OPERATION PERMIT

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

For Office Use Only

*CDP File Number: 297572 - 2
County ID Number: 2878238739
Evaluated For: NEW

Property Owner: DEVIN BROOKS
Address: 21 WARREN AVE
Road #:
City: LOUISBURG
State/Zip: NC/ 27549
Phone #: (919) 497-6566
Township:
Subdivision:
Phase : ACTIVE Lot: 1

Structure: SINGLE FAMILY
# of Bedrooms: 3
# of People: 0
Water Supply: NEW WELL
Saprolite System?: [ ] Yes [X] No
Pump Required?: [ ] Yes [X] No
Design Flow: 360
System Classification/Description: TYPE II A. CONV SYSTEM (SINGLE-FAMILY OR 480 GPD OR LESS)

Installer:
Certification #:
Specific System Installed: INFILTRATOR QUICK 4 STANDARD
Septic Tank Date: 08/04/2020
STB: 392
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 [X] No

If yes, see attached sheet for additional operation conditions, maintenance and reporting.

Operation:

Other:

Authorized State Agent: Leonard, Shad
Date of Issue: 10/21/2020

Owner/Applicant: _____

Franklin County

*File #: 297572 - 3
PIN #: 2878238739
Tax Lot #: 1
Tax Block #:

WELL CONSTRUCTION RECORD

Owner: DEVIN BROOKS
21 WARREN AVE

LOUISBURG, NC 27549

Directions
REYNOLDS RD

Drilling Contractor: JERRY BALL
Driller Registration: 2476
Date Drilled: 07/17/2020
Use of Well: SINGLE FAMILY

Total Depth: 360 Ft.
Static Water Level: 22 Ft.
Replacement Well: NO
Yield: 4 gpm

Water Zone: 1) 110 Ft. 2) 282 Ft.
3) Ft. 4) Ft.

Disinfection Type: GRANULAR Amount:

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: Leonard, Shad

Issue Date: 10/21/2020

Casing: Depth: Ft. Thickness: In. Comments:
Diameter: In. Top of Casing: 12 In.
Material: SDR 21

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: Leonard, Shad
Date of Issue: 10/21/2020

Franklin County
NORTH CAROLINA

File # 297572 PIN# 2878-23-8739

Property Address: Reynolds Rd

Applicant or Owner Name: Dawn Brooks

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:** 1-22-20 **EHS:** Thad Tennant

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

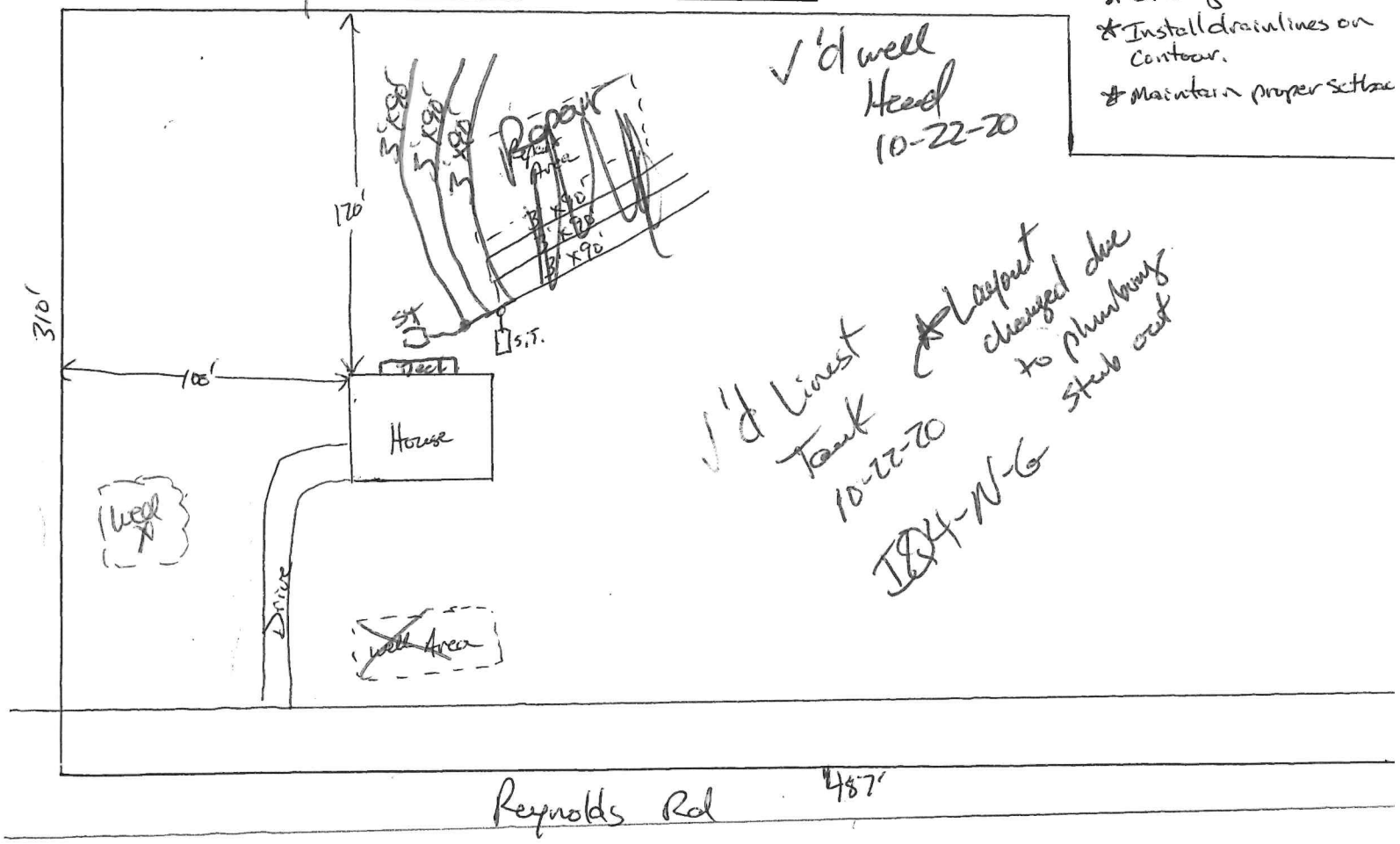
Installation/grouting inspections may be scheduled the day before, or, the day of installation until 9am by contacting the Environmental Health office at 919 496 8100. A revisit fee may apply if installation is not ready for inspection at the time requested. ***Septic Operations Permits*** will be issued 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'x270' Type System Accepted Max Trench Depth 30"

Septic Contractor Country Boys Chris King Septic/Pump tank dates GCR 1000 8-4-20 STB 382 Pump fee? Yes (No)

Well Contractor Jerry Ball #5352 Well Grout date: 7-16-20

* Drawing not to scale
* Install drainlines on Contour.
* Maintain proper setbac



FCEH FORM 165 9/19, 10/19

Franklin County
NORTH CAROLINA

COUNTY OF FRANKLIN
ENVIRONMENT HEALTH APPLICATION (496-8100)

Permit #: **7824** Permit Type: **Septic/Well Permit** Date Issued: **01/14/2020**

Project Address: **REYNOLDS RD**

Location: **REYNOLDS RD** Size #: **3.150**

Subdivision: Lot #: **1**

Applicant: **Devin Brooks** Phone: **919-497-6566**
21 Warren Ave,
Louisburg, NC 27549

29757?

Owner Name: **BROOKS DEVIN** Phone:

Address: **21 WARREN AVE**
LOUISBURG NC 27549, 27522

Tax record: **12795** Pin #: **N02 00 058** Parcel #: **2878-23-8739**

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

Proposed Use: # of bedrooms: **3** # of people: **0**

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

Desc: **[description]** Fees Due: **800.00** Date Paid: **01/14/2020**

*** 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 Devin Brooks Devin Brooks 01/14/2020

Print & Signature of Owner or Owner's Legal Representative

Franklin County Development Permit

Zoning Permit #: 891 **RESIDENTIAL**

Franklin County
NORTH CAROLINA

ADDRESS: **REYNOLDS RD , LOUISBURG, NC 27549**
PARCEL NO.: **2878-23-8739** ZONING: **A R**
ISSUED TO: **BROOKS DEVIN** LOT: **1**
21 WARREN AVE SUBDIVISION:
LOUISBURG NC 27549
PHONE NUMBER: **919-497-6566** EMAIL: **devinbrooks74@gmail.com**
CONTRACTOR: ADDRESS:
LICENSE #:
SETBACK:FRONT: **30** **RIGHT: 10** **Left: 10** **Rear: 25**
COUNTY WATER: **No** **FLOODPLAIN: No**
PERMIT TYPE: **Residential** PERMIT DATE: **01/14/2020**
TYPE OF CONSTRUCTION: **SFD/NEW SEPTIC/WELL**
WATER SHED: **No** TOWNSHIP: **GOL** EXPIRE DATE: **07/14/2020**

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: Devin Brooks

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 _____

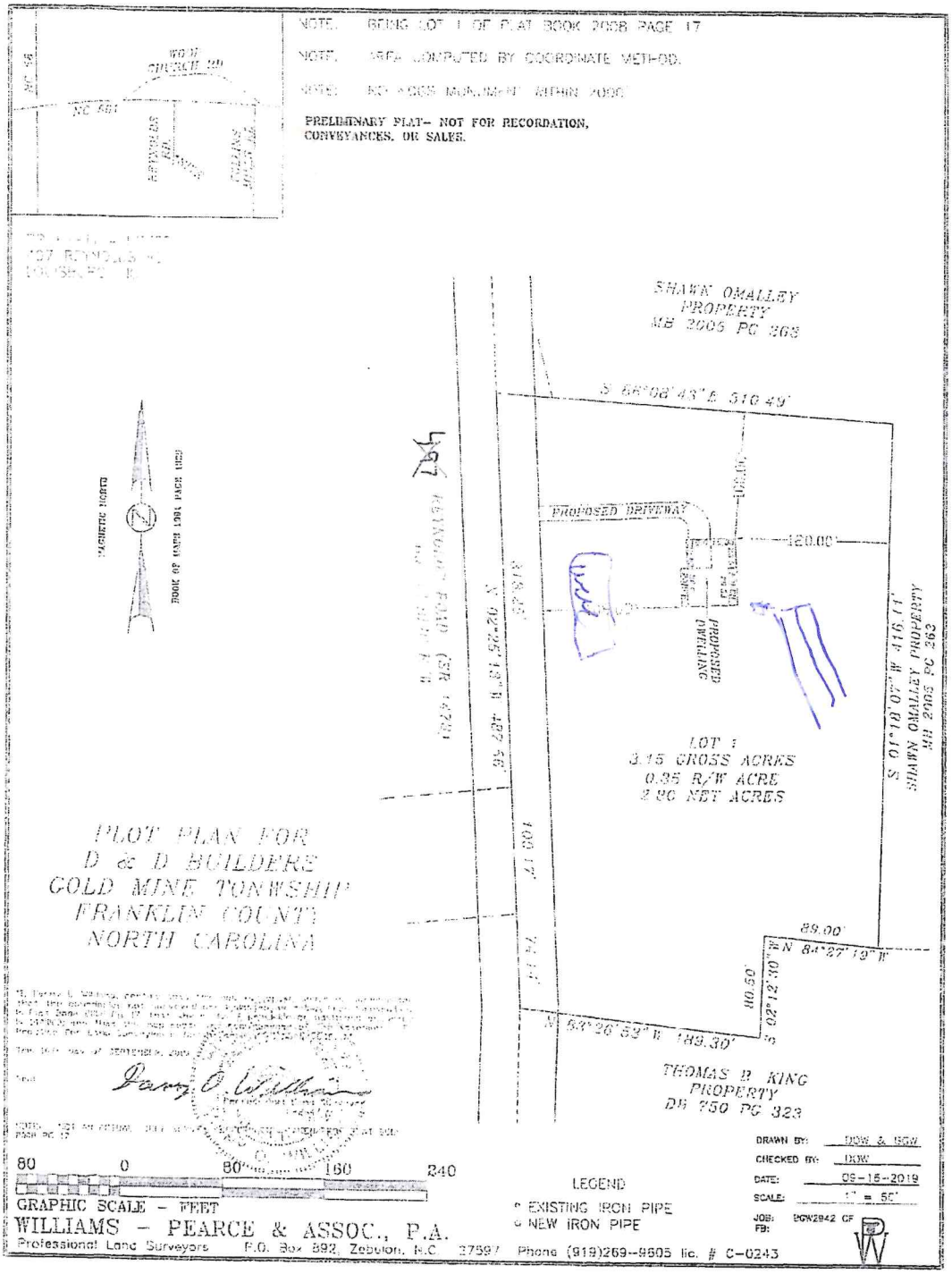
SUB CONTRACTOR

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	JTR	1/14/20		
PLAN REVIEW				
SEPTIC/SEWER				


NOTE: BEING LOT 1 OF PLAT BOOK 2058 PAGE 17
NOTE: AREA COMPUTED BY COORDINATE METHOD.
NOTE: NO CROSS MONUMENT WITHIN 200'
PRELIMINARY PLAT- NOT FOR RECORDATION, CONVEYANCES, OR SALES.
SHAWN OMALLEY PROPERTY MB 2005 PG 363
S 68°08'43"E 310.49'
PROPOSED DRIVEWAY
120.00'
PROPOSED DWELLING
LOT 1
3.15 GROSS ACRES
0.35 R/W ACRE
2.80 NET ACRES
S 01°10'07" W 416.11'
SHAWN OMALLEY PROPERTY MB 2005 PG 363
89.00'
N 84°27'19" W
80.50'
S 82°26'53" W 189.30'
THOMAS P KING PROPERTY DB 250 PG 323
PLOT PLAN FOR
D & D BUILDERS
GOLD MINE TOWNSHIP
FRANKLIN COUNTY
NORTH CAROLINA
80 0 80 160 240
GRAPHIC SCALE - FEET
LEGEND
EXISTING IRON PIPE
NEW IRON PIPE
DRAWN BY: DDW & TGW
CHECKED BY: TGW
DATE: 09-15-2019
SCALE: 1" = 50'
JOB: DDW2842 CF
FB:
WILLIAMS - PEARCE & ASSOC., P.A.
Professional Land Surveyors P.O. Box 892, Zebulon, N.C. 27597 Phone (919)269-9605 lic. # C-0243

2878-23-8739

FC

RESIDENTIAL WELL CONSTRUCTION RECORD

North Carolina Department of Environment and Natural Resources- Division of Water Quality

WELL CONTRACTOR CERTIFICATION # 2476

1. WELL CONTRACTOR:
Jerry Ball
Well Contractor (Individual) Name
Jerry Ball Well Drilling
Well Contractor Company Name
STREET ADDRESS 352 Moulton Rd
Louisburg NC 27549
City or Town State Zip Code
919 497 5491
Area code Phone number

2. WELL INFORMATION:
SITE WELL ID # (if applicable)
STATE WELL PERMIT # (if applicable) 297572
DWQ or OTHER PERMIT # (if applicable)
WELL USE (Check Applicable Box): Residential Water Supply ☑
DATE DRILLED 7-16-20
TIME COMPLETED 7-17-20 AM ☐ PM ☑

3. WELL LOCATION:
CITY COUNTY Franklin
Reynolds Rd
(Street Name, Numbers, Community, Subdivision, Lot No., Parcel, Zip Code)
TOPOGRAPHIC / LAND SETTING
☐ Slope ☐ Valley ☑ Flat ☐ Ridge ☐ Other
(Check appropriate box)
LATITUDE 36° 10 525'
LONGITUDE 78° 04 549'
May be in degrees, minutes, seconds or in a decimal format
Latitude/longitude source: ☑ GPS ☐ Topographic map
(location of well must be shown on a USGS topo map and attached to this form if not using GPS)

4. WELL OWNER:
OWNER'S NAME Orvin Brooks
STREET ADDRESS Reynolds Rd
Louisburg NC
City or Town State Zip Code
919 497-6566
Area code - Phone number

5. WELL DETAILS:
a. TOTAL DEPTH: 360'
b. DOES WELL REPLACE EXISTING WELL? YES ☐ NO ☑
c. WATER LEVEL Below Top of Casing 22 FT
(Use "+" if Above Top of Casing)
d. TOP OF CASING IS 1 FT Above Land Surface*
*Top of casing terminated near below land surface may require a variance in accordance with 15A NCAC 2C .0118.
e. YIELD (gpm) 4 METHOD OF TEST blow down

1. DISINFECTION: Type Chlorine Amount 32 oz

9. WATER ZONES (depth)
From 110 To 2 GPM From To
From 282 To 2 GPM From To
From To From To

6. CASING:

	Depth From	Depth To	Ft.	Diameter	Thickness/ Weight	Material
	+1	65		6"	SDR21	PVC

7. GROUT:

	Depth From	Depth To	Ft.	Material	Method
	0	20		Bentonite	Poured

8. SCREEN:

	Depth From	Depth To	Ft.	Diameter	Slot Size	Material
				in.	in.	
				in.	in.	
				in.	in.	

9. SAND/GRAVEL PACK:

	Depth From	Depth To	Ft.	Size	Material

10. DRILLING LOG:

From	To	Formation Description
0	57	Clay
57		Shale

11. REMARKS:

I DO HEREBY CERTIFY THAT THIS WELL WAS CONSTRUCTED IN ACCORDANCE WITH 15A NCAC 2C WELL CONSTRUCTION STANDARDS AND THAT A COPY OF THIS RECORD HAS BEEN PROVIDED TO THE WELL OWNER.

Jerry Ball — 7-17-20
SIGNATURE OF CERTIFIED WELL CONTRACTOR DATE

Jerry Ball
PRINTED NAME OF PERSON CONSTRUCTING THE WELL

Submit the original to the Division of Water Quality within 30 days. Attn: Information Mgt., 1617 Mail Service Center – Raleigh, NC 27699-1617 Phone No. (919) 733-7015 ext 566.

Form GW-1b
Rev 7/06

Well Construction Permit

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

For Office Use Only

*CDP File Number 297572
PIN Number: 2878238739
Tax Lot #: 1 Tax Block #:
Evaluated For: SINGLE FAMILY \ WELL

Property Owner:	DEVIN BROOKS
Address:	21 WARREN AVE
City:	LOUISBURG
State/Zip:	NC / 27549
Phone #:	H: (919) 497-6566

Applicant:	DEVIN BROOKS
Address:	21 WARREN AVE
City:	LOUISBURG
State/Zip:	NC / 27549
Phone #:	H: (919) 497-6566

Property Location & Site Information

Address/Road #: REYNOLDS RD
LOUISBURG NC, 27549

Subdivision:

Phase:

Lot: 1

*Proposed use of Well: SINGLE FAMILY

If Other:

Directions

REYNOLDS RD

Well Contractor Information

Drilling Contractor: Jerry Ball

Driller Registration: 2476

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: Shad Leonard

*Date of Issue: 01/22/2020

Authorized State Agent:

Owner/Applicant:

○ Hand Drawing ○ Import Drawing

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

IMPROVEMENT PERMIT

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

For Office Use Only

*CDP File Number	297572 - 2
County ID Number:	2878238739
Evaluated For:	NEW

PERMIT VALID UNTIL: 01/22/2025

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

Applicant:	DEVIN BROOKS
Address:	21 WARREN AVE
City:	LOUISBURG
State/Zip:	NC 27549
Phone #:	home: (919) 497-6566

Property Owner:	DEVIN BROOKS
Address:	21 WARREN AVE
City:	LOUISBURG
State/Zip:	NC. 27549
Phone #:	home: (919) 497-6566

Property Location & Site Information

Address/Road #: REYNOLDS RD LOUISBURG, NC 27549
Subdivision:
Phase: ACTIVE
Lot: 1

Structure: SINGLE FAMILY
# of Bedrooms: 3
# of People: 0
*Water Supply: NEW WELL

Directions

REYNOLDS RD

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

*Proposed System:
25% REDUCTION

Minimum Trench Depth: _____ Inches
Maximum Trench Depth 30 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**

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: Shad Leonard
Date of Issue: 01/22/2020

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

*CDP File Number: 297572 - 2
County ID Number: 2878238739
Evaluated For: NEW

PERMIT VALID UNTIL: 01/21/2025

☐ Open Pump System Sheet

Applicant:	DEVIN BROOKS
Address:	21 WARREN AVE
City:	LOUISBURG
State/Zip:	NC 27549
Phone #:	home: (919) 497-6566

Property Owner:	DEVIN BROOKS
Address:	21 WARREN AVE
City:	LOUISBURG
State/Zip:	NC. 27549
Phone #:	home: (919) 497-6566

Property Location & Site Information

Address/Road #: REYNOLDS RD LOUISBURG, NC 27549
Subdivision:
Phase: ACTIVE Lot: 1

Directions:

REYNOLDS RD

Structure: SINGLE FAMILY
# of Bedrooms: 3
# of People: 0
*Water Supply: NEW WELL

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: 30 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
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

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)). 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: Shad Leonard
Date of Issue: 01/22/2020

Site Plan/Drawing attached.

◯ Hand Drawing ◯ Import Drawing

Total Time : (HH:MM) ____