Issued to: Ray Merritt

Location: 35 Jonesville Lane , LOUISBURG 27549

Permit #: I-25-867

Franklin County
NORTH CAROLINA
A Research Triangle Region Community

Franklin County
127 S Bickett Blvd.
Louisburg, NC 27549
Phone (919) 496-2281
www.franklincountync.gov

Franklin County Planning and Inspections

Certificate of Compliance

This is to certify that a Certificate of Occupancy/Compliance has been issued to:

Ray Merritt

As required by North Carolina General Statue 160D-1116.

Permission is hereby granted to use of occupy:

Address: 35 Jonesville Lane LOUISBURG, NC 27549

Conditions at the time of Occupancy:

Date: July 16, 2025

Building Inspector: Joe Mustian

OPERATION PERMIT

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

For Office Use Only	
*CDP File Number	368088 - 1
County ID Number:	2808-79-9564
Evaluated For:	NEW

Applicant William Jones

Property Owner: WYJ FAMILY FARMS LLC
Owner Address: 3330 NC 39 HWY N

City: LOUISBURG
State/Zip: NC/ 27549
Phone #:
Address: 35 JONESVILLE LN
LOUISBURG, NC 27549
Road #:
Township:
Subdivision: WILSON FARM
Phase : NEW Lot: 10

Structure: SINGLE FAMILY
# of Bedrooms: 3
# of People: 2
Water Supply: NEW WELL
Saprolite System?: ☐ Yes ☒ No
Pump Required?: ☐ Yes ☒ No
Design Flow: 360
System Classification/Description: TYPE III G. OTHER NON-CONV. TRENCH SYSTEMS

Installer: DICKERSON BACKHOE
Certification #: 3711

Specific System Installed: POLYSTYRENE AGGREGATE

STB: 2155

PT:

Septic Tank Date: 11/05/2024

Pump Tank Date: _____

Comments: 280 EZ FLOW INSTALLED

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 .1301.**
II. **Monitoring: As required by Rule .1301.**
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: 280 EZ FLOW INSTALLED

Authorized State Agent: Ennis, Crystal

Date of Issue: 03/21/2025

Owner/Applicant: _____

Franklin County
NORTH CAROLINA

File # 368088 PIN# 2808-79-9564

Property Address: 35 Jonesville Ln

Applicant or Owner Name: William Jones

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

Diagram Date:** 1-28-22 **EHS:** Crystal E

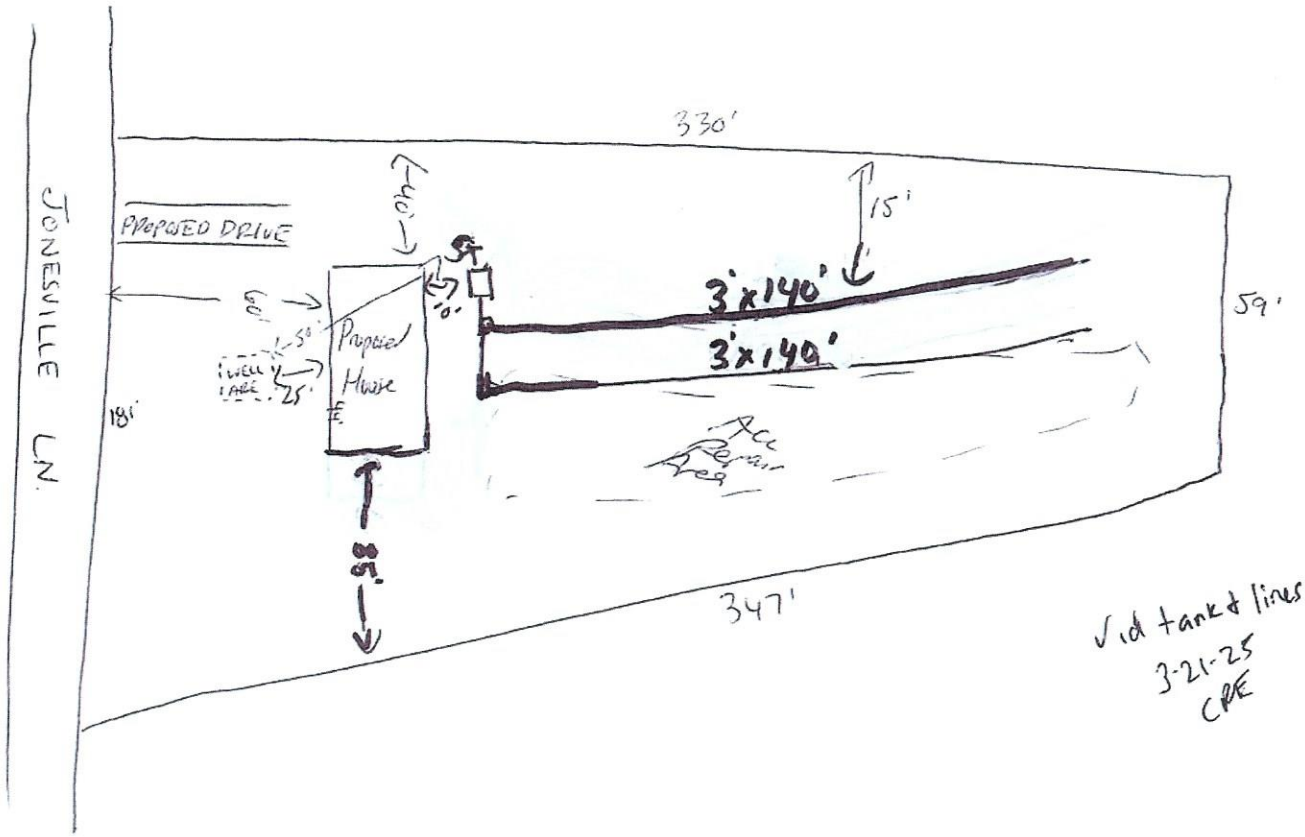
****Any previously dated CA diagram is revoked and/or invalid. Confirm this is the valid diagram for the site before beginning any construction.**

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 / (Trans Remp) Drainfield 3'x270' Type System Acc Max Trench Depth 18"

Septic Contractor Dickerson Backhoe Septic/Pump tank dates ST BRC 1000 (11-5-24 STB2155) Pump fee? (NO) YES pd ____

Well Contractor ____ Well Grout date: ____ X Drawing not to scale



Void tank & lines
3-21-25
CRE

FCEH FORM 165 9/19, 10/19

IMPROVEMENT PERMIT

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

For Office Use Only

*CDP File Number	368088 - 1
County ID Number:	2808-79-9564
Evaluated For:	NEW

PERMIT VALID UNTIL: 01/28/2027

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

Applicant:	WILLIAM JONES
Address:	825 E.F. COTTRELL RD
City:	LOUISBURG
State/Zip:	NC 27549
Phone #:	

Property Owner:	WYJ FAMILY FARMS LLC
Address:	3330 NC 39 HWY N
City:	LOUISBURG
State/Zip:	NC. 27549
Phone #:	

Property Location & Site Information

Address/Road #:	35 JONESVILLE LN LOUISBURG, NC 27549
Structure:	SINGLE FAMILY
# of Bedrooms:	3
# of People:	2
*Water Supply:	N/A

Subdivision: WILSON FARM Phase: NEW Lot: 10

Directions

35 JONESVILLE LN

System Specifications

Initial System

*Site Classification: Provisionally Suitable
Design Flow: 360
Soil Application Rate: 0.3500

*System Classification/Description:
TYPE III G. OTHER NON-CONV. TRENCH SYSTEMS

*Proposed System:
25% REDUCTION

Minimum Trench Depth: _____ Inches
Maximum Trench Depth 18 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: Provisionally Suitable
Soil Application Rate: 0.350

*System Classification/Description:
TYPE III G. OTHER NON-CONV. TRENCH SYSTEMS

*Proposed System:
25% REDUCTION

Minimum Trench Depth: _____ Inches
Maximum Trench Depth 18 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.

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: 01/28/2022

◯ Hand Drawing ◯ Import Drawing ****Site Plan/Drawing attached.****

Total TIme: (HH:MM) ____ : ____

Construction Authorization

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

For Office Use Only

*CDP File Number: 368088 - 1
County ID Number: 2808-79-9564
Evaluated For: NEW

PERMIT VALID UNTIL: 01/28/2027

☐ Open Pump System Sheet

Applicant:	WILLIAM JONES
Address:	825 E.F. COTTRELL RD
City:	LOUISBURG
State/Zip:	NC 27549
Phone #:	

Property Owner:	WYJ FAMILY FARMS LLC
Address:	3330 NC 39 HWY N
City:	LOUISBURG
State/Zip:	NC. 27549
Phone #:	

Property Location & Site Information

Address/Road #: 35 JONESVILLE LN
LOUISBURG, NC 27549

Subdivision: WILSON FARM Phase: NEW Lot: 10

Structure: SINGLE FAMILY

# of Bedrooms: 3

# of People: 2

*Water Supply: NEW WELL

Directions:

35 JONESVILLE LN

System Specifications

*Site Classification: Provisionally Suitable

Design Flow: 360

Soil Application Rate: 0.3500

*System Classification/Description:
TYPE III G. OTHER NON-CONV. TRENCH SYSTEMS

*Proposed System:
25% REDUCTION

Minimum Trench Depth: _____ Inches

Maximum Trench Depth: 18 Inches

Minimum Soil Cover: _____ Inches

Maximum Soil Cover: _____ Inches

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

Nitrification Field: _____ Sq. ft.

No. Drain Lines: 3

Total Trench Length: 270 ft.

Trench Spacing: _____ - 9 ( ) Inches (X) Feet O.C. ( ) Inches O.C.

Trench Width: _____ - 3 ( ) Inches (X) Feet

Aggregate Depth: _____ inches

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.

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: 01/28/2022

( ) Hand Drawing ( ) Import Drawing

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

Total Time : (HH:MM) _____