CR - Joel

Franklin County
NORTH CAROLINA

Franklin County
215 E. Nash St. Louisburg, NC 27549
Phone (919) 496-2281
www.franklincountync.us

350953

Issued to: Robert Clanton **Location: 30 WOODCREST DR YOUNGSVILLE , NC 27596**

SEPTIC RECHECK APPLICATION 1880-12-8208

Application Type: SEPTIC RECHECK
Application Number: E-21-367
Building Type:
Project Type: Swimming Pool
# of Bedrooms: 3
Parcel ID #; 031426

Date: April 29, 2021
Acreage: 1.13
Zoning: R-40
# of People: 1
Subdivsion: WILLIAMSTON RIDGE LOT 27

Applicant Information

Applicant Name: Robert Clanton
Address: 30 Woodcrest dr youngsville , NC 27596
Phone: 919-857-5297
Email: rclanton0301@gmail.com

Property Owner Information

Owner Name: CLANTON ROBERT
Address: 30 WOODCREST DR YOUNGSVILLE , NC 27596
Phone:
Email:

General Contractor Information

Contractor Name:
Address: ,
Phone:
Email:

Zoning

Zoning Permit #: Z-21-718
Front Setback: 50
Left Setback: 20

County Water: No
Right Setback: 20
Rear Setback: 50

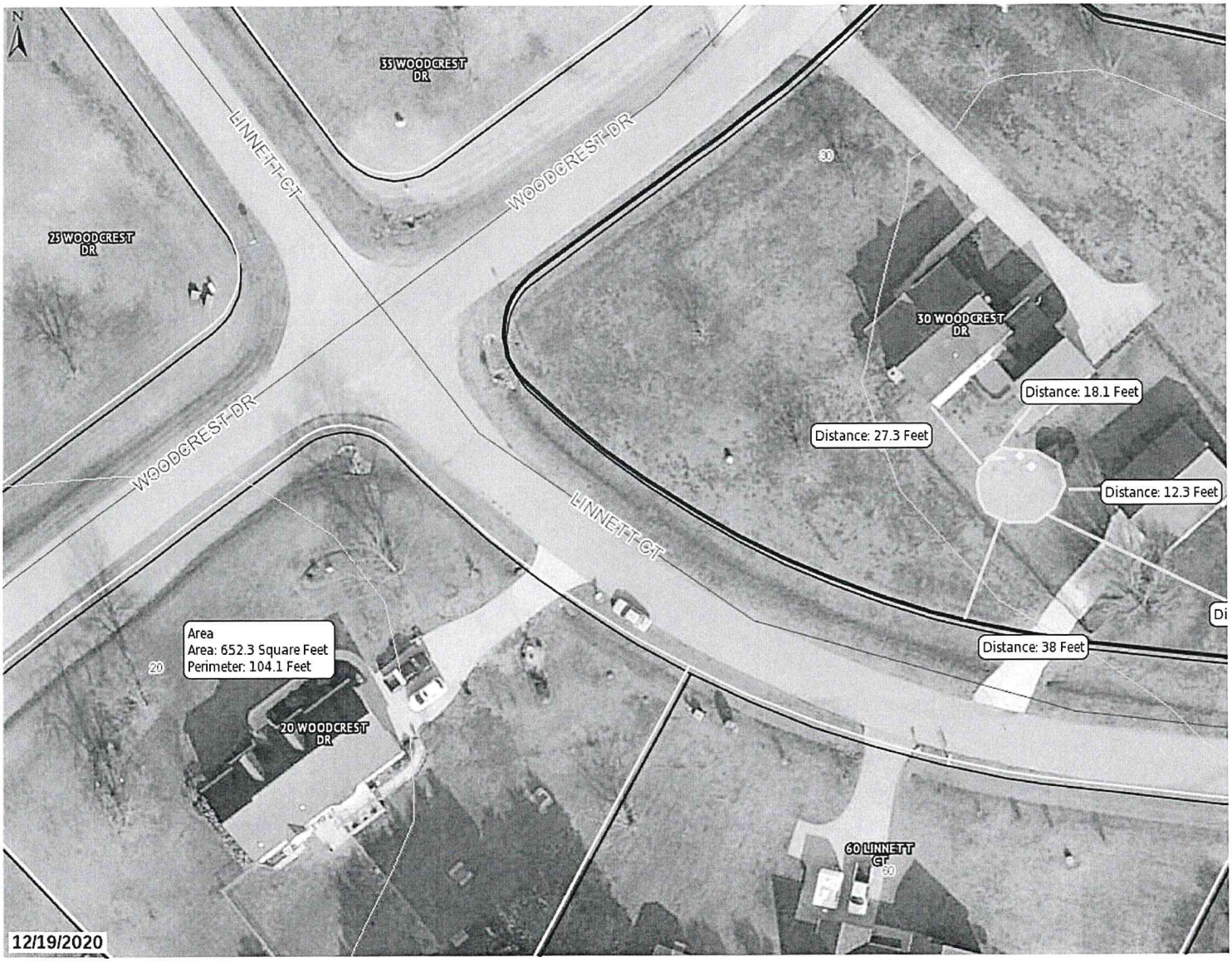
Call Environmental Health (919-496-8100) between 8:00 - 9:00 a.m. Monday - Friday in order to schedule an appointment with and environmental Health Specialist for your lot evaluation. This application for an improvement permit/construction authorization and well permit does not constitute approval for zoning, septic, and building permits. It will be necessary to meet all guidelines for zoning, septic, and building permits prior to construction. The application is valid for either 12 months or without expiration, depending upon documentation submitted.

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.

I hereby 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 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 be release information upon public request.

April 29, 2021


N
35 WOODCREST DR
LINNETT CT
WOODCREST DR
25 WOODCREST DR
30
30 WOODCREST DR
Distance: 18.1 Feet
Distance: 27.3 Feet
Distance: 12.3 Feet
WOODCREST DR
LINNETT CT
Distance: 38 Feet
Area
Area: 652.3 Square Feet
Perimeter: 104.1 Feet
20
20 WOODCREST DR
60 LINNETT CT
60
12/19/2020

Construction Authorization

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

For Office Use Only

*CDP File Number: 356953 - 1
County ID Number: 1880-12-8208
Evaluated For: EXISTING

PERMIT VALID UNTIL: 06/01/2026

☐ Open Pump System Sheet

Applicant:	ROBERT CLANTON
Address:	30 WOODCREST DR
City:	YOUNGSVILLE
State/Zip:	NC 27596
Phone #:	

Property Owner:	ROBERT CLANTON
Address:	30 WOODCREST DR
City:	YOUNGSVILLE
State/Zip:	NC. 27596
Phone #:	

Property Location & Site Information

Address/Road #: 30 WOODCREST DR YOUNGSVILLE, NC 27596
Subdivision: WILLIAMSTON RIDGE
Phase: NEW
Lot: 27

Directions: 30 WOODCREST DR

Structure: OTHER

# of Bedrooms:

# of People:

*Water Supply:

System Specifications

*Site Classification:

Design Flow: 360

Soil Application Rate:

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

*Proposed System:

Minimum Trench Depth: ____ Inches

Maximum Trench Depth: ____ Inches

Minimum Soil Cover: ____ Inches

Maximum Soil Cover: ____ Inches

*Distribution Type: N/A

Nitrification Field: ____ Sq. ft.

No. Drain Lines:

Total Trench Length: ____ ft.

Trench Spacing: ____ - ____ ◯ Inches ◯ Feet

Trench Width: ____ - ____ ◯ Inches ◯ Feet

Aggregate Depth: ____ inches

Septic Tank: ____ 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: Bendel, Joel
Date of Issue: 06/01/2021

◯ Hand Drawing ◯ Import Drawing

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

Total Time : (HH:MM) ____

Franklin County
NORTH CAROLINA

File # 356953 PIN# _____

Property Address: 30 Woodcrest Dr

Applicant or Owner Name: Robert Clanton

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 ( ) Additional Diagram/Specifications Attached

Diagram Date:** 6-1-21 **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.**

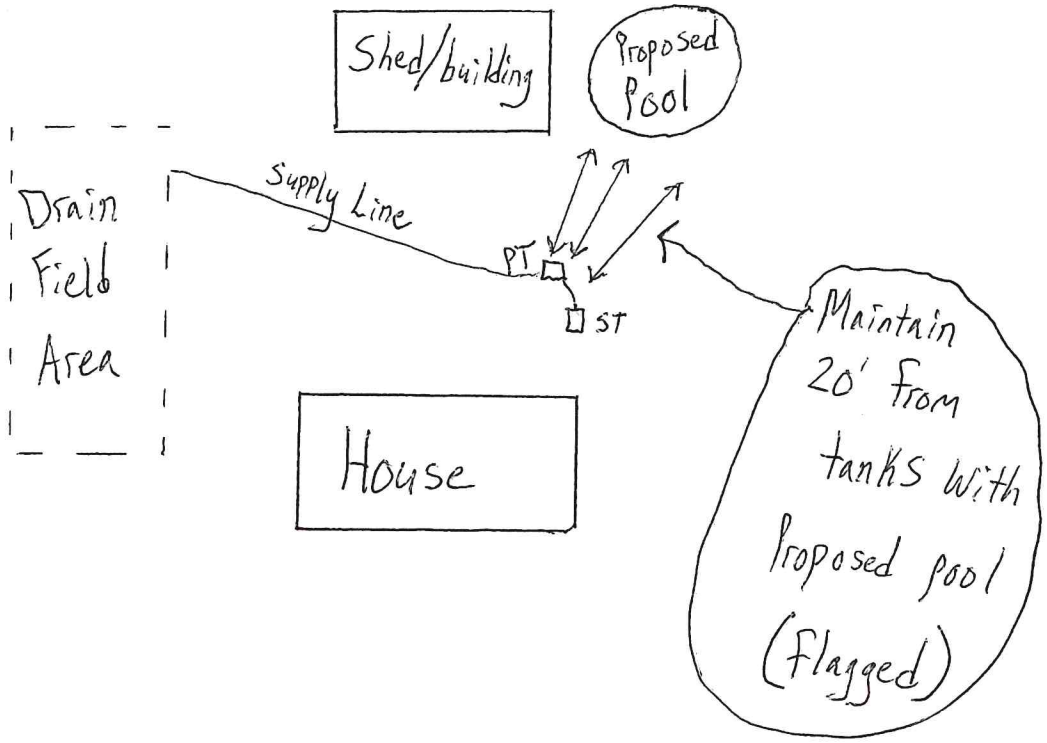
Installation/grouting inspections may be scheduled the day before, or, the day of installation until 9am by contacting the Environmental Health office at 919 496 8100. A revisit fee may apply if installation is not ready for inspection at the time requested. ***Septic Operations Permits*** will be issued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

Septic Contractor _____ Septic/Pump tank dates _____ Pump fee? Yes No

Well Contractor _____ Well Grout date: _____

* Plot plan attached



Wood Crest Dr.

FCEH FORM 165 9/19, 10/19