IMPROVEMENT PERMIT

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

For Office Use Only

*CDP File Number: 378666 - 1
County ID Number:
Evaluated For: NEW

PERMIT VALID UNTIL: 07/26/2027

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

Applicant:	ASHLEY ROBERTS
Address:	214 N MAIN ST
City:	FRANKLINTON
State/Zip:	NC 27525
Phone #:	

Property Owner:	ASHLEY ROBERTS
Address:	214 N MAIN ST
City:	FRANKLINTON
State/Zip:	NC. 27525
Phone #:	

Property Location & Site Information

Address/Road #: 2434 MAYS CROSSROADS RD
YOUNGSVILLE, NC 27596
Subdivision: Phase: NEW Lot: 2A
Structure: SINGLE FAMILY
# of Bedrooms: 4
# of People: 4
*Water Supply: N/A

Directions

2434 MAYS CROSSROADS RD

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: 24 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: 0.300

*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: 15 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**

Existing home on lot had a well. Well is to be abandoned to accommodate owner's preference of septic field location. If there is an existing system on lot, tank must be pumped, crushed and filled. Lines would be abandoned. New system is to be

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: 07/26/2022

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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☐ Open Pump System Sheet

Applicant:	ASHLEY ROBERTS
Address:	214 N MAIN ST
City:	FRANKLINTON
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Property Location & Site Information

Address/Road #: 2434 MAYS CROSSROADS RD YOUNGSVILLE, NC 27596
Subdivision:
Phase: NEW Lot: 2A

Directions:

2434 MAYS CROSSROADS RD

Structure: SINGLE FAMILY
# of Bedrooms: 4
# of People: 4
*Water Supply:

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: 24 Inches
Minimum Soil Cover: ____ Inches
Maximum Soil Cover: ____ Inches
*Distribution Type: GRAVITY - PARALLEL (eq. d-box)

Nitrification Field: ____ Sq. ft.
No. Drain Lines: 5
Total Trench Length: 400 ft.
Trench Spacing: ____ - 9
Trench Width: ____ - 3
Aggregate Depth: ____ inches

◯ Inches O.C.
(X) Feet O.C.
◯ Inches
(X) Feet

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

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***Permit Conditions:**

Existing home on lot had a well. Well is to be abandoned to accommodate owner's preference of septic field location. If there is an existing system on lot, tank must be pumped, crushed and filled. Lines would be abandoned. New system is to be installed away from house to allow for possible future pool. Debox to be placed on other side of tree to right back of house. With contour, there should be about 90 feet from porch to end of first line (see sketch).

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: 07/26/2022

(✓) Hand Drawing ◯ Import Drawing

****Site Plan/Drawing attached.****
Total Time : (HH:MM) ____

email + well aband. spees.

Franklin County
NORTH CAROLINA

File # 3786666 PIN# _____

Property Address: 2434 Mays Crossroads,

Applicant or Owner Name: Ashley Roberts Yng

Environmental Health Septic/Well Permit Diagram

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

(V) Septic Improvement Permit (V) Septic Construction Authorization (CA) ( ) CA Reissue** ( ) As Built
( ) Well Construction Authorization ( ) Additional Diagram/Specifications Attached

Diagram Date:** 7-26-2022 **EHS:** Toni 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 na Drainfield 3'x400' Type System Accepted Gravity/Dbox Max Trench Depth 24"

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

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

Bedrooms: 4

If Repair: _____

Benchmark/Elevation: _____

Acreage: 2.5

Parcel ID: _____

Tank Mfr:

STB: _____ Gallons: _____

Distance from house: _____ ft

Elevation: _____ Filter: _____

Dbox Elevation: _____

Supply Line Length: _____

Line(s):	Feeder (ft)	Line (ft)	Elevation
1			
2			
3			
4			
5			
6			
7			

Product: EZ flow or Chambers / LP

Pump Mfr:

STB: _____ Gallons: _____

Alarm: _____ Water Dose: _____

Water to manifold/dbox: _____

If dbox, flow adjusters correct: _____

If manifold, water pressure correct: _____

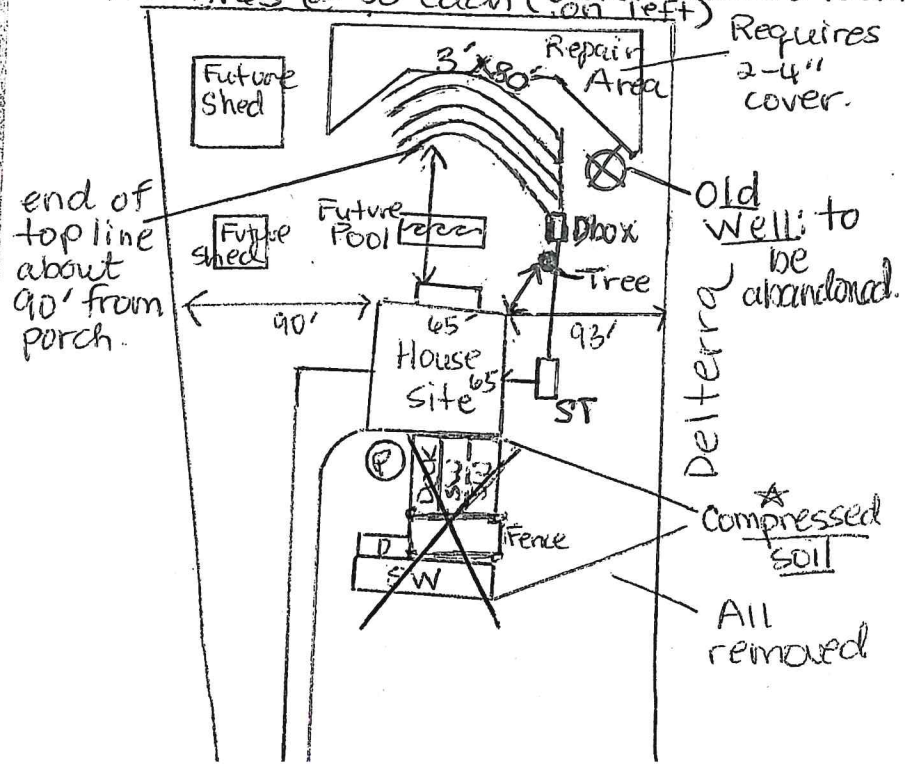
Dbox location: _____

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

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

>Connecting to city water.

>5 lines @ 80' each (owner wants room on left)



Repair or Abandonment

lgjones@franklincountync.us

COUNTY OF FRANKLIN

ENVIRONMENT HEALTH APPLICATION (496-8100)

Permit #:

Permit Type: WELL/SEPTIC

Date Issued:

Project Address:

Location:

Subdivision:

Abandone well

Size #: 2.5 acres

Applicant: Same

Lot #:

Phone:

Owner Name: Ashley Roberts

Owners Address: 2434 mayo Crossroads any where

Phone: (919) 698-6702

Tax record:

Pin #: Youngsville

Parcel #:

Zoned:

Setbacks Front:

Rear:

Side:

Proposed Use:

# of bedrooms:

# of people:

Township:

Public Water/Sewer:

ST Road #:

Desc: Clearing + Rebuilding House

Fees Due: na

Date Paid: // na

Please complete all sections below

___Yes ___✓No Does this site contain any previously identified jurisdictional wetlands?

___Yes ___✓No Is any wastewater, other than domestic, going to be generated?

___Yes ___/No 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.

> easements!

Please indicate desired system type(s). Systems can be ranked in order of preference.

___Conventional ___Accepted ___Modified Conventional ___Alternative

___Other ___No Preference

> power lines!

Fill Well with Clay

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 authorizationand 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.)

I hearby certify that I am the owner, or authorized by the owner to act as his/her legal representation. Futhermore, 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 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 invalidAuthorized county representatives are granted right of entry to make these evaluations or inspections, and to release information upon public request.

SIGN HERE + Return to me ASAP

X

Print & Signature of Owner or Owner's Legal Representative

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