IMPROVEMENT PERMIT

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

For Office Use Only

*CDP File Number: 383372 - 1
County ID Number:
Evaluated For: EXISTING

PERMIT VALID UNTIL: 11/15/2027

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

Applicant:	KARL SALTSMAN
Address:	190 RIVER WATCH LN
City:	YOUNGSVILLE
State/Zip:	NC 27596
Phone #:	

Property Owner:	KARL SALTSMAN
Address:	190 RIVER WATCH LN
City:	YOUNGSVILLE
State/Zip:	NC. 27596
Phone #:	

Property Location & Site Information

Address/Road #: 190 RIVER WATCH LN YOUNGSVILLE. NC 27596
Subdivision: RIVERS EDGE Phase: NEW Lot:
Structure: OTHER
Directions LOW
# of Bedrooms:
# of People:
190 RIVER WATCH LN
*Water Supply: N/A

System Specifications

Initial System

*Site Classification: Provisionally Suitable
Design Flow: 480
Soil Application Rate: 0.3000

Minimum Trench Depth: _____ Inches
Maximum Trench Depth: 24 Inches

*System Classification/Description:
TYPE II A. CONV SYSTEM (SINGLE-FAMILY OR 480 GPD OR LESS)

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

*Proposed System:
25% REDUCTION

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

Minimum Trench Depth: _____ Inches
Maximum Trench Depth: 24 Inches

*System Classification/Description:
TYPE II A. CONV SYSTEM (SINGLE-FAMILY OR 480 GPD OR LESS)

Pump Required: ◯ Yes ◯ No ◯ May Be Required

*Proposed System:
25% REDUCTION

Pump Tank: _____ Gallons

No grading or construction activity is allowed in areas designated for system and repair without approval of Health Departmen

***Site Modifications**

New repair area will be in front yard 50 feet from well and in back yard between lines of initial system where a line as relocated

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**

Line closest to house being relocated to furthest line from house to accommodate for a pool. Part of existing cement patio will be used, 12 feet out from house (furthest wall) to fit a 15 x 30 ft pool. The pool will meet setback of 15 ft from the new first

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: Jones, Lori Date of Issue: 11/15/2022

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:

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*CDP File Number: 383372 - 1
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☐ Open Pump System Sheet

Applicant:	KARL SALTSMAN
Address:	190 RIVER WATCH LN
City:	YOUNGSVILLE
State/Zip:	NC 27596
Phone #:	

Property Owner:	KARL SALTSMAN
Address:	190 RIVER WATCH LN
City:	YOUNGSVILLE
State/Zip:	NC. 27596
Phone #:	

Property Location & Site Information

Address/Road #: 190 RIVER WATCH LN YOUNGSVILLE, NC 27596
Subdivision: RIVERS EDGE Phase: NEW Lot: LOW

Directions: 190 RIVER WATCH LN

Structure: OTHER

# of Bedrooms:

# of People:

*Water Supply:

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: 24 Inches
Minimum Soil Cover: ____ Inches
Maximum Soil Cover: ____ Inches

*Distribution Type: PUMP TO GRAVITY

Nitrification Field: ____ Sq. ft.
No. Drain Lines: 1
Total Trench Length: 133 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: 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:**

Line closest to house being relocated to furthest line from house to accommodate for a pool. Part of existing cement patio will be used, 12 feet out from house (furthest wall) to fit a 15 x 30 ft pool. The pool will meet setback of 15 ft from the new first line.

Existing septic tank and pump tank will be used. Supplie line will have to be lengthend to extend to a new dbox to accommodate new line. Old dbox is overrun with roots. Line closest to house will be abandoned. Feeders will have to be lengthened to reach existing 2 lines left. New system will constist of 3 lines at 133' each.

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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 (.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: Jones, Lori Date of Issue: 11/15/2022

☑ Hand Drawing ○ Import Drawing

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

Total Time : (HH:MM)

Franklin County
NORTH CAROLINA

File # 383372 PIN# _____

Property Address: 90 River Watch

Applicant or Owner Name: Karl Saltsman

Environmental Health Septic/Well Permit Diagram

Building permits cannot be issued nor should construction begin without Construction Authorization issuance.

(V) Septic Improvement Permit (V) Septic Construction Authorization (CA) ( ) CA Reissue** ( ) As Built

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

Diagram Date:** 11-15-2022 **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 Pump Tank Existing Drainfield Relocate 3'X133' Type System New Pump to Dbox Accepted Max Trench Depth 24" same as existing lines.

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

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

Bedrooms: 4

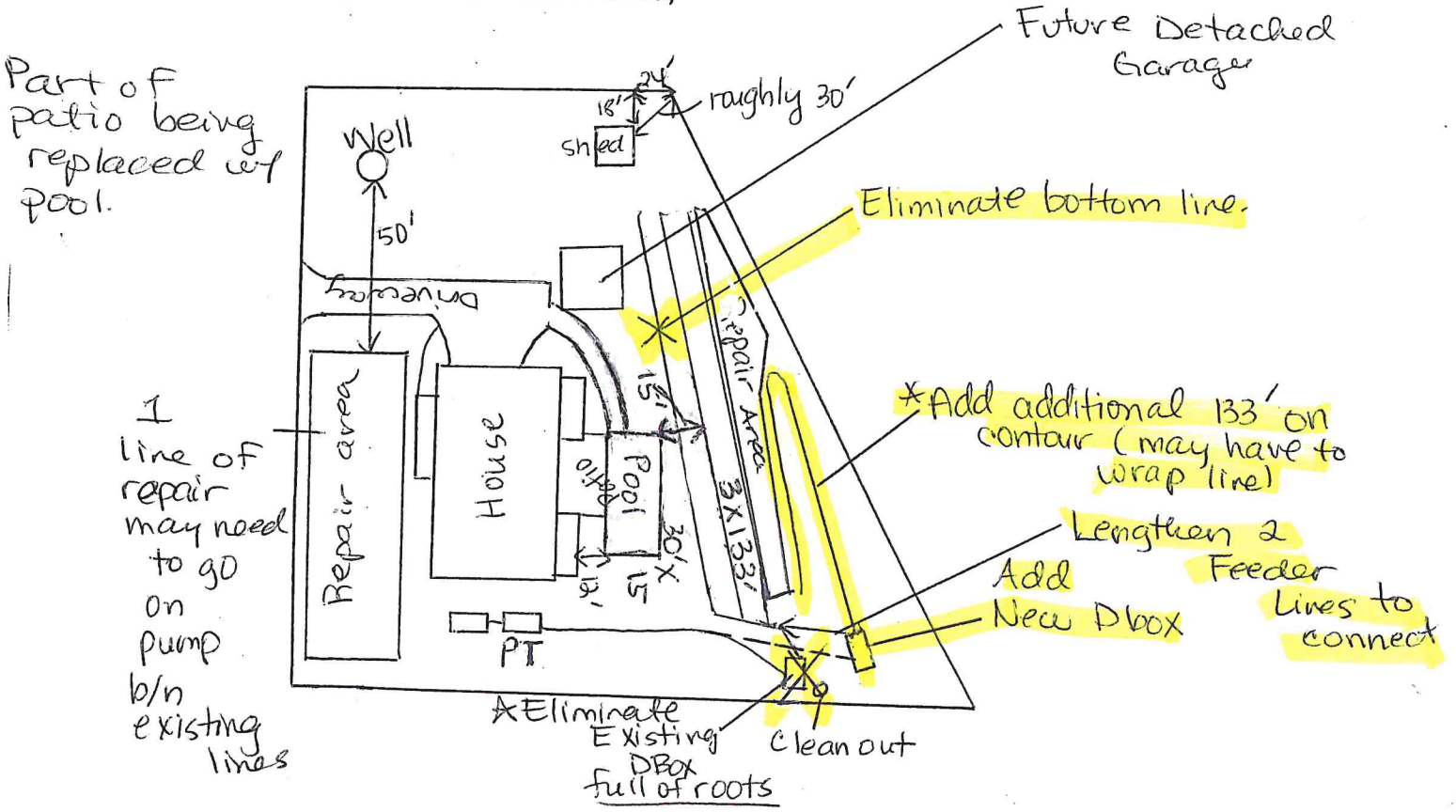
If Repair Relocation

Acreage: .92

Parcel ID: 031693Z

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

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



Franklin County Health Department

Name: DENMARK CONSTU

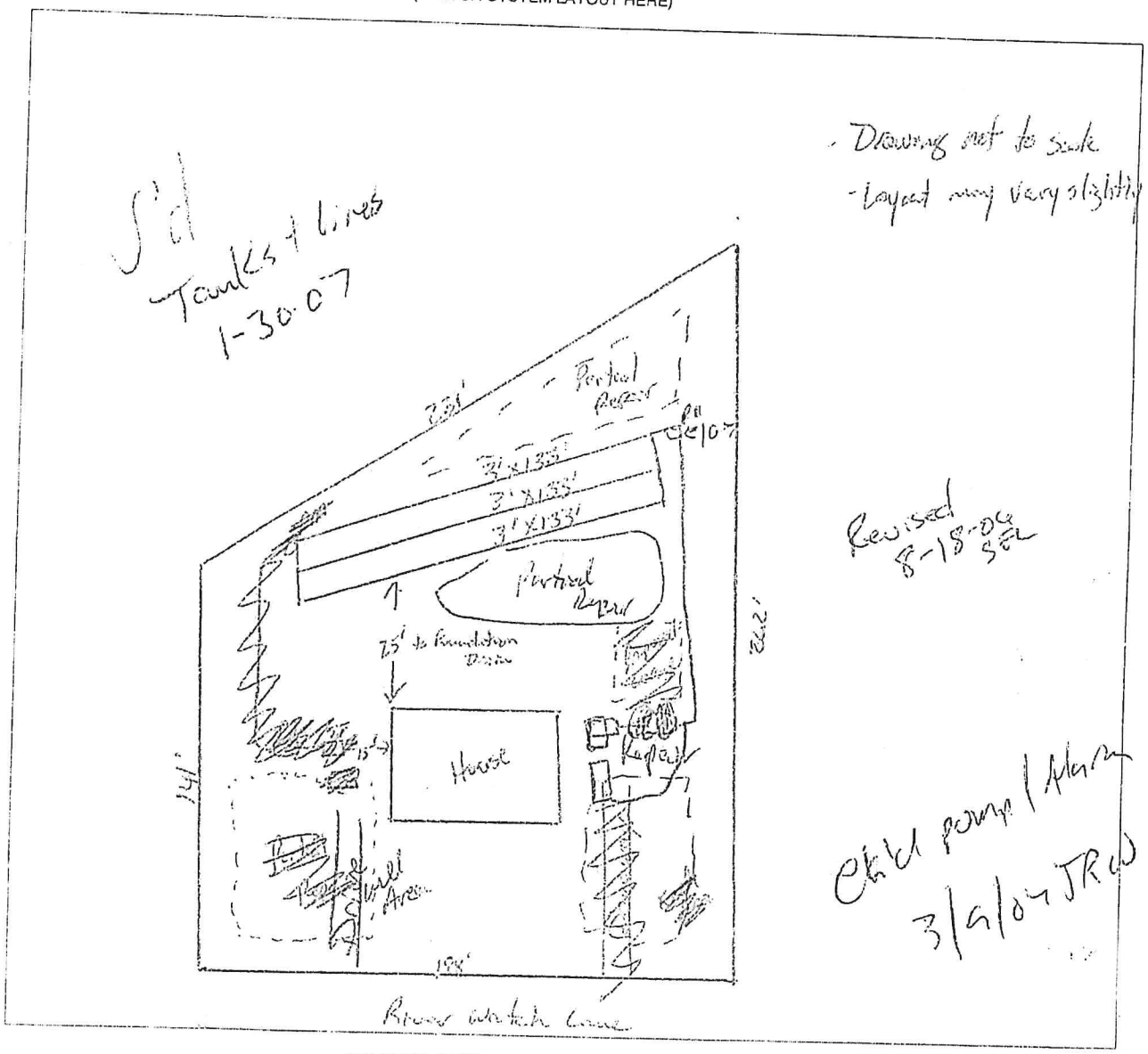
Permit Number 2754

CONTRACTOR James Riley TANK MANU ST Mills 1000 MANU DATE 12-11-06 11-27-06

WELL INSTALLED YES V NO _____ SYSTEM CODE CR1203F-N-P

SEPTIC SYSTEM LAYOUT

(SKETCH SYSTEM LAYOUT HERE)



SEPTIC SYSTEM AS-BUILT

(IF DIFFERENT FROM INITIAL LAYOUT)

ON REVERSE

OPERATIONS PERMIT DATE 3/9/07 EHS

for 556-7855
4780

Franklin County Health Department
Environmental Health Section
107 Industrial Drive-Suite C
Louisburg, North Carolina 27549

Phone: 919-496-8100

Fax: 919-496-8136

Permit Number: 2754 Type: I PIN : 1861-47-9637 Date: 6/13/2006

Applicant: DENMARK CONSTUCTION
416 US #1 HWY STE B
YOUNGSVILLE, NC 27596
Telephone: (919) 556-9007

Owner: DENMARK CONSTUCTION
416 US #1 HWY STE B
YOUNGSVILLE, NC 27596
Telephone: (919) 556-9007

Subdivision: RIVERS EDGE Lot Number: 92 Size: 0.920

Physical Address/ Location /Directions 190 RIVER WATCH LANE

Description: LifeTime _____ 5 Year ✓

TYPE FACIL RES # EMPLOY____ # BEDRMS 4 GPD 480 LTAR .3

TYPE WAT Gray TYPE SYS RtA TYPE REP RtA BSMT No BST FX N/A

SIZE TANK 1000 SIZE CHB 1000 SIZE NITR 3'X400' MTD 24"

COMMENTS Pump to Pressure Manifold, Install drain lines on contour. Maintain all setbacks.

Septic Contractors are responsible for notifying the health department for final inspections, between 8:00-9:00 AM on the day of completion, Monday - Friday. Any request for final inspections received afterwards will be scheduled the same day, if possible, or the next workday. Have permit number and owner/applicant's name ready when making the call.

Actions of representatives of state or local agencies engaged in the evaluation and determination of measures required to effect the compliance with the provisions of this permit shall in no way be taken as a guarantee that wastewater disposal systems permitted and approved will function in a satisfactory manner for any given period of time, or that such employees assume any liability for damages, consequential or direct which are caused, or may be caused, by a malfuction of this wastewater treatment and disposal system.

Proper precautions must be taken to assure the proper functioning of the system after it has been covered. Do not run any heavy equipment over the system, as soft earth will allow damage to the tank and lines. Pipe all roof drains away from the septic system site to prevent flooding of the lines from surface water. Terrace the ground to prevent excessive drainage from higher areas adjacent to the system. Do not construct driveways over any part of the septic system unless proper provisions were made when the septic system was constructed. Only grass, not trees or shrubbery, should be cultivated over the lines. All plumbing fixtures should be carefully inspected periodically and any problems repaired immediately. All septic tanks should be pumped off by a permitted pump operator on a regular schedule, not to exceed every five years.

The improvement permit and construction authorization is a site approval, for the future installation of a wastewater treatment and disposal system. Changes in ownership of the site do not affect the validity of this permit. However, any alteration of the site or soil conditions, changes in the location of the proposed facilty, changes to the wastewater flow and/or characteristics, or submittal of false information with the application or misrepresentation of the property lines may subject this permit to suspension or revocation.

FOR THIS TO BE A VALID CONSTRUCTION AUTHORIZATION, A LAYOUT SHEET MUST BE ATTACHED

IMPROVEMENT PERMIT DATE 2-18-06 EHS Brad Leonard

CONSTRUCTION AUTHORIZATION DATE 2-18-06 EHS Brad Leonard