Franklin County

*File #: 302394 - 2
PIN #: 1883-74-4809
Tax Lot #: 64
Tax Block #:

WELL CONSTRUCTION RECORD

Owner: EDWARD & CYNTHIA BENNETT
215 KINGFISHER WAY

LOUISBURG, NC 27549

Directions
220 KINGFISHER WAY

Drilling Contractor: JEFFREY STEPHENSON
Driller Registration: 2422-A
Date Drilled: 05/15/2020
Use of Well: SINGLE FAMILY

Total Depth: 405 Ft.
Static Water Level: 30 Ft.
Replacement Well: NO
Yield: 4 gpm

Water Zone: 1) Ft. 2) Ft.
3) Ft. 4) Ft.

Disinfection Type: GRANULAR Amount: 16oz

WELL HEAD CONSTRUCTION

Location:
Latitude:
Longitude:

Enclosure	☐ Yes	☐ No	☒ N/A
Enclosure Floor	☐ Yes	☐ No	☒ N/A
Access Port	☒ Yes	☐ No	☐ N/A
Vent:	☒ Yes	☐ No	☐ N/A
Sample Tap	☒ Yes	☐ No	☐ N/A
Back Flow	☐ Yes	☒ No	☐ N/A
Tee (jet)	☐ Yes	☐ No	☒ N/A
Suction Line	☐ Yes	☐ No	☐ N/A
Temporary	☐ Yes	☐ No	☒ N/A
Well ID Plate	☒ Yes	☐ No	☐ N/A
Pump ID Plate	☒ Yes	☐ No	☐ N/A

EHS: Ennis, Crystal
Issue Date: 05/27/2021

Casing: Depth: 74 Ft. Thickness: In. Comments:
Diameter: In. Top of Casing: In.
Material: PVC SCH 40

Grout:

Depth				Material	Method
From	0	To	20 Ft.	BENTONITE	POUR
From	0	To	Ft.	N/A	N/A

*** Liner Date:** From 0 To Ft.

Grout:

Depth				Material	Method
From	0	To	Ft.	N/A	N/A

Issued by: Ennis, Crystal
Date of Issue: 06/08/2021

WELL CONSTRUCTION RECORD (GW-1)

For Internal Use Only:

1. Well Contractor Information:
Jeffrey T. Stephenson
Well Contractor Name
2422 A
NC Well Contractor Certification Number
Stephenson's Well Drilling, Inc.
Company Name

2. Well Construction Permit #: 28427
List all applicable well construction permits (i.e. UIC, County, State, Variance, etc.)

3. Well Use (check well use):

Water Supply Well:
- [ ] Agricultural
- [ ] Municipal/Public
- [ ] Geothermal (Heating/Cooling Supply)
- [x] Residential Water Supply (single)
- [ ] Industrial/Commercial
- [ ] Residential Water Supply (shared)
- [ ] Irrigation

Non-Water Supply Well:
- [ ] Monitoring
- [ ] Recovery

Injection Well:
- [ ] Aquifer Recharge
- [ ] Groundwater Remediation
- [ ] Aquifer Storage and Recovery
- [ ] Salinity Barrier
- [ ] Aquifer Test
- [ ] Stormwater Drainage
- [ ] Experimental Technology
- [ ] Subsidence Control
- [ ] Geothermal (Closed Loop)
- [ ] Tracer
- [ ] Geothermal (Heating/Cooling Return)
- [ ] Other (explain under #21 Remarks)

4. Date Well(s) Completed: 5-15-20 Well ID#

5a. Well Location:
Fidelis Const. Huntsburg Lot 64
Facility/Owner Name | Facility ID# (if applicable)
220 Kingfisher Way Louisburg 27549
Physical Address, City, and Zip
Franklin
County
1883-74-4809
Parcel Identification No. (PIN)

5b. Latitude and longitude in degrees/minutes/seconds or decimal degrees:
(if well field, one lat/long is sufficient)
36° 2' 31" N 78° 22' 1" W

6. Is(are) the well(s): [x] Permanent or [ ] Temporary

7. Is this a repair to an existing well: [ ] Yes or [x] No
If this is a repair, fill out known well construction information and explain the nature of the repair under #21 remarks section or on the back of this form.

8. For Geoprobe/DPT or Closed-Loop Geothermal Wells having the same construction, only 1 GW-1 is needed. Indicate TOTAL NUMBER of wells drilled: 1

9. Total well depth below land surface: 405' (ft.)
For multiple wells list all depths if different (example- 3@200' and 2@100')

10. Static water level below top of casing: 30 (ft.)
If water level is above casing, use "+"

11. Borehole diameter: 6 (in.)

12. Well construction method: Air Rotary
(i.e. auger, rotary, cable, direct push, etc.)

FOR WATER SUPPLY WELLS ONLY:
13a. Yield (gpm) 4 Method of test: Grouse
13b. Disinfection type: HTH Amount: 1½ lbs.

14. WATER ZONES

FROM	TO	DESCRIPTION
360 ft.	360 ft.	4 GPM
ft.	ft.	

15. OUTER CASING (for multi-cased wells) OR LINER (if applicable)

FROM	TO	DIAMETER	THICKNESS	MATERIAL
0 ft.	74 ft.	6 1/4 in.	SDR 21	PVC

16. INNER CASING OR TUBING (geothermal closed-loop)

FROM	TO	DIAMETER	THICKNESS	MATERIAL
N/A ft.	ft.	in.		
ft.	ft.	in.		

17. SCREEN

FROM	TO	DIAMETER	SLOT SIZE	THICKNESS	MATERIAL
N/A ft.	ft.	in.			
ft.	ft.	in.			

18. GROUT

FROM	TO	MATERIAL	EMPLACEMENT METHOD & AMOUNT
0 ft.	20 ft.	Bentonite	Pour 12 50lb bags
ft.	ft.	Chips	
ft.	ft.		

19. SAND/GRAVEL PACK (if applicable)

FROM	TO	MATERIAL	EMPLACEMENT METHOD
N/A ft.	ft.		
ft.	ft.		

20. DRILLING LOG (attach additional sheets if necessary)

FROM	TO	DESCRIPTION (color, hardness, soil/rock type, grain size, etc)
0' ft.	1 ft.	Topsoil
1 ft.	10 ft.	Red clay
10 ft.	55 ft.	Brown sand
55 ft.	405 ft.	Rock
ft.	ft.	
ft.	ft.	
ft.	ft.	

21. REMARKS

22. Certification:
Jeffrey T. Stephenson
Signature of Certified Well Contractor
5-15-20
Date

By signing this form, I hereby certify that the well(s) was (were) constructed in accordance with 15A NCAC 02C .0100 or 15A NCAC 02C .0200 Well Construction Standards and that a copy of this record has been provided to the well owner.

23. Site diagram or additional well details:
You may use the back of this page to provide additional well site details or well construction details. You may also attach additional pages if necessary.

SUBMITTAL INSTRUCTIONS

24a. For All Wells: Submit this form within 30 days of completion of well construction to the following:

Division of Water Resources, Information Processing Unit,
1617 Mail Service Center, Raleigh, NC 27699-1617

24b. For Injection Wells: In addition to sending the form to the address in 24a above, also submit one copy of this form within 30 days of completion of well construction to the following:

Division of Water Resources, Underground Injection Control Program,
1636 Mail Service Center, Raleigh, NC 27699-1636

24c. For Water Supply & Injection Wells: In addition to sending the form to the address(es) above, also submit one copy of this form within 30 days of completion of well construction to the county health department of the county where constructed.

Well Construction Permit

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

For Office Use Only

*CDP File Number ~~281427~~ 302394

PIN Number: 1883-74-4809

Tax Lot #: 64 Tax Block #:

Evaluated For: SINGLE FAMILY \ WELL

Property Owner:	EDWARD & CYNTHIA BENNETT	Applicant:	FIDELIS CONSTRUCTION
Address:	215 KINGFISHER WAY	Address:	PO BOX 550
City:	LOUISBURG	City:	YOUNGSVILLE
State/Zip:	NC / 27549	State/Zip:	NC / 27596
Phone #:	H: (908) 963-6149	Phone #:	H: (919) 796-3324

Property Location & Site Information

Address/Road #: 220 KINGFISHER WAY
LOUISBURG NC, 27549

Subdivision: HUNTSBURG Phase: Lot: 64

*Proposed use of Well: SINGLE FAMILY

Directions

If Other:

220 KINGFISHER 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: Crystal Ennis

*Date of Issue: 12/13/2019

Authorized State Agent: Crystal Ennis

Owner/Applicant:

○ Hand Drawing ○ Import Drawing

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

OPERATION PERMIT

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

For Office Use Only

*CDP File Number: 302394 - 1
County ID Number: 1883-74-4809
Evaluated For: NEW

Property Owner: EDWARD & CYNTHIA BENNETT
Address: 215 KINGFISHER WAY
Road #:
City: LOUISBURG
State/Zip: NC/ 27549
Phone #: (908) 963-6149
Township:
Subdivision: HUNTSBURG
Phase : NEW Lot: 64

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 A. CONV SYSTEM (SINGLE-FAMILY OR 480 GPD OR LESS)

Installer: David Truelove
Certification #:
Specific System Installed: EZFLOW EZ 1203H-GEO
Septic Tank Date: 12/18/2020
STB:
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: 05/12/2021

Owner/Applicant: _____

Franklin County
NORTH CAROLINA

File # ~~281427~~ 302394 PIN# 1883-74-4809

Property Address: 220 Kingfisher Way

Applicant or Owner Name: Fidelis Construction

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 (X) Additional Diagram/Specifications Attached

Diagram Date:** 12-13-19 **EHS:** Crystal Ewing

****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 / Drainfield 3' x 275' Type System Acc Max Trench Depth 26"

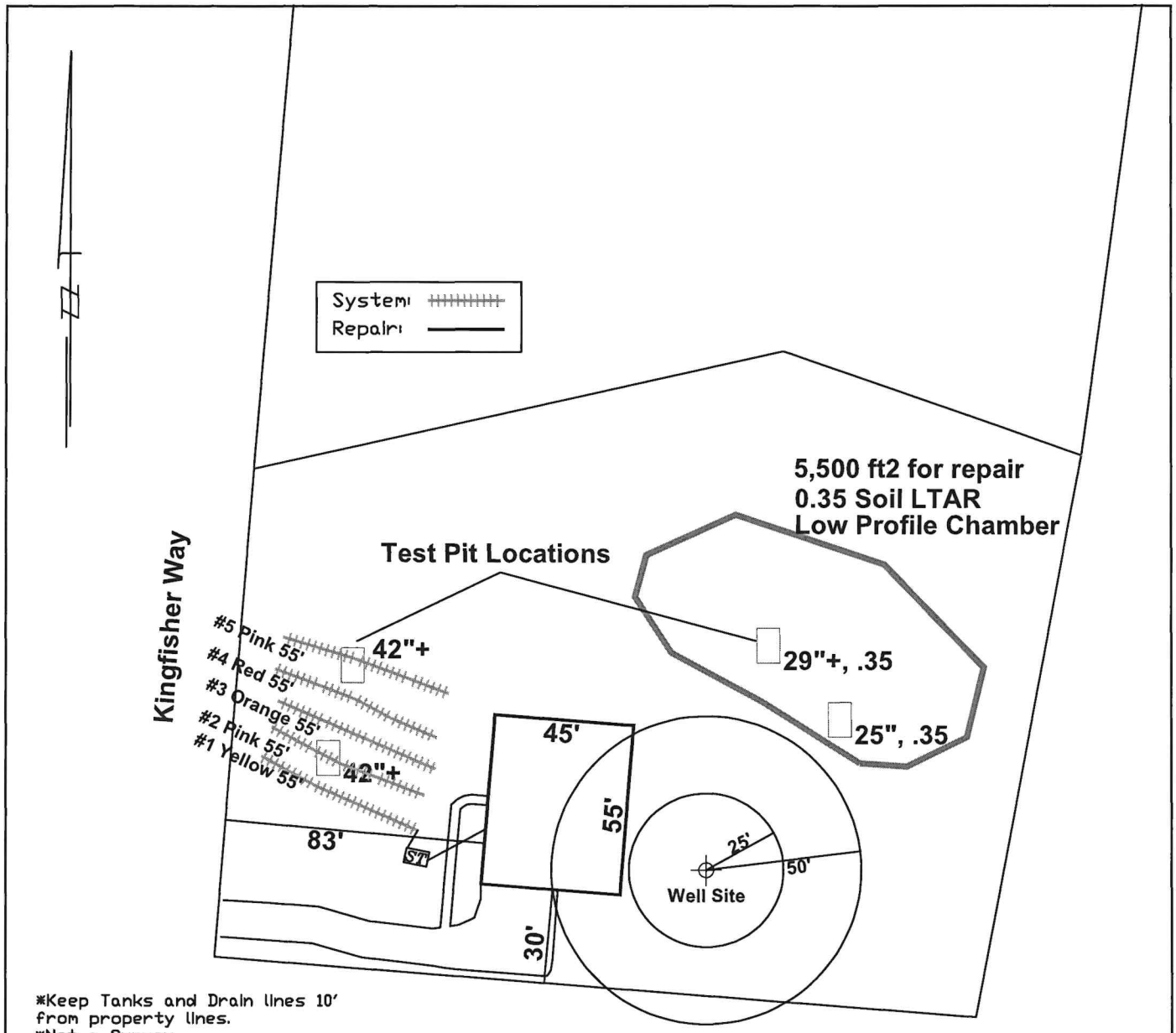
Septic Contractor David Truelove Septic/Pump tank dates DB 1080 12-18-20 Pump fee? (NO) YES pd _____

Well Contractor _____ Well Grout date: _____

* See attached layout designed by CCSC *

DB 1066
12-16-20

5-12-21



*Keep Tanks and Drain lines 10' from property lines.
*Not a Survey
*Not a guarantee of a septic permit.
*Keep supply lines >5' from property lines.
*Some lines are flagged longer in the field than lengths indicated above.

System: Gravity to Serial
Lines: 1-51, (275')
0.35 Soil LTAR
26" Trench Bottom
Accepted Status Product

GRAPHIC SCALE
1" = 50'
50 0 50 100

Central Carolina Soil Consulting, PLLC
1900 South Main Street, Suite 110
Wake Forest, North Carolina 27587
Phone (919)569-6704 Fax (919)569-6703

3-Bedroom Septic Layout
Fidelis Construction Inc.
Lot 64, Huntsburg Subdivision
Franklin County, North Carolina

Job# :	3048
Drawn By :	JH
Date :	10/3/2019
Revision:	

IMPROVEMENT PERMIT

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

For Office Use Only

*CDP File Number: ~~281427-1~~ 302394
County ID Number: 1883-74-4809
Evaluated For: NEW

PERMIT VALID UNTIL: 12/13/2024

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

Applicant:	FIDELIS CONSTRUCTION
Address:	PO BOX 550
City:	YOUNGSVILLE
State/Zip:	NC 27596
Phone #:	home: (919) 796-3324

Property Owner:	EDWARD & CYNTHIA BENNETT
Address:	215 KINGFISHER WAY
City:	LOUISBURG
State/Zip:	NC. 27549
Phone #:	home: (908) 963-6149

Property Location & Site Information

Address/Road #: 220 KINGFISHER WAY LOUISBURG, NC 27549
Subdivision: HUNTSBURG Phase: NEW Lot: 64
Structure: SINGLE FAMILY
# of Bedrooms: 3
# of People: 3
*Water Supply: NEW WELL

Directions

220 KINGFISHER WAY

System Specifications

Initial System

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

*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 (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:
N/A

*Proposed System:
25% REDUCTION

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**

INSTALL SYSTEM AS DESIGNED BY CCSC. DO NOT CUT OR FILL OVER SEPTIC AREA.

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: Crystal Ennis Date of Issue: 12/13/2019

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 302394

*CDP File Number: 281427 - 1
County ID Number: 1883-74-4809
Evaluated For: NEW

PERMIT VALID UNTIL: 12/12/2024
☐ Open Pump System Sheet

Applicant:	FIDELIS CONSTRUCTION
Address:	PO BOX 550
City:	YOUNGSVILLE
State/Zip:	NC 27596
Phone #:	home: (919) 796-3324

Property Owner:	EDWARD & CYNTHIA BENNETT
Address:	215 KINGFISHER WAY
City:	LOUISBURG
State/Zip:	NC. 27549
Phone #:	home: (908) 963-6149

Property Location & Site Information

Address/Road #: 220 KINGFISHER WAY LOUISBURG, NC 27549
Subdivision: HUNTSBURG Phase: NEW Lot: 64

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

Directions:
220 KINGFISHER WAY

System Specifications

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

Nitrification Field: ____ Sq. ft.
No. Drain Lines: 5
Total Trench Length: 275 ft.
Trench Spacing: ____ - ____ ◯ Inches ◯ Feet O.C.
Trench Width: ____ - ____ ◯ Inches ◯ 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 SYSTEM AS DESIGNED BY CCSC. DO NOT CUT OR FILL OVER SEPTIC AREA.

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: Crystal Ennis Date of Issue: 12/13/2019

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

◯ Hand Drawing ◯ Import Drawing

Total Time : (HH:MM) ____

Franklin County
NORTH CAROLINA

COUNTY OF FRANKLIN
ENVIRONMENT HEALTH APPLICATION (496-8100)

Permit #: **6541** Permit Type: **Septic/Well Permit** Date Issued: **08/22/2019**

Project Address: **220 KINGFISHER WAY**

Location: **220 KINGFISHER WAY** Size #: **1.110**

Subdivision: **HUNTSBURG** Lot #: **64**

Applicant: **Fidelis Construction** Phone: **919-796-3324**
PO Box 550,
Youngsville, NC 27596

Owner Name: **BENNETT EDWARD & CYNTHIA** Phone: **908.963.6149**

Address: **215 KINGFISHER WAY**
LOUISBURG NC, 27549

Tax record: **35308** Pin #: **G08D00 064** Parcel #: **1883-74-4809**

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

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

Township: **HARRIS** Public Water/Sewer: **No / NO**

Desc: **[description]** Fees Due: **800.00** Date Paid: **08/22/2019**

*** Please complete all sections below ***

- ☐ Does this site contain any previously identified jurisdictional wetlands?
- ☐ Is any wastewater, other than domestic, going to be generated?
- ☐ 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. 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 be 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 M Schriver 08/22/2019

Print & Signature of Owner or Owner's Legal Representative

Franklin County Development Permit

Zoning Permit #: 475 **RESIDENTIAL**

Franklin County
NORTH CAROLINA

ADDRESS:	**220 KINGFISHER WAY , LOUISBURG**		
PARCEL NO.:	**1883-74-4809**	ZONING:	**A R**
ISSUED TO:	**FIDELIS CONSTRUCTION**	LOT:	**64**
	PO BOX 550	SUBDIVISION:	**HUNTSBURG**
	YOUNGSVILLE, NC 27596		
PHONE NUMBER:	**919-796-3324**	EMAIL:	**MICHAEL@FIDELISCONSTRUCTIONNC.COM**
CONTRACTOR:	**FIDELIS CONSTRUCTION INC**	ADDRESS:	**PO BOX 550**
LICENSE #:	**53445**		
SETBACK:FRONT:	**30**	**RIGHT: 10**	**Left: 10** **Rear: 25**
COUNTY WATER:	**No**	**FLOODPLAIN: No**	
PERMIT TYPE:	**Residential**	PERMIT DATE:	**08/22/2019**
TYPE OF CONSTRUCTION:	**SFD - NEW SEPTIC/WELL**		
WATER SHED: **No**	TOWNSHIP: **HARRIS**	EXPIRE DATE:	**02/20/2020**

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: _____

UTILITY COMPANY: **PROGRESS ENERGY** **WAKE ELECTRIC** **OTHER**

NUMBER OF STORIES: _____ # of Bedrooms _____ # of People _____

SQUARE FOOTAGE: HEATED _____ UNHEATED _____ TOTAL _____

BASEMENT: _____ YES _____ NO _____

FIREPLACE: _____ NO _____ MASONARY _____ MANUFACTURED _____

PLAN SETS: _____ MODULAR _____ STICKBUILT _____

SUB CONTRACTOR

ELECTRICAL: _____

MECHANICAL: _____

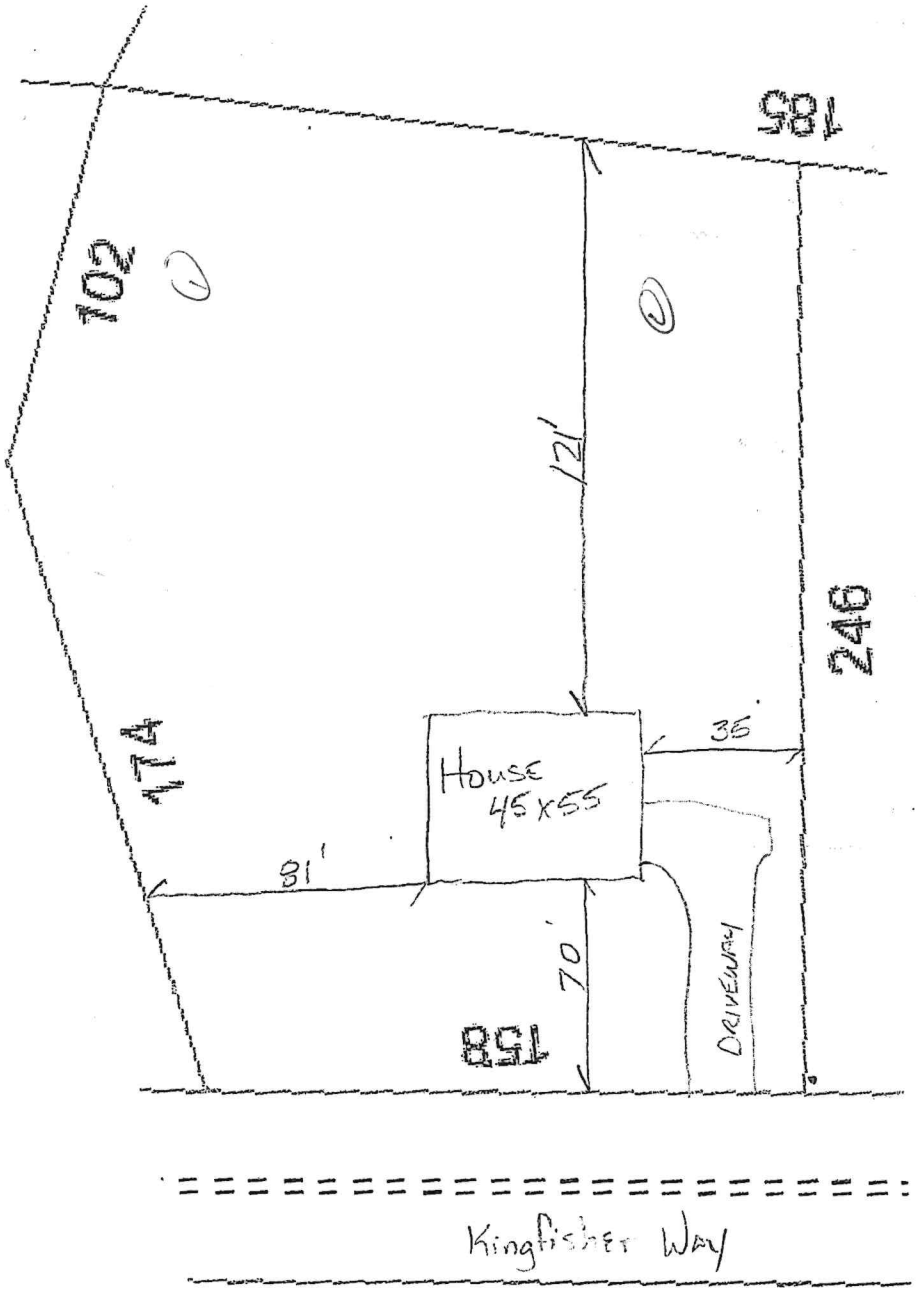
PLUMBING: _____

COST OF CONSTRUCTION: _____

NO MORE THAN 2 STRUCTURAL DEVIATIONS OR PLANS MUST BE REDRAWN

DEPARTMENTAL USE ONLY

	INITIALS (IN)	DATE	INITITALS (OUT)	DATE
ZONING	BR	8/22/19		
PLAN REVIEW				
SEPTIC/SEWER				



① 0-7 SL
7-13 CL
13-22 SC
22-36 CL
36 SAP

② 0-9 SL
9-13 CL
13-24 SC
24-35 CL
35 SAP

Lot # 61 Huntsburg

5583-74-4809

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

Sheet 1 of 1
PROPERTY ID #: 1883-74-4809
COUNTY: FRANKLIN

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

OWNER: Fidelis
APPLICATION DATE 8-22-19
ADDRESS:
DATE EVALUATED: 12-5-19
PROPOSED FACILITY: SFD
PROPOSED DESIGN FLOW (.1949): 360
PROPERTY SIZE: 1.11
LOCATION OF SITE: 220 Kingfisher Way, Louisburg, 27549
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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LS 3%	0-7	GR / SL	VFR, NS, NP		36"			PS 0.35
		7-13	BK / CL	FR SSSP / Seep					
		13-22	BK / SC	FI SSSP / Seep					
		22-34	BK / CL	FR SS, SP / Seep					
		34	SAP						
2	PIT I II	0-10	GR / SL	VFR		42"+			B 0.35
		10-34	BK / SC	FI					
		34-42+	BK / CL	FR					
3	PIT 2 2	0-9	GR / SL	VFR		25"			PS 0.35
		9-30	BK / SC	FI					
		30-29	BK / CL	FR					
		29	SAP						
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	Yes	Yes
System Type(s)	Acc	Acc Low pressure chamber
Site LTAR	0.35	035

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Crystal Ennis
OTHER(S) PRESENT: Jacob Hall

COMMENTS: CCSC design

Updated February 2014

Franklin County Development Permit

Zoning Permit #: 475 **RESIDENTIAL**

Franklin County
NORTH CAROLINA

ADDRESS:	**220 KINGFISHER WAY , LOUISBURG**		
PARCEL NO.:	**1883-74-4809**	ZONING:	**A R**
ISSUED TO:	**FIDELIS CONSTRUCTION**	LOT:	**64**
	PO BOX 550	SUBDIVISION:	**HUNTSBURG**
	YOUNGSVILLE, NC 27596		
PHONE NUMBER:	**919-796-3324**	EMAIL:	**MICHAEL@FIDELISCONSTRUCTIONNC.COM**
CONTRACTOR:	**FIDELIS CONSTRUCTION INC**	ADDRESS:	**PO BOX 550**
LICENSE #:	**53445**		
SETBACK:FRONT:	**30**	**RIGHT: 10**	**Left: 10** **Rear: 25**
COUNTY WATER:	**No**	**FLOODPLAIN: No**	
PERMIT TYPE:	**Residential**	PERMIT DATE:	**08/22/2019**
TYPE OF CONSTRUCTION:	**SFD - NEW SEPTIC/WELL**		
WATER SHED: **No**	TOWNSHIP: **HARRIS**	EXPIRE DATE:	**02/20/2020**

Map Update
10/16/19
KR

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: _____

UTILITY COMPANY: **PROGRESS ENERGY** **WAKE ELECTRIC** **OTHER**

NUMBER OF STORIES: _____ # of Bedrooms _____ # of People _____

SQUARE FOOTAGE: HEATED _____ UNHEATED _____ TOTAL _____

BASEMENT: ____ YES _____ NO _____

FIREPLACE: ____ NO _____ MASONARY _____ MANUFACTURED _____

PLAN SETS: ____ MODULAR _____ STICKBUILT _____

SUB CONTRACTOR

ELECTRICAL: _____

MECHANICAL: _____

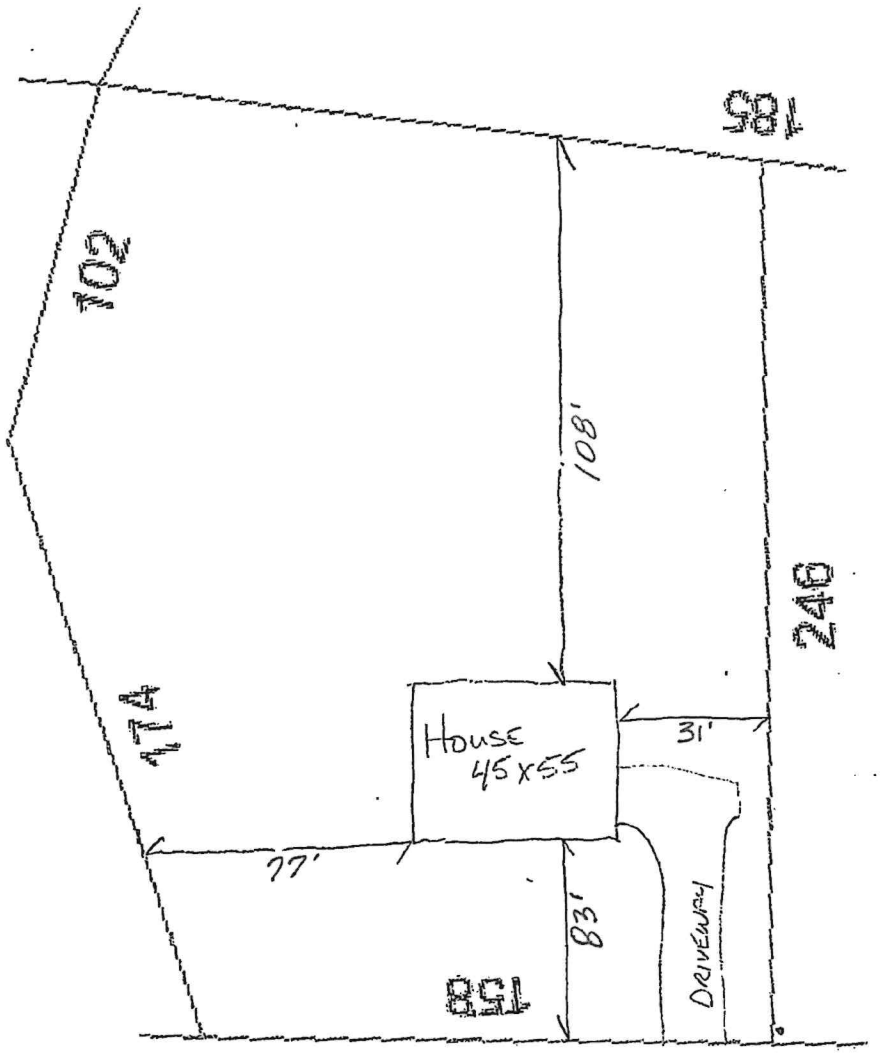
PLUMBING: _____

COST OF CONSTRUCTION: _____

NO MORE THAN 2 STRUCTURAL DEVIATIONS OR PLANS MUST BE REDRAWN

DEPARTMENTAL USE ONLY

	INITIALS (IN)	DATE	INITITALS (OUT)	DATE
ZONING	BR	8/22/19	KR	10/16/19
PLAN REVIEW				
SEPTIC/SEWER				



Lot # 64 Huntsburg

1883-74-4809