC / 27549
Phone #:

## Property Location & Site Information

Address/Road #: 200 WHISTLERS CV
LOUISBURG NC, 27549

Subdivision: HUNTSBURG Phase: Lot: 26

*Proposed use of Well:
If Other:
Applicant Email:
Owner Email:

**Directions:** 200 WHISTLERS

## Well Contractor Information

Drilling Contractor:

Driller Registration:

## Permit Conditions

*Permit Conditions
Well area sited according to homeowner's request. Mid lot at least 25 ft from house in front of house. See homewoner for specific location as long as all setbacks are met.

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. Issuance of this well permit does not guarantee water quality or adequate water production from the well once it is installed or repaired.

*Date of Issue: 10/16/2023

*Issued By: Jones, Lori

(✓) Hand Drawing ( ) Import Drawing

**Site Plan/Drawing attached.**

Authorized State Agent:

Owner/Applicant:

## Well Construction Permit

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# IMPROVEMENT PERMIT

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

For Office Use Only

*CDP File Number: 400953 - 1
County ID Number:
Evaluated For: NEW

PERMIT VALID UNTIL: 10/16/2028

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

| | |
|---|---|
| Applicant: | FIDELIS CONSTRUCTION INC |
| Address: | 115 EGRET CT |
| City: | LOUISBURG |
| State/Zip: | NC 27549 |
| Phone #: | |

| | |
|---|---|
| Property Owner: | MICHAEL SCHRIVER |
| Address: | 115 EGRET CT |
| City: | LOUISBURG |
| State/Zip: | NC. 27549 |
| Phone #: | |

## Property Location & Site Information

Address: 200 WHISTLERS CV
LOUISBURG. NC 27549
Subdivision: HUNTSBURG Block/Phase: NEW Lot: 26

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

### Directions

200 WHISTLERS

## System Specifications

**Initial System**

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

*System Classification/Description:
TYPE II A. CONV SYSTEM (SINGLE-FAMILY OR 480 GPD OR LESS)
*Proposed System:
25% REDUCTION

Minimum Trench Depth: ____ Inches
Maximum Trench Depth: 26 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: Provisionally Suitable
Soil Application Rate: 0.300

*System Classification/Description:
TYPE II A. CONV SYSTEM (SINGLE-FAMILY OR 480 GPD OR LESS)
*Proposed System: 25% REDUCTION

Minimum Trench Depth: ____ Inches
Maximum Trench: Depth: 26 Inches

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

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

***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**

Lot heavily wooded, difficult to walk or asses contour/slope. 2" slope correction is being applied. With ups and downs, may require a pump with closest line 50 ft out from back of house to allow for pool area.

CDP File Number: 400953

County ID Number:

**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: Jones, Lori

Date of Issue: 10/16/2023

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: 400953 - 1
County ID Number:
Evaluated For: NEW

PERMIT VALID UNTIL: 10/16/2028

☐ Open Pump System Sheet

| | |
|---|---|
| Applicant: | FIDELIS CONSTRUCTION INC |
| Address: | 115 EGRET CT |
| City: | LOUISBURG |
| State/Zip: | NC 27549 |
| Phone #: | |

| | |
|---|---|
| Property Owner: | MICHAEL SCHRIVER |
| Address: | 115 EGRET CT |
| City: | LOUISBURG |
| State/Zip: | NC. 27549 |
| Phone #: | |

## Property Location & Site Information

Address/Road #: 200 WHISTLERS CV
LOUISBURG, NC 27549

Subdivision: HUNTSBURG Phase: NEW Lot: 26

**Directions:**

200 WHISTLERS

Structure: SINGLE FAMILY

# of Bedrooms: 4

# of People: 4

*Water Supply: NEW WELL

## System Specifications

*Site Classification: Provisionally Suitable

Design Flow: 480

Soil Application Rate: 0.3000

*System Classification/Description:
TYPE II A. CONV SYSTEM (SINGLE-FAMILY OR 480 GPD OR LESS)

*Proposed System:
25% REDUCTION

Minimum Trench Depth: ____ Inches

Maximum Trench Depth: 26 Inches

Minimum Soil Cover: ____ Inches

Maximum Soil Cover: ____ Inches

*Distribution Type: GRAVITY - PARALLEL (eq. d-box)

Nitrification Field: ____ Sq. ft.

No. Drain Lines: 4

Total Trench Length: 400 ft.

Trench Spacing: ____ - 9 ◯ Inches ⓧ Feet O.C.

Trench Width: ____ - 3 ◯ Inches ⓧ Feet

Aggregate Depth: ____ inches

Septic Tank: 1,000 Gallons

Pump Required: ◯ 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:**

Lot heavily wooded, difficult to walk or asses contour/slope. 2" slope correction is being applied. With ups and downs, may require a pump with closest line 50 ft out from back of house to allow for pool area. May be pump to gravity.

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: Jones, Lori

Date of Issue: 10/16/2023

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

Total Time : (HH:MM) ____

☑ Hand Drawing ◯ Import Drawing

Huntsburg Lot 26

Franklin County
NORTH CAROLINA

File #: 400953 PIN#:

Property Address: 200 Whistlers Cove, Lsbg

Applicant or Owner Name: Fidelis Const.

## Environmental Health Septic/Well Permit Diagram

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

(✓) Septic Improvement Permit (✓) Septic Construction Authorization (CA) ( ) CA Reissue** ( ) As Built

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

**Diagram Date**:** 10-16-2023 **EHS:** Lori Jones

****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 maybe Drainfield 3'X400' Type System Accepted Max Trench Depth 28"

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

Well Contractor _____ Well Head date: _____ or self grout Well Head Date: _____

# Bedrooms: 4

If Repair: na

Acreage: 1.72

Parcel ID: 047250

*Drawing not to scale (if large acreage, may be portion)

(If not as built, indicate changes on front or back of sheet.)

*Contour (ups + downs not able to assess) due to heavily wooded difficult to walk/see lot.