OPERATION PERMIT

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

For Office Use Only

*CDP File Number: 366484 - 2
County ID Number: 2831-27-6369
Evaluated For: NEW

Property Owner: JOSEPH GIORDANO
Address: 110 MUSTANG DR
Road #:
City: LOUISBURG
State/Zip: NC/ 27549
Phone #:
Township:
Subdivision: LAKE ROYALE
Phase : NEW Lot: 94

Structure: SINGLE FAMILY
# of Bedrooms: 1
# of People: 2
Water Supply: N/A
Saprolite System?: [ ] Yes [X] No
Pump Required?: [ ] Yes [X] No
Design Flow: 240
System Classification/Description: TYPE II A. CONV SYSTEM (SINGLE-FAMILY OR 480 GPD OR LESS)

Installer: DBS
Certification #:
Specific System Installed: UNKNOWN
Septic Tank Date: 12/14/2021
STB: 1000
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: Bendel, Joel

Date of Issue: 02/23/2022

Owner/Applicant: _____

IMPROVEMENT PERMIT

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

For Office Use Only

*CDP File Number	366484 - 1
County ID Number:	2831-27-6369
Evaluated For:	EXISTING

PERMIT VALID UNTIL: 12/15/2026

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

Applicant:	JOSEPH GIORDANO
Address:	17 HUNTER CT
City:	EGG HARBOR TOWNSHIP
State/Zip:	NY 08234
Phone #:	

Property Owner:	JOSEPH GIORDANO
Address:	110 MUSTANG DR
City:	LOUISBURG
State/Zip:	NC. 27549
Phone #:	

Property Location & Site Information

Address/Road #: 110 MUSTANG DR LOUISBURG, NC 27549 Subdivision: LAKE ROYALE Phase: NEW Lot: 94

Structure: SINGLE FAMILY

# of Bedrooms: 1

# of People: 2

*Water Supply: N/A

Directions

110 MUSTANG DR

System Specifications

Initial System

*Site Classification:

Design Flow: 240

Soil Application Rate:

*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 20 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:

Soil Application Rate:

*System Classification/Description:
N/A

*Proposed System:

Minimum Trench Depth: ____ Inches

Maximum Trench Depth ____ 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 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: Bendel, Joel Date of Issue: 12/15/2021

◯ Hand Drawing ◯ Import Drawing ****Site Plan/Drawing attached.****

Total TIme: (HH:MM) ____ : ____

Construction Authorization

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

For Office Use Only

*CDP File Number: 366484 - 2
County ID Number: 2831-27-6369
Evaluated For: NEW

PERMIT VALID UNTIL: 12/16/2026

☐ Open Pump System Sheet

Applicant:	JOSEPH GIORDANO
Address:	17 HUNTER CT
City:	EGG HARBOR TOWNSHIP
State/Zip:	NJ 08234
Phone #:	

Property Owner:	JOSEPH GIORDANO
Address:	110 MUSTANG DR
City:	LOUISBURG
State/Zip:	NC. 27549
Phone #:	

Property Location & Site Information

Address/Road #: 110 MUSTANG DR LOUISBURG, NC 27549
Subdivision: LAKE ROYALE Phase: NEW Lot: 94

Structure: SINGLE FAMILY
# of Bedrooms: 1
# of People: 2
*Water Supply:

Directions:

110 MUSTANG DR

System Specifications

*Site Classification:
Design Flow: 240
Soil Application Rate:
*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: 20 Inches
Minimum Soil Cover: ____ Inches
Maximum Soil Cover: ____ Inches
*Distribution Type: GRAVITY - PARALLEL (eq. d-box)

Nitrification Field: ____ Sq. ft.
No. Drain Lines: ____
Total Trench Length: 200 ft.
Trench Spacing: ____ - ____
Trench Width: ____ - ____
Aggregate Depth: ____ inches

◯ Inches O.C.
◯ Feet O.C.
◯ Inches
◯ 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: Bendel, Joel
Date of Issue: 12/16/2021

◯ Hand Drawing ◯ Import Drawing

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

Franklin County
NORTH CAROLINA

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

Issued to: Joseph Giordano **Location: 110 MUSTANG DR LOUISBURG , NC 27549**

3166484

SEPTIC RECHECK APPLICATION

2831-27-6369
Joel - CR

Application Type: SEPTIC RECHECK
Application Number: E-21-960
Building Type:
Project Type: Manufactured Home
# of Bedrooms: 1
Parcel ID #; 019489

Date: November 29, 2021
Acreage: 0.14
Zoning: R-30
# of People: 2
Subdivsion: LOT ROYALE C 94

Applicant Information

Applicant Name: Joseph Giordano
Address: 17 Hunter Ct. Egg Harbor Township , NJ 08234
Phone: 6099267051
Email: jag3179@outlook.com

Property Owner Information

Owner Name: Joseph Giordano
Address: 110 Mustang Drive Louisburg , NC 27549
Phone: 16099267051
Email: jag3179@outlook.com

General Contractor Information

Contractor Name:
Address: ,
Phone:
Email:

Zoning

Zoning Permit #: Z-21-1916
Front Setback: 15
Left Setback: 5
County Water: TESI
Right Setback: 5
Rear Setback: 5

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.

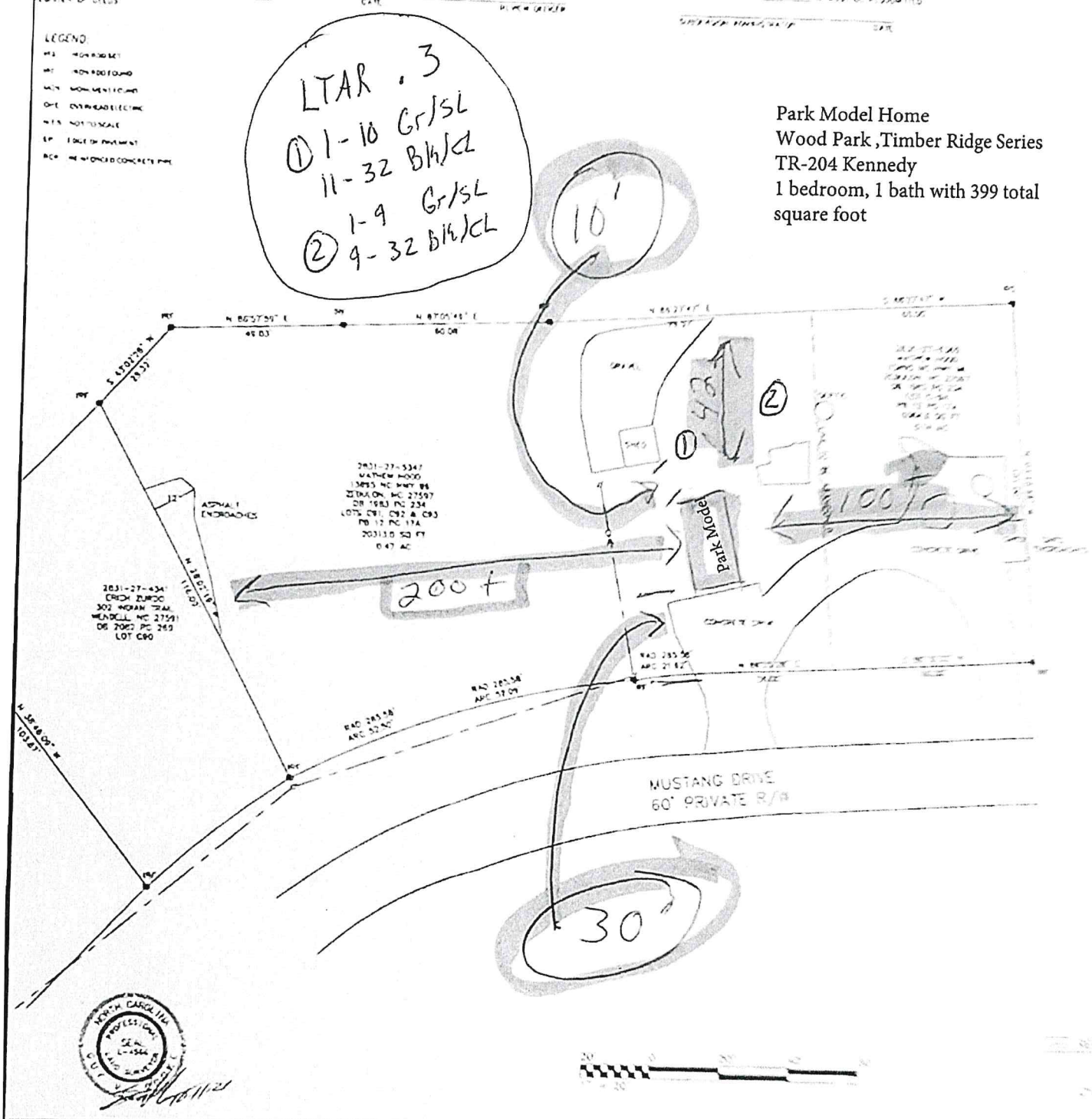
I also certify that all of the statements made in this application and any attached documents are true, complete, and correct, to the best of my knowledge and belief, and are made in good faith. If information in this application for these improvements is falsified, changed or site is altered, then improvement 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.

November 29, 2021

Joseph Giordano

Signature of Owner or Owner's Legal Representative

Expires: November 29, 2022



Park Model Home
Wood Park ,Timber Ridge Series
TR-204 Kennedy
1 bedroom, 1 bath with 399 total square foot

Franklin County
NORTH CAROLINA

File # 366484 PIN# _____

Property Address: 110 Mustang Dr.

Applicant or Owner Name: Joseph Giordano

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

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

Diagram Date:** 12-15-21 **EHS:** Joel Bendel

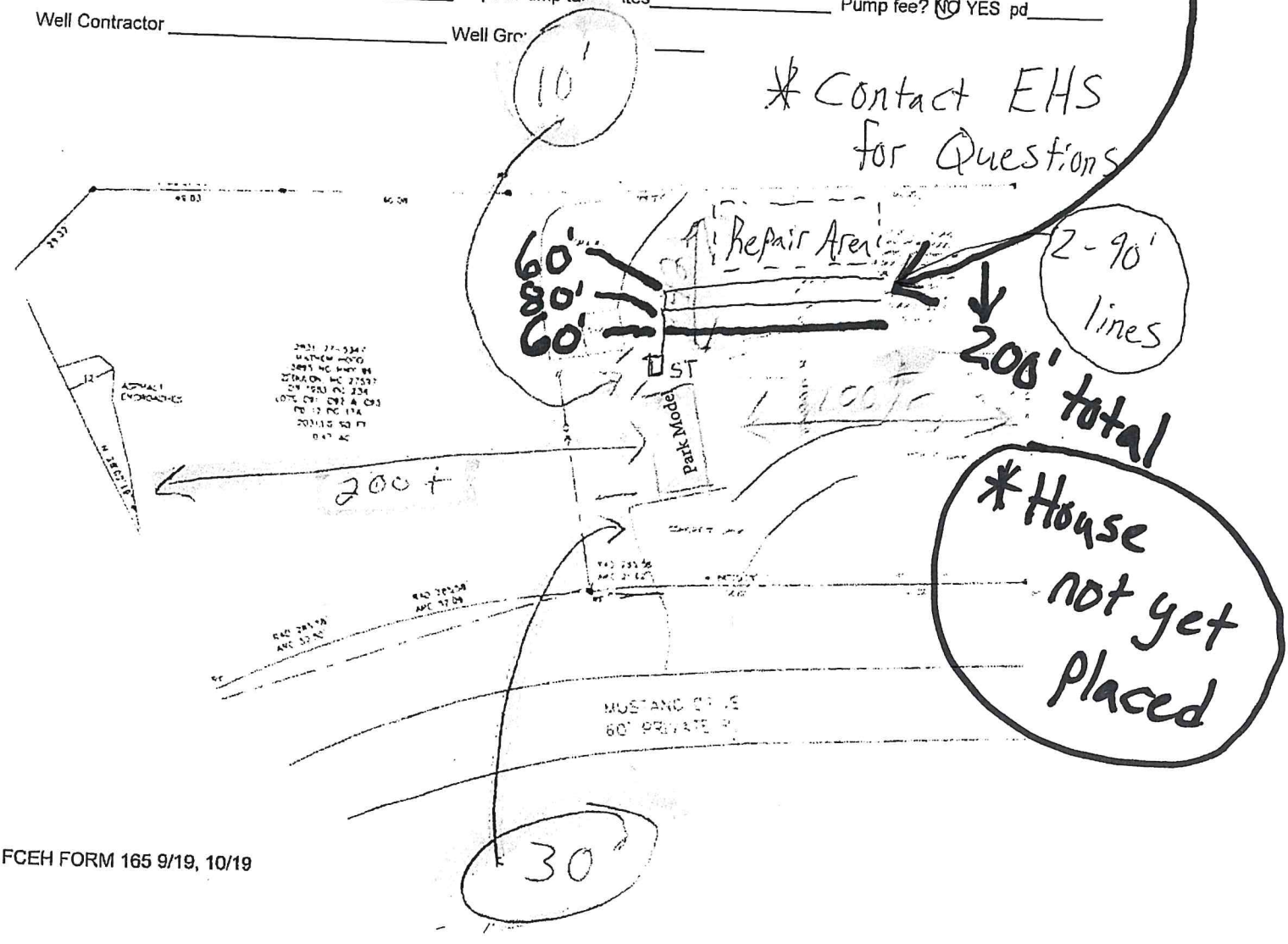
****Any previously dated CA diagram is revoked and/or invalid. Confirm this is the valid diagram for the site before beginning any construction.**

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 1000 Pump Tank N/A Drainfield 3' x 200' Type System Acc Max Trench Depth 20"

Septic Contractor _____ Septic/Pump tank sizes _____ Pump fee? (NO) YES pd _____

Well Contractor _____ Well Gro[illegible] _____



FCEH FORM 165 9/19, 10/19

Franklin County
NORTH CAROLINA

File # 366484 PIN# _____

Property Address: 110 Mustang Dr.

Applicant or Owner Name: Joseph Giordano

Environmental Health Septic/Well Permit Diagram

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