Issued to: Allison Bell

Location: 15 OXER DR YOUNGSVILLE, NC 27596

Franklin County
NORTH CAROLINA

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

NEW SEPTIC APPLICATION

Application Type:

NEW SEPTIC

Permit #: E-20-274 Date: May 11, 2020

Dwelling Type: PARCEL

Location: 15 OXER DR , YOUNGSVILLE NC

Description of work:

# of bedrooms: 4

# of people: 5

Subdivision: Falls Creek Lot 28

Tax ID #: 043405 1842-18-6468

APPLICANT INFORMATION

Name: Allison Bell

Email: allisonbell@hhhomes.com

Phone: 9195003834

Address: 7200 Falls of Neuse Rd Ste 202 Raleigh NC, 27615

PROPERTY OWNER INFORMATION

Owner: H&H Constructors of Fayetteville, LLC

Email: allisonbell@hhhomes.com

Phone: 9193743473

Address: 2919 Breezewood ave FAYETTEVILLE NC 28300

GENERAL CONTRACTOR INFORMATION

Name: H & H Constructors of Fayetteville, LLC

Address: 2919 Breezewood Ave Ste 400 Fayetteville 28303-5283

License Number: 74158

Phone: (910) 486-4864

Email:

ZONING

Zoning: R 1

County Water: Yes

Setbacks - Front: 25

Setbacks - Rear: 20

Setbacks - Left: 10

Setbacks - Right: 10

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 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 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.

_____ May 11, 2020

OPERATION PERMIT

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

For Office Use Only	
*CDP File Number	316974 - 1
County ID Number:	1842-18-6468
Evaluated For:	NEW

Property Owner: H & H CONSTRUCTORS OF FAYETTEVILLE, LL
Address: 2919 BREEZEWOOD AVE
Road #: STE 400
City: FAYETTEVILLE
State/Zip: NC/ 28303
Phone #: (919) 374-3473
Township:
Subdivision: FALLS CREEK
Phase : NEW Lot: 28

Structure: SINGLE FAMILY
# of Bedrooms: 4
# of People: 5
Water Supply: PUBLIC
Saprolite System?: [ ] Yes [X] No
Pump Required?: [X] Yes [ ] No
Design Flow: 480
System Classification/Description: TYPE III B. SYSTEM W/SINGLE EFFLUENT PUMP

Installer: C & M Plumbing
Certification #:
Specific System Installed: INFILTRATOR QUICK 4 STANDARD
Septic Tank Date: 11/04/2020
STB:
Pump Tank Date: 11/06/2020
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: Ennis, Crystal

Date of Issue: 02/23/2021

Owner/Applicant: _____

Franklin County
NORTH CAROLINA

File # 316974 PIN# 1842-18-6468

Property Address: 15 Oxer Drive

Applicant or Owner Name: Allison Bell

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: 7-16-20 EHS: [signature]**

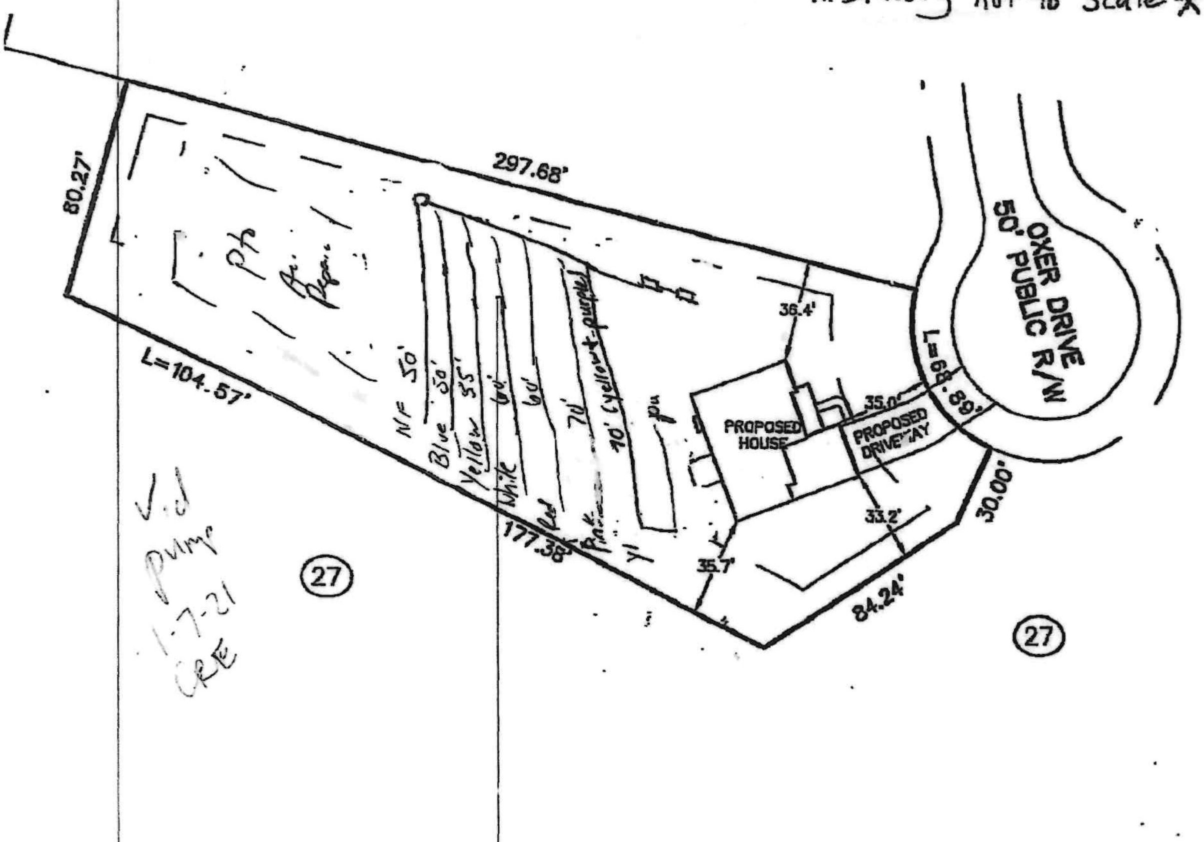
****Any previously dated CA diagram is revoked and/or invalid. Confirm this is the valid diagram for the site before beginning any construction.**

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 1060 Drainfield 3'x405' 415' Type System P to Arc Max Trench Depth 22"

Septic Contractor C+M Plumbing Septic/Pump tank dates ST FRS 1000 11-4-20 PT FRS 1000 11-6-20 Pump fee? (Yes) No

Well Contractor ______ Well Grout date: ______ *Drawing not to scale*



Vid pump 1-7-21 CRE

IMPROVEMENT PERMIT

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

For Office Use Only

*CDP File Number	316974 - 1
County ID Number:	1842-18-6468
Evaluated For:	NEW

PERMIT VALID UNTIL: 07/16/2025

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

Applicant:	ALLISON BELL
Address:	7200 FALSS OF NEUSE RD
City:	RALEIGH
State/Zip:	NC 27615
Phone #:	home: (919) 500-3834

Property Owner:	H & H CONSTRUCTORS OF FAYETTEVILLE,
Address:	2919 BREEZEWOOD AVE
City:	FAYETTEVILLE
State/Zip:	NC. 28303
Phone #:	home: (919) 374-3473

Property Location & Site Information

Address/Road #: 15 OXER DR YOUNGSVILLE, NC 27596
Subdivision: FALLS CREEK Phase: NEW Lot: 28

Structure: SINGLE FAMILY
# of Bedrooms: 4
# of People: 5
*Water Supply: N/A

Directions

15 OXER DR

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 22 Inches

Septic Tank: 1000 Gallons
Pump Required (X) Yes ( ) No ( ) May Be Required
Pump Tank: 1000 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 22 Inches

Pump Required: (X) 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 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**

Install on contour. Maintain proper setbacks.

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: Ennis, Crystal Date of Issue: 07/16/2020

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: 316974 - 1
County ID Number: 1842-18-6468
Evaluated For: NEW

PERMIT VALID UNTIL: 07/16/2025

☐ Open Pump System Sheet

Applicant:	ALLISON BELL
Address:	7200 FALSS OF NEUSE RD
City:	RALEIGH
State/Zip:	NC 27615
Phone #:	home: (919) 500-3834

Property Owner:	H & H CONSTRUCTORS OF FAYETTEVILLE,
Address:	2919 BREEZEWOOD AVE
City:	FAYETTEVILLE
State/Zip:	NC. 28303
Phone #:	home: (919) 374-3473

Property Location & Site Information

Address/Road #: 15 OXER DR YOUNGSVILLE, NC 27596
Subdivision: FALLS CREEK Phase: NEW Lot: 28

Directions:
15 OXER DR

Structure: SINGLE FAMILY
# of Bedrooms: 4
# of People: 5
*Water Supply: PUBLIC

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: 22 Inches
Minimum Soil Cover: _____ Inches
Maximum Soil Cover: _____ Inches
*Distribution Type: PUMP TO GRAVITY

Nitrification Field: _____ Sq. ft.
No. Drain Lines: 3
Total Trench Length: 405 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: (X) Yes ◯ No ◯ May Be Required
Pump Tank: 1,000 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:**

Install on contour. Maintain proper setbacks.

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: Ennis, Crystal
Date of Issue: 07/16/2020

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

◯ Hand Drawing ◯ Import Drawing

Total Time : (HH:MM) _____

Franklin County
NORTH CAROLINA

File # 316974 PIN# 1842-18-6468

Property Address: 15 Oxer Drive

Applicant or Owner Name: Allison Bell

Environmental Health Septic/Well Permit Diagram

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( ) Well Construction Authorization ( ) Additional Diagram/Specifications Attached

Diagram Date:** 7-16-20 **EHS:** Crystal Evans

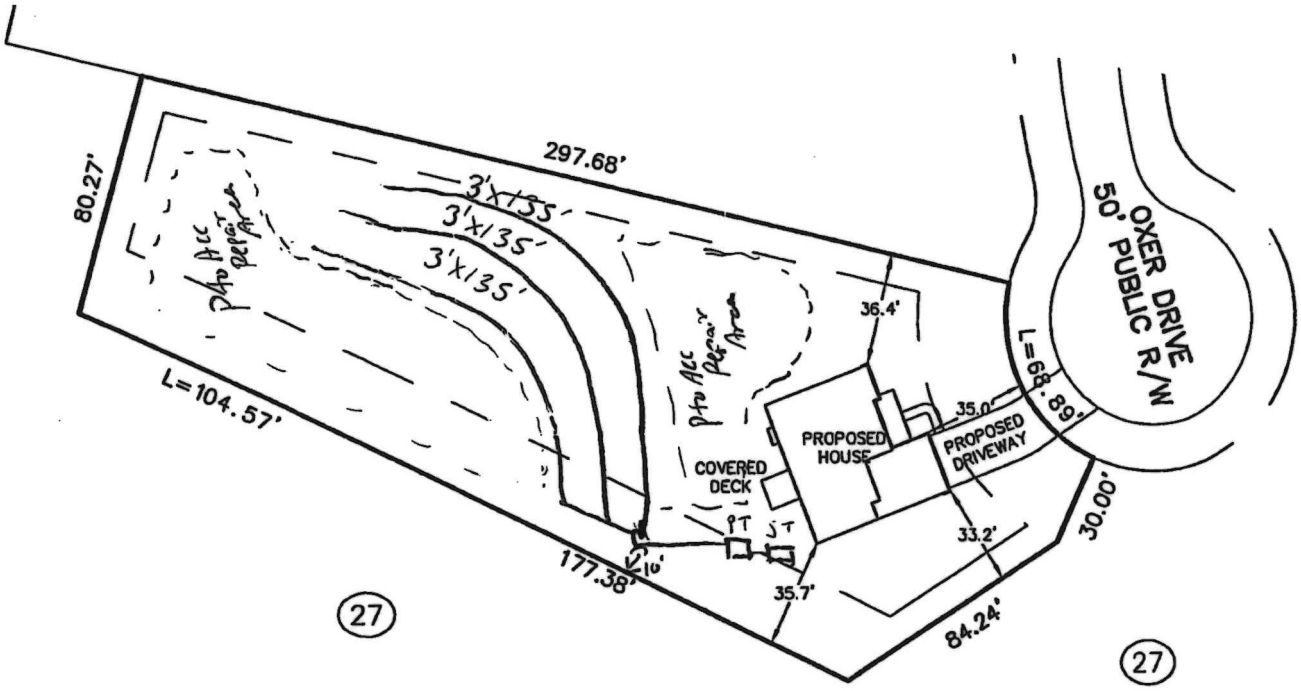
****Any previously dated CA diagram is revoked and/or invalid. Confirm this is the valid diagram for the site before beginning any construction.**

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 1000 Drainfield 3'x405' Type System Pto Acc Max Trench Depth 22"

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

Well Contractor _____ Well Grout date: _____ *Drawing not to scale*



PRELIMINARY PLOT PLAN FOR

H&H HOMES

LOT 28, FALLS CREEK SUBDIVISION

10 OXER DRIVER

REF: B.M. 2017 PAGES 269

YOUNGSVILLE TOWNSHIP

FRANKLIN COUNTY, NORTH CAROLINA

SEPTEMBER 5, 2019

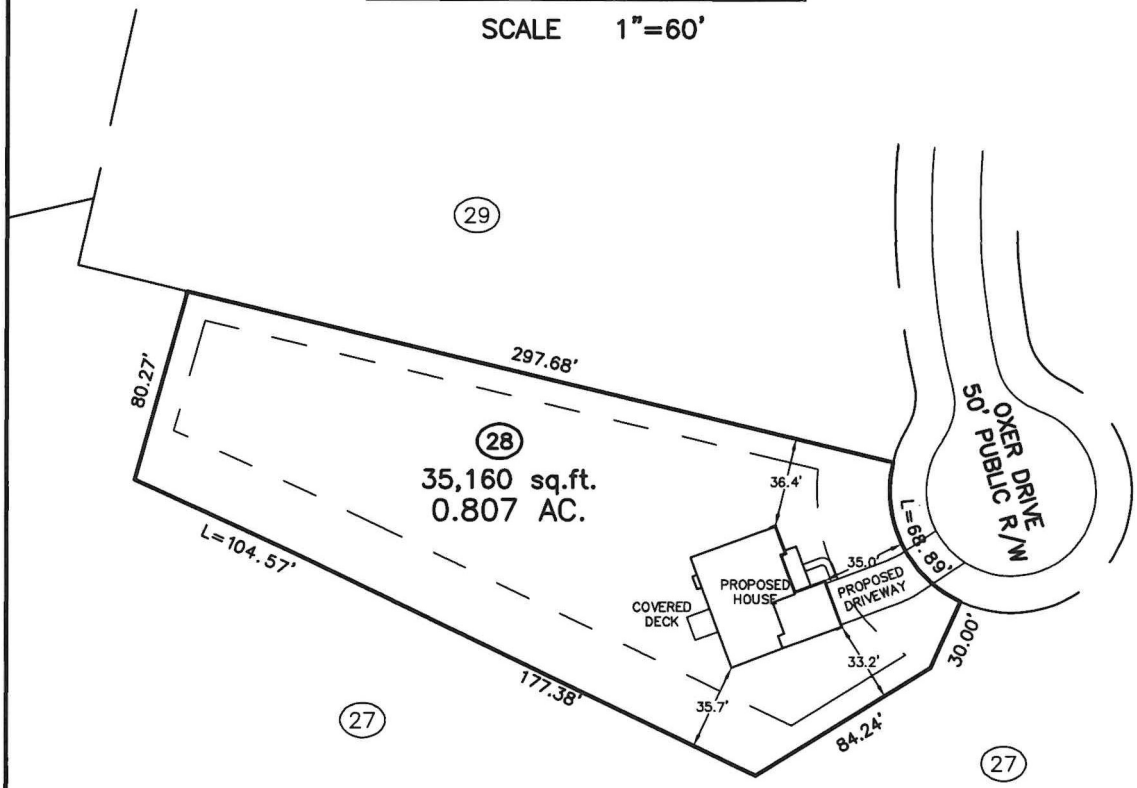
REVISED FEBRUARY 12, 2020

REVISED FEBRUARY 26, 2020

ZONING R 1

60 30 0 60 120

SCALE 1"=60'



THIS SURVEYOR DOES NOT WARRANTY THE ACCURACY OF ARCHITECTURAL DIMENSIONS. THEY ARE TO BE VERIFIED BY THE CONTRACTOR.

CAWTHORNE, MOSS & PANCIERA, P.C.

Professional Land Surveyors
C-1525

333 S. White Street
Post Office Box 1253
Wake Forest, N.C. 27588
(919)556-3148

NOTES:
-THIS PLAN DOES NOT REFLECT AN ACTUAL SURVEY. IT IS A PRELIMINARY PLAN AND SHOULD BE USED FOR ITS INTENDED PURPOSE ONLY.
-NOT FOR RECORDATION, CONVEYANCES, OR SALES.