IMPROVEMENT PERMIT

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

For Office Use Only

*CDP File Number: 449743 - 1
County ID Number:
Evaluated For: NEW

PERMIT VALID UNTIL: 03/24/2030

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

Applicant:	Joe Procopio	Property Owner:	
Address:	2801 Crusher Run	Address:	
City:	Wake Forest	City:	
State/Zip:	NC 27587	State/Zip:	
Phone #:		Phone #:	

Property Location & Site Information

Address: 25 Autumnwood Lane Spring Hope, NC 27882
Subdivision: Tantallon
Block/Phase: NEW
Lot: 1

Road #:
Structure: SINGLE FAMILY
# of Bedrooms: 3
# of People: 2
*Water Supply: N/A

Directions

25 Autumnwood Lane

System Specifications

Initial System

Usable Soil Depth: 29
Design Flow: 360
Soil Application Rate: 0.3000

*System Classification/Description:
TYPE III B. SYSTEM W/SINGLE EFFLUENT PUMP

*Proposed System:
25% REDUCTION

Minimum Trench Depth: _____ Inches
Maximum Trench Depth: 17 Inches

Septic Tank: 1000 Gallons
Pump Required (X) Yes ( ) No ( ) May Be Required
Pump Tank: 1000 Gallons

Repair System Required: (X) Yes ( ) No ( ) No, but has Available Space

Repair System

Usable Soil Depth:
Soil Application Rate:

*System Classification/Description:
N/A

*Proposed System:

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 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**

CDP File Number: 449743

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 (per rule .0301(a).

Authorized State Agent: Bendel, Joel

Date of Issue: 03/24/2025

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:

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*CDP File Number: 449743 - 1
County ID Number:
Evaluated For: NEW

PERMIT VALID UNTIL: 03/24/2030

☐ Open Pump System Sheet

Applicant:	Joe Procopio
Address:	2801 Crusher Run
City:	Wake Forest
State/Zip:	NC 27587
Phone #:	

Property Owner:	
Address:	
City:	
State/Zip:	
Phone #:	

Property Location & Site Information

Address/Road #: 25 Autumnwood Lane Spring Hope, NC 27882
Subdivision: Tantallon Phase: NEW Lot: 1

Structure: SINGLE FAMILY
# of Bedrooms: 3
# of People: 2
*Water Supply: NEW WELL

Directions:

25 Autumnwood Lane

System Specifications

Usable Soil Depth: 29
Design Flow: 360
Soil Application Rate: 0.3000
*System Classification/Description: TYPE III B. SYSTEM W/SINGLE EFFLUENT PUMP
*Proposed System: 25% REDUCTION

Minimum Trench Depth: ____ Inches
Maximum Trench Depth: 17 Inches
Minimum Soil Cover: ____ Inches
Maximum Soil Cover: ____ Inches
*Distribution Type: PUMP TO GRAVITY

Nitrification Field: ____ Sq. ft.
No. Drain Lines: ____
Total Trench Length: 300 ft. ◯ Inches O.C. (X) Feet O.C.
Trench Spacing: ____ - 9 ◯ Inches
Trench Width: ____ - 3 (X) Feet
Aggregate Depth: ____ inches

Septic Tank: 1,000 Gallons
Pump Required: (X) 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:**

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 (.0204(k)(1)). The 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 and repair (per rule .0301((a)).

Authorized State Agent: Bendel, Joel
Date of Issue: 03/24/2025

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

◯ Hand Drawing ◯ Import Drawing

Total Time : (HH:MM) ____

Well Construction Permit

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

For Office Use Only

*CDP File Number 449743

PIN Number:

Tax Lot #: 1 Tax Block #: 051278

Evaluated For: SINGLE FAMILY \ WELL

PERMIT VALID UNTIL: 03/24/2030

Property Owner:		Applicant:	Joe Procopio
Address:		Address:	2801 Crusher Run
City:		City:	Wake Forest
State/Zip:	NC	State/Zip:	NC / 27587
Phone #:		Phone #:	

Property Location & Site Information

Address/Road #: 25 Autumnwood Lane
Spring Hope NC, 27882

Subdivision: Tantallon Phase: Lot: 1

*Proposed use of Well: SINGLE FAMILY

If Other:

Applicant Email:

Owner Email:

Directions: 25 Autumnwood Lane

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

*Issued By: Bendel, Joel

*Date of Issue: 03/24/2025

Authorized State Agent:

Owner/Applicant:

◯ Hand Drawing ◯ Import Drawing

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

Franklin County
NORTH CAROLINA

File # 449743 PIN# _____

Property Address: 25 AutumnWood Ln.

Applicant or Owner Name: Joe Procopio

Environmental Health Septic/Well Permit Diagram

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

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

Well Construction Authorization (X) Additional Diagram/Specifications Attached

Diagram Date:** 3-24-25 **EHS:** Joel Bendel

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

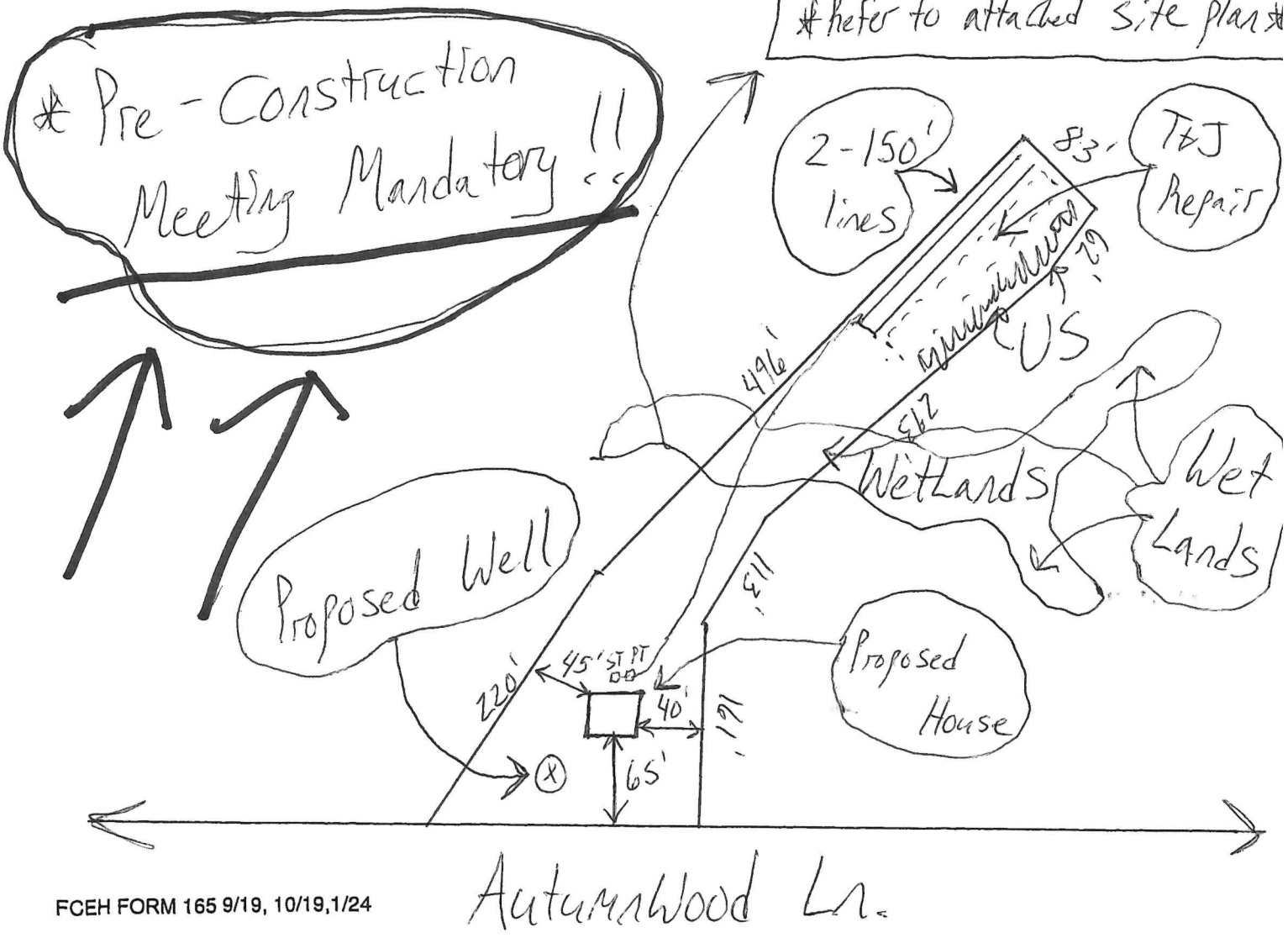
Installation/grouting inspections may be scheduled the day before, or, the day of installation until 9am by contacting the Environmental Health office at 919 496 8100. A revisit fee may apply if installation is not ready for inspection at the time requested. ***Septic Operations Permits*** will be issued 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 1000 Drainfield 3'x300' Type System Pump Max Trench Depth 17"

Septic Contractor _____ Septic/Pump tank dates _____ Pump Fee Paid _____

Well Contractor _____ Well Head Date: _____ Pump Final: _____ N/A (circle)

Refer to attached site plan



FCEH FORM 165 9/19, 10/19,1/24

Cdp- 449743

Franklin County Environmental Health
127 S Bickett Blvd.
Louisburg, NC 27549
Phone (919) 496-8100
www.franklincountync.gov

Issued to: Joe Procopio **Location: 25 Autumnwood Lane SPRING HOPE , NC 27882**

NEW SEPTIC APPLICATION
NEW WELL APPLICATION

Joel

Application Type: NEW SEPTIC NEW WELL
Application Number: E-25-108
Building Type:
Project Type: Single Family Dwelling
# of Bedrooms: 3
Residential Project Type: Single Family Dwelling
Building Foundation: Crawlspace
Water Source: New Well

Preferred Type of Septic System: (1) Conventional (rock)
Parcel ID #: 051278

Date: February 18, 2025
Acreage:
Zoning: R-30
# of Occupants: 2
Commercial Project Type:
Square Footage of Facility:
Number of Employees:
Number of Seats:
Notes:
Subdivsion: NULL Tantallon #1

Applicant Information

Applicant Name: Joe Procopio
Address: 2801 Crusher Run Wake Forest , North Carolina 27587
Phone: 919-899-5151 Email: amandasmith.projectmanager@gmail.com

Property Owner Information

Owner Name: NULL
Address: NULL NULL , NULL NULL
Phone: Email:

General Contractor Information

Contractor Name: Genesis Building Co., Inc.
Address: Po Box 1469 Wake Forest, NC 27588 ,
Phone: 9194358475 Email: genesisbuildingnc@gmail.com

Zoning

Zoning Permit #: Z-25-181
Front Setback: 30
Left Setback: 10
County Water: No
Right Setback: 10
Rear Setback: 25

The applicant shall notify the Environmental Health Department upon submittal of this application if any of the following apply to the property/site in question. If this answer is "Yes" the applicant must attach supporting documentation and/or show their location on the plot/site plan.

Does the site contain any jurisdictional wetlands? Yes
Does the site contain, or have within 100 feet, any existing wells and/or septic systems? No
Is any wastewater going to be generate other than domestic sewage? No
Is the site subject to approval by an other public agency? No
Are there any easements or right-of-ways on this site? Yes
Are there any underground utilities on the site? No

IF THE INFORMATION IN THE APPLICATION FOR A SEPTIC PERMIT IS FALSIFIED, CHANGED, OR THE STIE IS ALETERED, THEN ANY RELATED PERMITS AND CONSTRUCTION AUTHORIZATIONS SHALL BECOME INVALID. This application is valid for one year from the date of application payment. The septic system approval (permit) is valid for five years from the date of Improvement Permit issuance, or without expiration by request with proper documentation. The applicant is responsible for the proper identification and labeling of all property lines, and existing utilities (including septic), and the desired features on site, as well as making the site accessible for evaluation. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. Permit issuance shall in no way be

taken as a guarantee a septic system will function in a satisfactory manner for any given period of time. By signing below, the applicant attest he/she is the property owner or has been granted permission to be the property owner's legal representative, for the purposes of obtaining a septic permit for the referenced property.

Joseph D. Procopio

February 18, 2025

Signature of Owner or Owner's Legal Representative

Expires: February 18, 2026

PRELIMINARY PLOT PLAN FOR

GENESIS BUILDING

LOT 1, TANTALLON SUBDIVISION

25 AUTUMNWOOD LANE

REF: P.B. 2024, PG. 347

DUNN TOWNSHIP

FRANKLIN COUNTY, NORTH CAROLINA

NOVEMBER 27, 2024

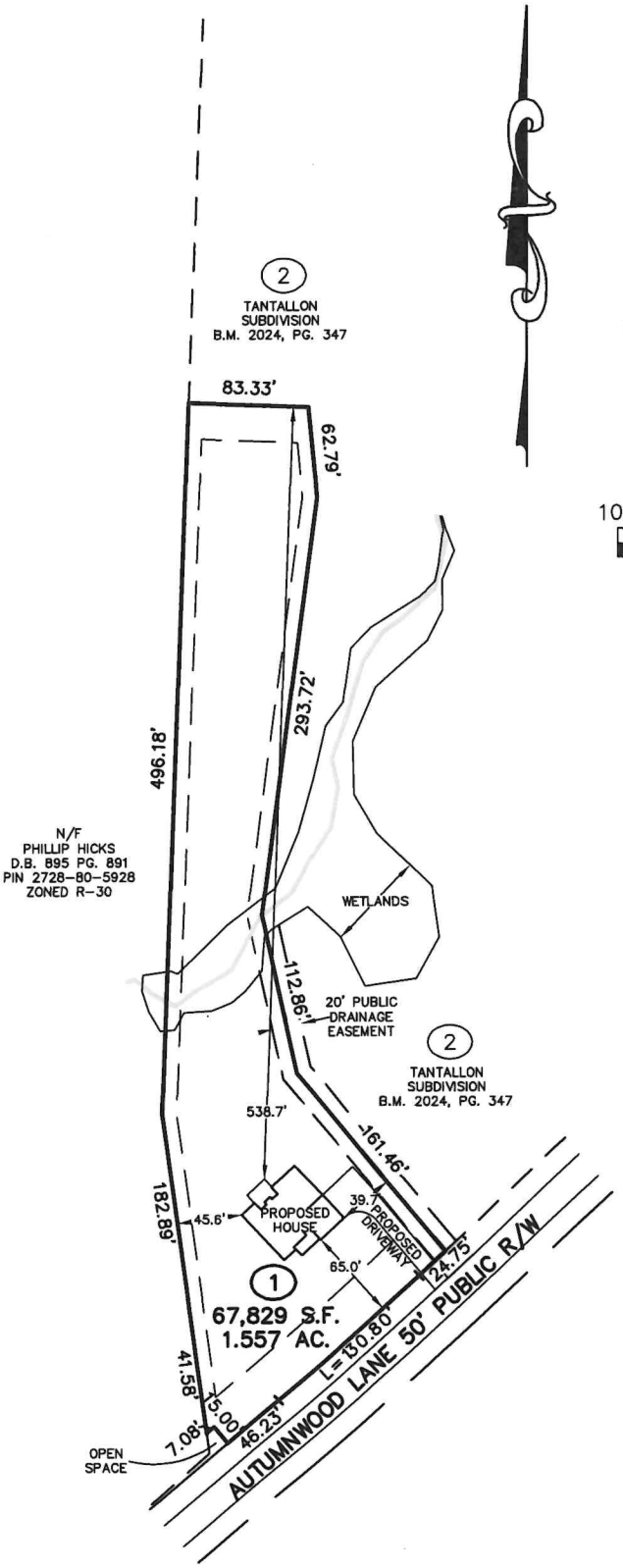
REVISED JANUARY 15, 2025

REVISED JANUARY 21, 2025

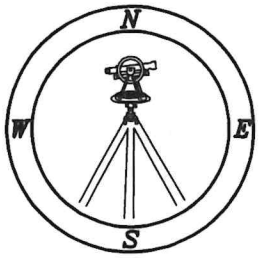
ZONED R-30

100 50 0 100 200

SCALE 1"=100'



THIS SURVEYOR DOES NOT WARRANTY THE ACCURACY OF ARCHITECTURAL DIMENSIONS. THEY ARE TO BE VERIFIED BY THE CONTRACTOR.



CMP
Professional Land Surveyors
C-1525
333 S. White Street
Post Office Box 1253
Wake Forest, N.C. 27588
(919)556-3148

NOTES:
-THIS PLAN DOES NOT REFLECT AN ACTUAL SURVEY. IT IS A PRELIMINARY PLAN AND SHOULD BE USED FOR ITS INTENDED PURPOSE ONLY.
-NOT FOR RECORDATION, CONVEYANCES, OR SALES.