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Franklin County
NORTH CAROLINA

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

3534Se

Issued to: Brandon Wiggins **Location: 121 MOHAVE DR LOUISBURG , NC 27549**

NEW SEPTIC APPLICATION

2830-56-7533

Application Type: NEW SEPTIC
Application Number: E-21-162
Building Type:
Project Type: Single Family Dwelling
# of Bedrooms: 3
Parcel ID #; 023019

Date: February 24, 2021
Acreage: 0.42
Zoning: R-1
# of People: 3
Subdivsion: LOT ROYALE Lot 44

Applicant Information

Applicant Name: Brandon Wiggins
Address: 30 Bottomland Dr Youngsville , North Carolina 27596
Phone: 919-671-9377 Email: brandon@roostbuildingcompany.com

Property Owner Information

Owner Name: STEVENS JOHN R
Address: 5 WALTER CIR FREDERICKSBURG , VA 22405
Phone: Email:

General Contractor Information

Contractor Name: Roost Building Company Inc.
Address: 30 Bottomland Dr. null Youngsville , NC 27596
Phone: (919) 671-9377 Email: brandon@roostbuildingcompany.com

Zoning

Zoning Permit #: Z-21-313
Front Setback: 30
Left Setback: 10

County Water: TESI
Right Setback: 10
Rear Setback: 25

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.

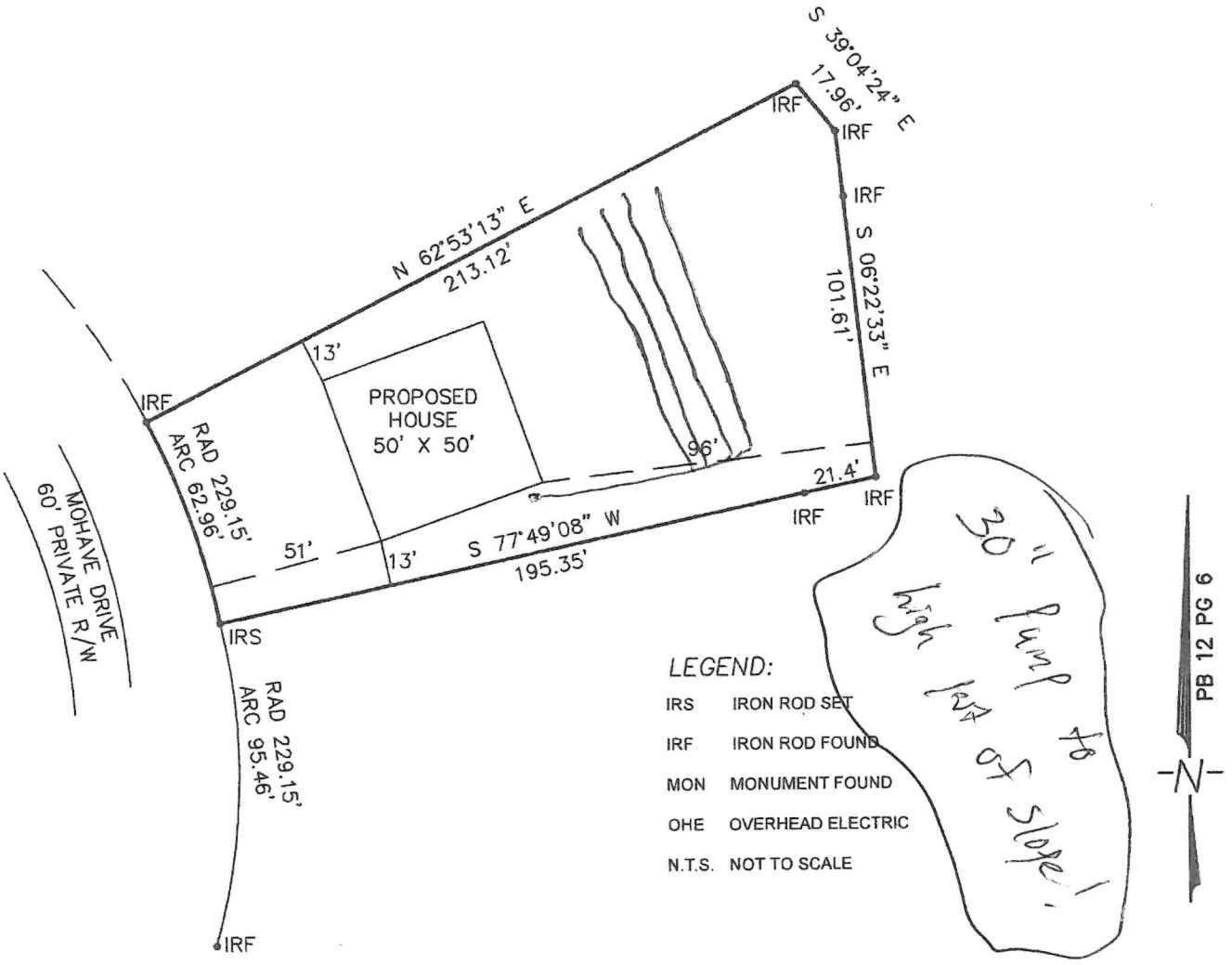
February 24, 2021

NOTES:

1. AREAS COMPUTED BY COORDINATE METHOD.
2. BASIS OF BEARINGS: PLAT BOOK 12 PAGE 6 OF FRANKLIN COUNTY REGISTER OF DEEDS.
3. THIS PROPERTY HAS A TOTAL ACREAGE OF 0.42 OR 18,476 SQ FT.
4. THIS MAP IS OF FRANKLIN COUNTY PARCEL NUMBERED (PIN) 2830-56-7533.
5. LOT 44 OF THE LAKE SAGAMORE MAP 1 OF 20 SHEET 6 OF 14.
6. BUILDING SETBACKS ARE: 10' SIDES; 25' REAR AND 30' FRONT.
7. THIS PROPERTY IS SUBJECT TO RESTRICTIVE COVENANTS OF THE LAKE ROYALE POA.

SURVEY CERTIFICATE

I, GUY V. COOKE, AS A PROFESSIONAL LAND SURVEYOR IN THE STATE OF NORTH CAROLINA, DO HEREBY CERTIFY THAT THIS PLAT WAS DRAWN UNDER MY SUPERVISION FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION AND COMPLETED ON 2-17-2021, USING THE REFERENCES SHOWN HEREON; THAT THE BOUNDARIES NOT SURVEYED ARE CLEARLY INDICATED AS DRAWN FROM INFORMATION FOUND IN THE REFERENCES SHOWN HEREON; THAT THE RATIO OF PRECISION AS CALCULATED IS 1 : 10,000 + ; THAT THIS MAP WAS PREPARED IN ACCORDANCE WITH NORTH CAROLINA GENERAL STATUTES 47-30, AS AMENDED. WITNESS MY ORIGINAL SIGNATURE AND SEAL THIS 18TH DAY OF February A.D., 2021.



NORTH CAROLINA PROFESSIONAL SEAL L-4596 LAND SURVEYOR GUY V. COOKE

TITLE: PLOT PLAN

ROOST CONSTRUCTION CO.
121 MOHAVE DRIVE
CYPRESS CREEK TOWNSHIP
FRANKLIN COUNTY
NORTH CAROLINA

GC MAPPING, PLLC
711 LAKE ROYALE
LOUISBURG, NC 27549
GUY V. COOKE, PLS L-4596
FIRM # P-1311
919-901-5641

IMPROVEMENT PERMIT

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

For Office Use Only

*CDP File Number	353456 - 1
County ID Number:	2830-56-7533
Evaluated For:	NEW

PERMIT VALID UNTIL: 03/22/2026

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

Applicant:	BRANDON WIGGINS
Address:	30 BOTTOMLAND DR
City:	YOUNGSVILLE
State/Zip:	NC 27596
Phone #:	

Property Owner:	JOHN STEVENS
Address:	5 WALTER CIR
City:	FREDERICKSBURG
State/Zip:	VA. 22405
Phone #:	

Property Location & Site Information

Address/Road #: 121 MOHAVE DR LOUISBURG, NC 27549
Subdivision: LAKE ROYALE Phase: NEW Lot: 44

Structure: SINGLE FAMILY
# of Bedrooms: 3
# of People: 3
*Water Supply: N/A

Directions

121 MOHAVE DR

System Specifications

Initial System

*Site Classification:
Design Flow: 360
Soil Application Rate:

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

*Proposed System:
25% REDUCTION

Minimum Trench Depth: ____ Inches
Maximum Trench Depth 30 Inches

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

Repair System Required: ( ) Yes (X) No ( ) No, but has Available Space * 15A NCAC 18A. 1945 * Repair Area Exempt

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: 03/22/2021

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: 353456 - 1
County ID Number: 2830-56-7533
Evaluated For: NEW

PERMIT VALID UNTIL: 03/22/2026

☐ Open Pump System Sheet

Applicant:	BRANDON WIGGINS
Address:	30 BOTTOMLAND DR
City:	YOUNGSVILLE
State/Zip:	NC 27596
Phone #:	

Property Owner:	JOHN STEVENS
Address:	5 WALTER CIR
City:	FREDERICKSBURG
State/Zip:	VA. 22405
Phone #:	

Property Location & Site Information

Address/Road #: 121 MOHAVE DR LOUISBURG, NC 27549
Subdivision: LAKE ROYALE Phase: NEW Lot: 44

Directions:

121 MOHAVE DR

Structure: SINGLE FAMILY
# of Bedrooms: 3
# of People: 3
*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: 25% REDUCTION

Minimum Trench Depth: ____ Inches
Maximum Trench Depth: 30 Inches
Minimum Soil Cover: ____ Inches
Maximum Soil Cover: ____ Inches
*Distribution Type: PUMP TO GRAVITY

Nitrification Field: ____ Sq. ft.
No. Drain Lines:
Total Trench Length: 300 ft.
Trench Spacing: ____ - ____
Trench Width: ____ - ____
Aggregate Depth: ____ inches

◯ Inches O.C. ◯ Feet O.C. ◯ Inches ◯ 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:**

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: 03/22/2021

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

◯ Hand Drawing ◯ Import Drawing

Total Time : (HH:MM) ____

Franklin County
NORTH CAROLINA

File # 353456 PIN# _____

Property Address: 121 Mohave Dr.

Applicant or Owner Name: Brandon Wiggins

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:** 3-22-21 **EHS:** Joel Bendel

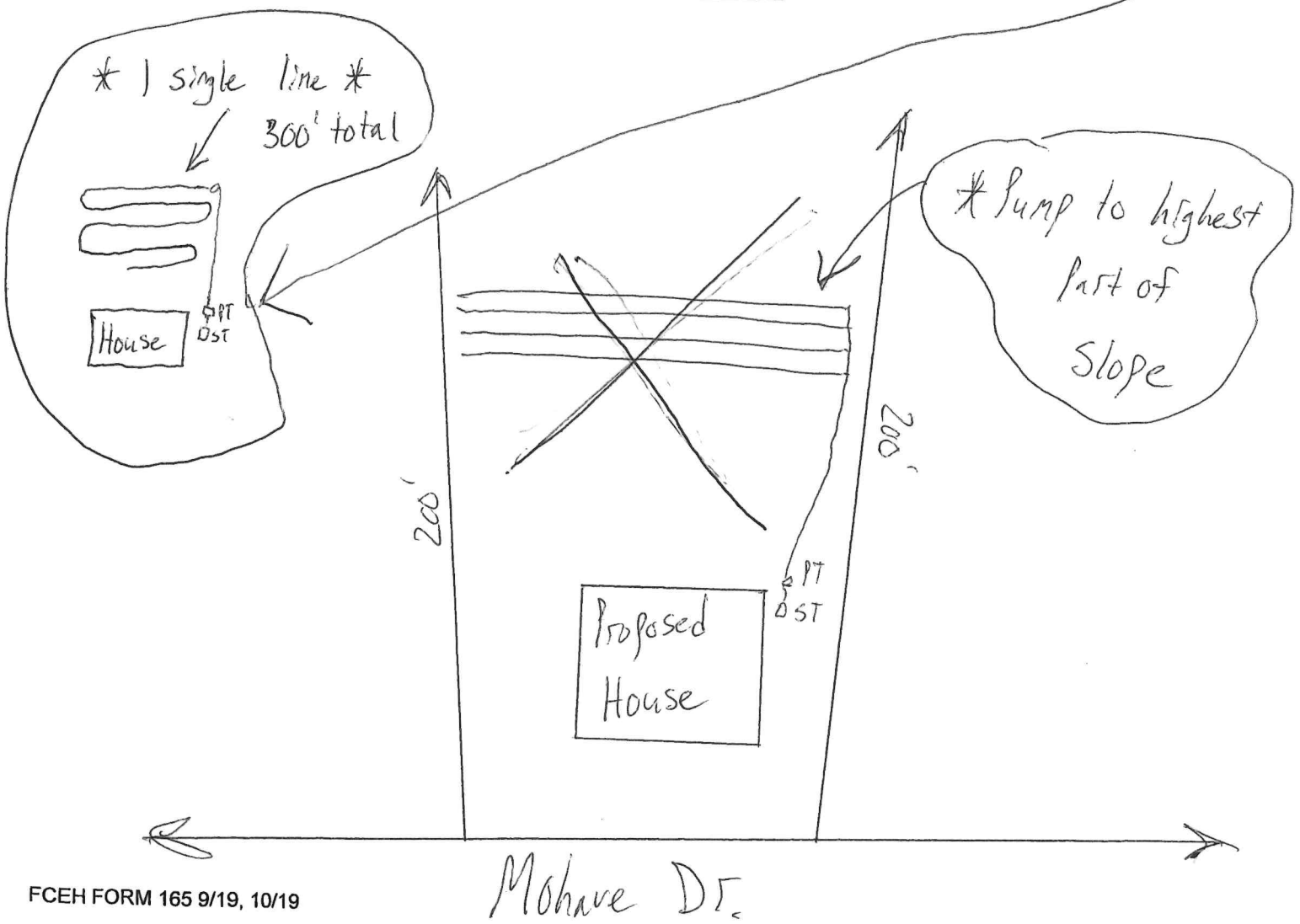
****Any previously dated CA diagram is revoked and/or invalid. Confirm this is the valid diagram for the site before beginning any construction.**

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 1000 Drainfield 3'X300' Type System P to Acc Max Trench Depth 30"

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

Well Contractor _____ Well Grout date: _____



FCEH FORM 165 9/19, 10/19

OPERATION PERMIT

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

Brandon Wiggins 121 Mohave drive

For Office Use Only

*CDP File Number: 353456 - 1
County ID Number: 2830-56-7533
Evaluated For: NEW

Property Owner: JOHN STEVENS
Address: 5 WALTER CIR
Road #:
City: FREDERICKSBURG
State/Zip: VA/ 22405
Phone #:
Township:
Subdivision: LAKE ROYALE
Phase : NEW Lot: 44

Structure: SINGLE FAMILY
# of Bedrooms: 3
# of People: 3
Water Supply: N/A
Saprolite System?: [ ] Yes [X] No
Pump Required?: [ ] Yes [X] No
Design Flow: 360
System Classification/Description: TYPE III B. SYSTEM W/SINGLE EFFLUENT PUMP

Installer: DBS
Certification #:
Specific System Installed: UNKNOWN
Septic Tank Date: 08/30/2021
STB: 1000
Pump Tank Date: 08/24/2021
PT: 1000
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: 10/21/2021

Owner/Applicant: _____