IMPROVEMENT PERMIT

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

For Office Use Only

*CDP File Number: 410066 - 1
County ID Number:
Evaluated For: REPAIR

PERMIT VALID UNTIL: 03/21/2029

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

Applicant:	Cody Marer
Address:	960 Hicks Rd
City:	Youngsville
State/Zip:	NC
Phone #:	cell :(267) 664-6837

Property Owner:	Cody Marer
Address:	960 Hicks Rd
City:	Youngsville
State/Zip:	NC.
Phone #:	cell :(267) 664-6837

Property Location & Site Information

Address: 960 Hicks Rd Youngsville, NC Subdivision: Block/Phase: NEW Lot:

Road #:

Structure: SINGLE FAMILY

# of Bedrooms:

# of People:

*Water Supply: N/A

Directions

Repair

System Specifications

Initial System

Usable Soil Depth:

Design Flow:

Soil Application Rate:

*System Classification/Description:

*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

Usable Soil Depth: 42

Soil Application Rate: 0.300

*System Classification/Description:
N/A

*Proposed System: 25% REDUCTION

Minimum Trench Depth: _____ Inches

Maximum Trench: Depth: 30 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**

This home had/has a leaking toilet that needs repair. This system also had a compromised line that the homeowner recently repaired on their own. Both of these issues could have overloaded the existing system to cause failure. The soil looks great

CDP File Number: 410066

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: Jones, Lori

Date of Issue: 03/21/2024

Total TIme: (HH:MM)

☑ Hand Drawing ○ Import Drawing ****Site Plan/Drawing attached.****

____ : ____

Construction Authorization

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☐ Open Pump System Sheet

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State/Zip:	NC
Phone #:	cell :(267) 664-6837

Property Owner:	Cody Marer
Address:	960 Hicks Rd
City:	Youngsville
State/Zip:	NC.
Phone #:	cell :(267) 664-6837

Property Location & Site Information

Address/Road #: 960 Hicks Rd Youngsville, NC Subdivision: Phase: NEW Lot:

Directions:

Structure: SINGLE FAMILY

Repair

# of Bedrooms:

# of People:

*Water Supply:

System Specifications

Usuable Soil Depth: 42
Design Flow: 480
Soil Application Rate: 0.3500
*System Classification/Description:

Minimum Trench Depth: ____ Inches
Maximum Trench Depth: 30 Inches
Minimum Soil Cover: ____ Inches
Maximum Soil Cover: ____ Inches

*Proposed System:
25% REDUCTION

*Distribution Type: GRAVITY - PARALLEL (eq. d-box)

Septic Tank: 1,000 Gallons

Nitrification Field: ____ Sq. ft.

Pump Required: ◯ Yes (X) No ◯ May Be Required

No. Drain Lines: 3

Total Trench Length: 390 ft.

◯ Inches O.C.
(X) Feet O.C.

Pump Tank: ____ Gallons

Trench Spacing: ____ - 9

◯ Inches

Grease Trap: ____ Gallons

Trench Width: ____ - 3

(X) Feet

Aggregate Depth: ____ inches

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:**

This home had/has a leaking toilet that needs repair. This system also had a compromised line that the homeowner recently repaired on their own. Both of these issues could have overloaded the existing system to cause failure. The soil looks great and this is a 1985 home.
EHS dowsed the property and located 4 lines, but the homeowner indicated that there were only 2 outlets when they also recently had the dbox replaced. The lines may ray around; if this is the case and one line was compromised, than only half the system was being utilized. A friend that works with DBS came out and also attempted to locate the lines. Where he thinks there is a top line, I did not detect that same line.

Prior repair, it may be wise for homeowner to get a septic contractor to camera the lines to see if that top repaired line can now be used if it was not receiving effluent before due to break in line. Due to water usage in this house, if a repair is performed, more line is being added, and the home will actually end up being permitted for 4 bedroom capacity. Since this will be a repair, the only additional repair to be designated is for the extra bedroom. There is space for that above the existing system.

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☐ Open Pump System Sheet

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: Jones, Lori

Date of Issue: 03/22/2024

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

◉ Hand Drawing ○ Import Drawing

Total Time : (HH:MM)

1985 House Repair / Repair + adding more line

Franklin County
NORTH CAROLINA

File #: _____ PIN#: _____

Property Address: 960 Hicks Rd, Yngs

Applicant or Owner Name: Cody Marer

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**: 3-21-2024 EHS: Lori 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 existing (filter added) 1000 g Pump Tank na Drainfield 3'X390' @ .35 LTAR can be as low as 350 linear ft. If can fit 130' each Type System Accepted Gravity/Doox Max Trench Depth 30"

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

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

Bedrooms: 3

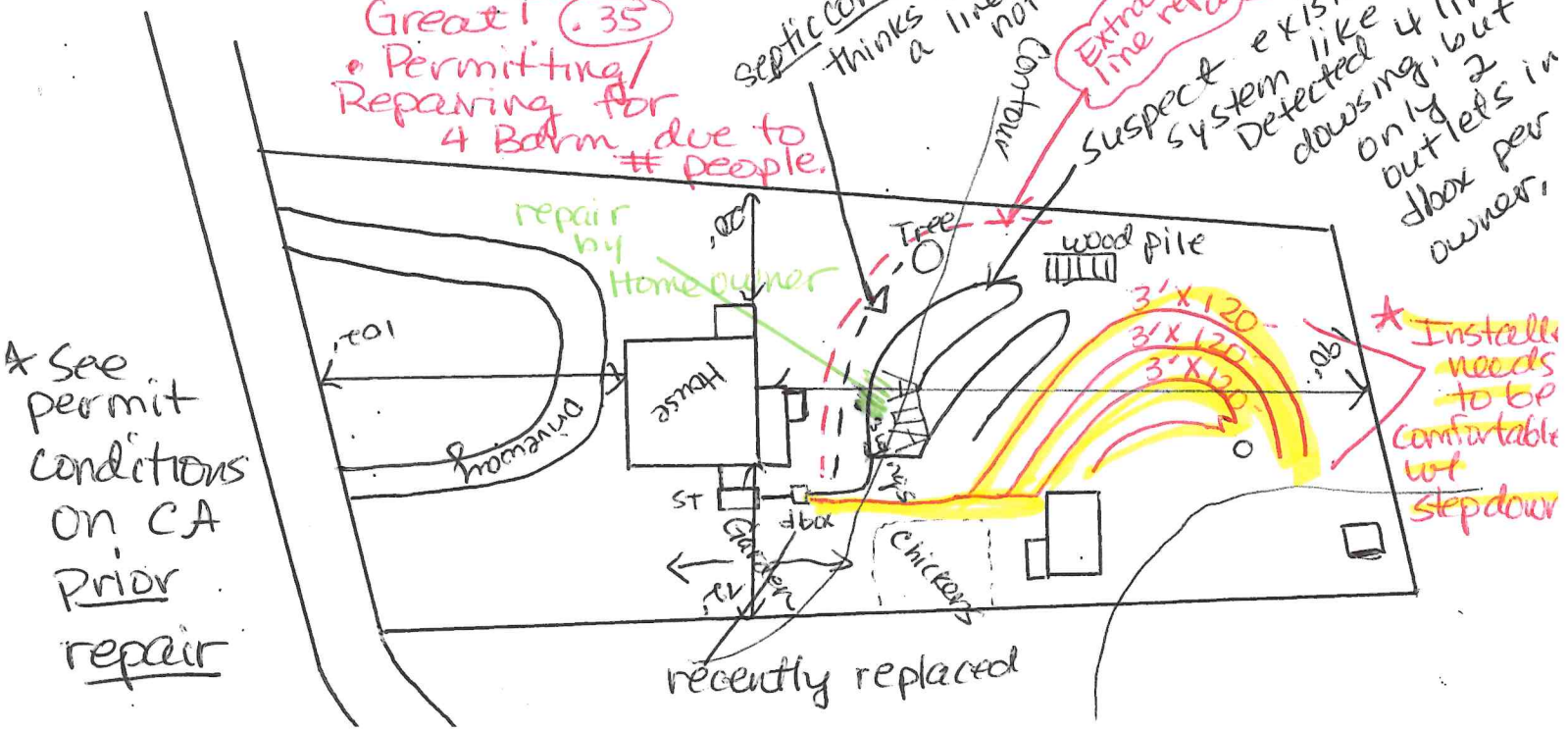
If Repair: ✓

Acreage: 1.14

Parcel ID: 005990

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

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



3-21
9:30 Thurs
~~10:30~~ - ~~Wed~~

COUNTY OF FRANKLIN
ENVIRONMENT HEALTH APPLICATION (919)496-8100

Permit Type (PLEASE CIRCLE): septic repair / well abandonment	
Application Date: 03/15/2024	
Project Address: 960 Hicks Road, Youngsville, NC, 27596	
Location:	Size/Acreage #: 1.05 acres
Subdivision:	Lot #:
Applicant:	Phone: 267-664-6837
	Email: CMaver42@gmail.com
Owner Name and Address: Cody Maver "Same as project address"	
Pin #:	Parcel #
Septic Contractor: Self / David Brantley & Sons	
Proposed Use: repair ~~new failures~~ # of bedrooms: 3	# of people: 6 – kids under 10
Year House was built: 1985	Name of Builder:

Add 100

Please complete all sections below

____ Yes ___X___ No Does this site contain any previously identified jurisdictional wetlands?

____ Yes ___X___ No Is any wastewater, other than domestic, going to be generated?

____ Yes ___X___ 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.

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

___Conventional ___Alternative ___Innovative ___Modified Conventional

___ Other ___ No Preference

Reason for repair (please describe conditions): Distribution box failed and was replaced Notices excess graywater seeping out of the ground. Dug + found failed pipe (crushed + broken) Pipe is also very clogged.

Last date septic tank was pumped: 11/2023 Have lines been flagged? YES / (NO)

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.

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 I application for improvement permit is falsified changed or site is altered, then improvement permit and authorization to construct shall become invalid. Authorized county representatives are granted right of entry to make evaluations or inspections, and to release information upon public request.

Signature of Owner or Owner's Legal Representative

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

PROPERTY ID #: ____
COUNTY: FrK

SOIL/SITE EVALUATION *for* ON-SITE WASTEWATER SYSTEM

(Complete all fields in full)

OWNER: Cody Maner DATE EVALUATED: 3-21-21
ADDRESS: 9100 Hicks Rd
PROPOSED FACILITY: ____ PROPOSED DESIGN FLOW (.0400): 360 PROPERTY SIZE: ____
LOCATION OF SITE: ____ PROPERTY RECORDED: ____
WATER SUPPLY: ☐ Public ☐ Single Family Well ☐ Shared Well ☐ Spring ☐ Other ____ WATER SUPPLY SETBACK: ____
EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut TYPE OF WASTEWATER: ☐ Domestic ☐ High Strength ☐ IPWW

PROFILE #	.0502 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY .0503 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY .0503 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .0504 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .0505 SOIL DEPTH	OTHER PROFILE FACTORS .0506 SAPRO CLASS	OTHER PROFILE FACTORS .0507 RESTR HORIZ	.0509 PROFILE CLASS & LTAR*	.0502(d) SLOPE CORRECTION
1	Linear 5-8%	0-8	CL			42"	4			S
		8-36	C	FiSPSE						
		36-42	SiC	FiSPSE						
2										
3										
4										

Beautiful

30" Slope correction of 2-4" acct'd for

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.0508)		
System Type(s)		
Site LTAR		
Maximum Trench Depth		.35

SITE CLASSIFICATION (.0509): S
EVALUATED BY: [signature]
OTHER(S) PRESENT: ____

Comments: ____