



IMPROVEMENT PERMIT

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

For Office Use Only

*CDP File Number 388662 - 1
County ID Number: _____
Evaluated For: NEW

PERMIT VALID UNTIL: 03/14/2028

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

Applicant: YANDRY MASTROMIHALIS
Address: 121 WINCHESTER DR
City: WENDELL
State/Zip: NC 27591
Phone #: _____

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

Property Location & Site Information

Address: 125 OSWEGO DR LOUISBURG, NC 27549 Subdivision: _____ Block/Phase: NEW Lot: _____

Directions

Road #: _____
Structure: SINGLE FAMILY 125 OSWEGO DR
of Bedrooms: 4
of People: 4
*Water Supply: N/A

System Specifications

Initial System

*Site Classification: Provisionally Suitable

Design Flow: 480

Soil Application Rate: 0.3000

Minimum Trench Depth: _____ Inches

Maximum Trench Depth: 24 Inches

*System Classification/Description:

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

Septic Tank: 1000 Gallons
Pump Required ☐ Yes ☒ No ☐ May Be Required

*Proposed System:
25% REDUCTION

Pump Tank: _____ Gallons

Repair System Required: ☐ Yes ☐ No ☐ No, but has Available Space * 15A NCAC 18A. 1945 * Repair Area Exempt

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

The Department and Local Health Department may impose conditions on the issuance 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 if 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: Bendel, Joel Date of Issue: 03/14/2023

Total Time: (HH:MM)

☐ Hand Drawing

☐ Import Drawing

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



Construction Authorization

Franklin County Health Department
107 Industrial Drive
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☐ Open Pump System Sheet

Applicant: YANDRY MASTROMIHALIS
Address: 121 WINCHESTER DR
City: WENDELL
State/Zip: NC 27591
Phone #: _____

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

Property Location & Site Information

Address/Road #: 125 OSWEGO DR Subdivision: _____ Phase: NEW Lot: _____
LOUISBURG, NC 27549
Structure: SINGLE FAMILY Directions:
125 OSWEGO DR
of Bedrooms: 4
of People: 4
*Water Supply: _____

System Specifications

*Site Classification: Provisionally Suitable Minimum Trench Depth: _____ Inches
Design Flow: 480 Maximum Trench Depth: 24 Inches
Soil Application Rate: 0.3000 Minimum Soil Cover: _____ Inches
*System Classification/Description: TYPE II A. CONV SYSTEM (SINGLE-FAMILY OR 480 GPD OR LESS) Maximum Soil Cover: _____ Inches
*Proposed System: 25% REDUCTION *Distribution Type: GRAVITY - PARALLEL (eq. d-box)
Nitrification Field: _____ Sq. ft. Septic Tank: 1,000 Gallons
No. Drain Lines: _____ Pump Required: ☐ Yes ☒ No ☐ May Be Required
Total Trench Length: 400 ft. ☐ Inches O.C. Pump Tank: _____ Gallons
Trench Spacing: _____ - 9 ☒ Feet O.C. Grease Trap: _____ Gallons
Trench Width: _____ - 3 ☒ Inches Septic Tank Installer
Aggregate Depth: _____ inches 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 (.1937(g)). The person owning or controlling the system shall be responsible for assuring compliance with the laws, rules, and permit conditions regarding system location, installation, operation, maintenance, monitoring, reporting

Authorized State Agent: Bendel, Joel Date of Issue: 03/14/2023

☐ Hand Drawing ☐ Import Drawing

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

Total Time : (HH:MM) _____



388662

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

125 www.franklincountync.gov

Issued to: yandry mastromihalis

Location: 125 OSWEGO DR LOUISBURG , NC 27549

NEW SEPTIC APPLICATIONApplication Type: NEW SEPTIC

Application Number: E-23-17

Building Type:

Project Type: Single Family Dwelling

of Bedrooms: 4

Residential Project Type: Single Family Dwelling

Building Foundation: Crawlspace

Water Source: Existing Well

Date: January 10, 2023

Acreage:

Zoning: R-30

of Occupants: 4

Commercial Project Type:

Square Footage of Facility:

Number of Employees:

Number of Seats:

Preferred Type of Septic System: (1) Conventional
(rock)

Notes:

Parcel ID #: 049080

Subdivision: NULL

Applicant Information

Applicant Name: yandry mastromihalis

Address: 121 winchester dr wendell , NC 27591

Phone: 16468750076

Email: yandrymastro@gmail.com

Property Owner Information

Owner Name:

Address: NULL NULL , NULL NULL

Phone:

Email:

General Contractor Information

Contractor Name:

Address: ,

Phone:

Email:

Zoning

Zoning Permit #: Z-22-1778

County Water: TESI

Front Setback: 15

Right Setback: 5

Left Setback: 5

Rear Setback: 5

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? No

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? No

Are there any underground utilities on the site? No

Call Environmental Health (919-496-8100) between 8:00 - 9:00 a.m. Monday - Friday in order to schedule an appointment with and environmental Health Specialist for your lot evaluation. Please contact the Environmental Health Department at 919-496-8100 to determine the status of your application prior to visiting the Planning & Inspections Department to obtain a building permit.

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.

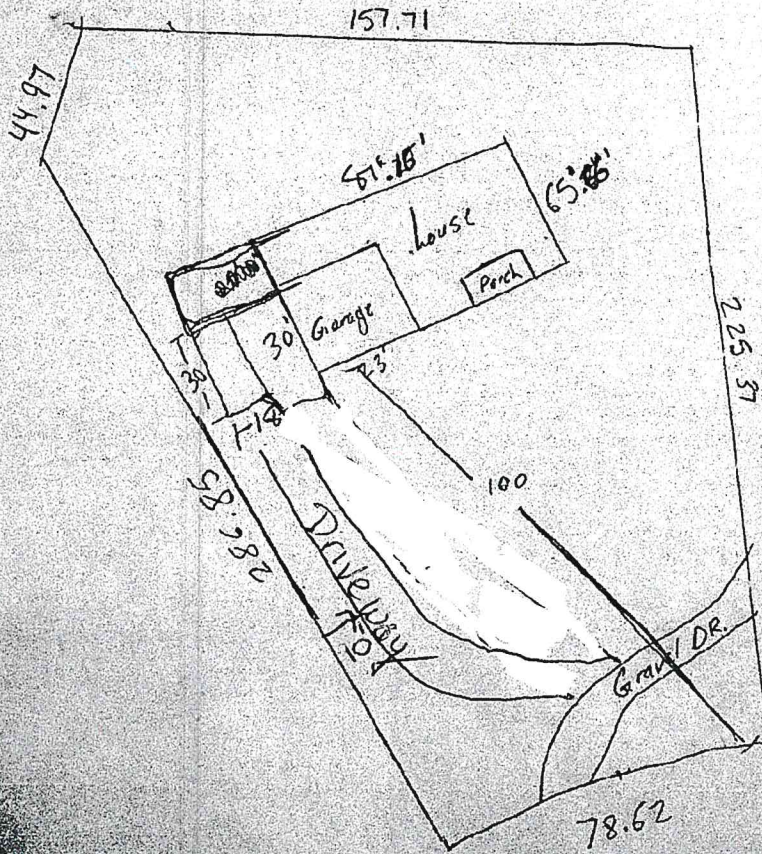
Yandry Mastromihalis

January 10, 2023

Signature of Owner or Owner's Legal Representative

Expires: January 10, 2024

125 Oswego DR.



$$8' \times 100' = 800$$

$$18' \times 30' = 540$$

$$\text{Driveway} = 1,340 \text{ sq ft}$$

House: 2,767 sq ft
Garage: 724 sq ft
Porch: 541 sq ft

Total = 5,372 sq ft
Impervious



File # 388662 PIN# _____

Property Address: 125 Oswego Dr

Applicant or Owner Name: Yandy Mastromihalis

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**: 3-14-23 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.

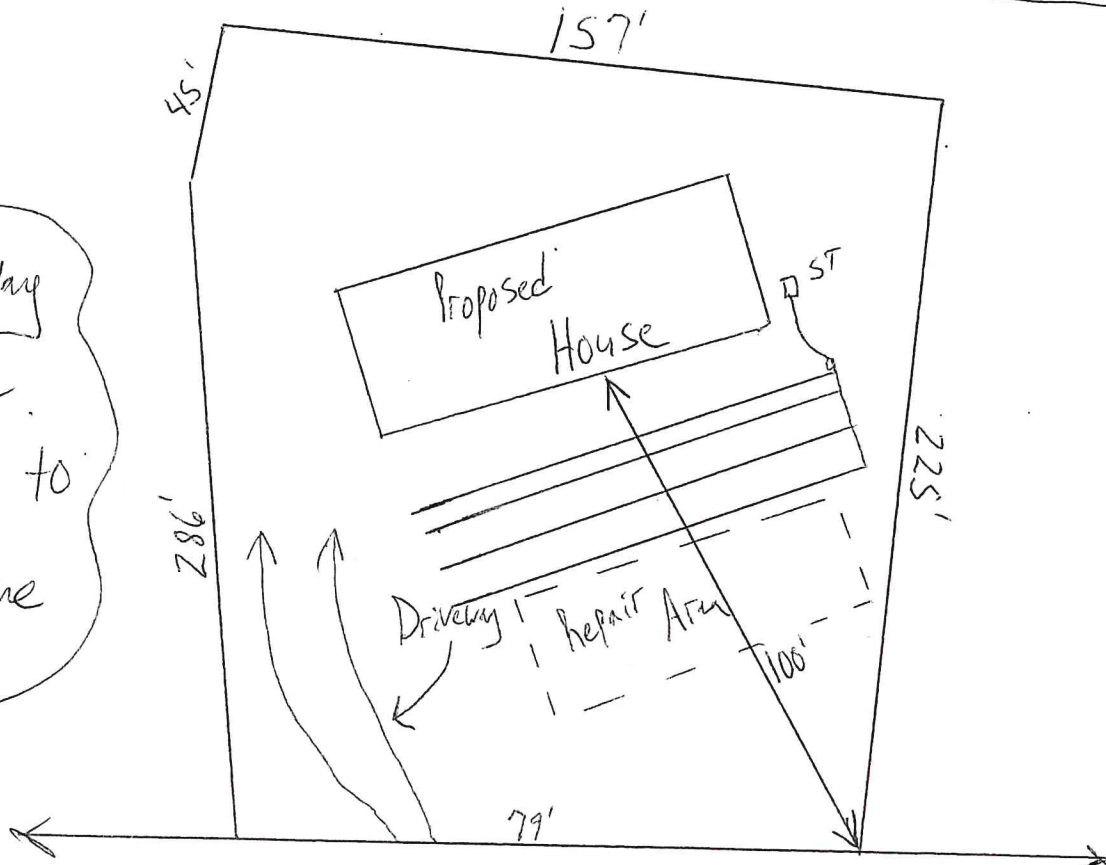
Septic Tank 1000 Pump Tank N/A Drainfield 3'x400' Type System Acc Max Trench Depth 24"

Septic Contractor _____ Septic/Pump tank dates _____ Pump fee? ☒ YES ☐ NO

Well Contractor _____ Well Grout date: _____

*Drawing not to Scale

*D-Way
Will be
hugged to
Property line



Oswego Dr.

OWNER: Landy Mastrominakis 123 Oswego Dr APPLICATION DATE _____
 ADDRESS: _____ DATE EVALUATED: _____
 PROPOSED FACILITY: SFD PROPOSED DESIGN FLOW (.1949): 480 PROPERTY SIZE: _____
 LOCATION OF SITE: _____ PROPERTY RECORDED: _____
 WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
 EVALUATION METHOD: ☒ Auger Boring ☐ Pit ☐ Cut TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM	OTHER FACTORS (.1946):
Available Space (.1945)	yes		SITE CLASSIFICATION (.1948): PS
System Type(s)	Acc		EVALUATED BY: Joel Bendel
Site LTAR	.3		OTHER(S) PRESENT: