919 576 3964

Franklin County
NORTH CAROLINA

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

296010

Issued to: Melissa Terrano

Location: 209 N POINTE DR LOUISBURG , NC 27549

SEPTIC RECHECK APPLICATION

2800-60-0248

Application Type: SEPTIC RECHECK
Application Number: E-21-40
Building Type:
Project Type: Single Family Dwelling
# of Bedrooms: 4
Parcel ID #; 025244

Date: January 22, 2021
Acreage: 5.34
Zoning: R-30
# of People: 4
Subdivsion: NORTH POINTE III Lot 31

Applicant Information

Applicant Name: Melissa Terrano
Address: 209 N. Pointe Drive Louisburg , NC 27549
Phone: 9196702858
Email: mlterrano@gmail.com

Property Owner Information

Owner Name: Melissa Terrano
Address: 209 North Pointe Drive Louisburg , NC 27549
Phone: 9196702858
Email: mlterrano@gmail.com

General Contractor Information

Contractor Name:
Address: ,
Phone:
Email:

Zoning

Zoning Permit #:
Front Setback:
Left Setback:
County Water: No
Right Setback:
Rear Setback:

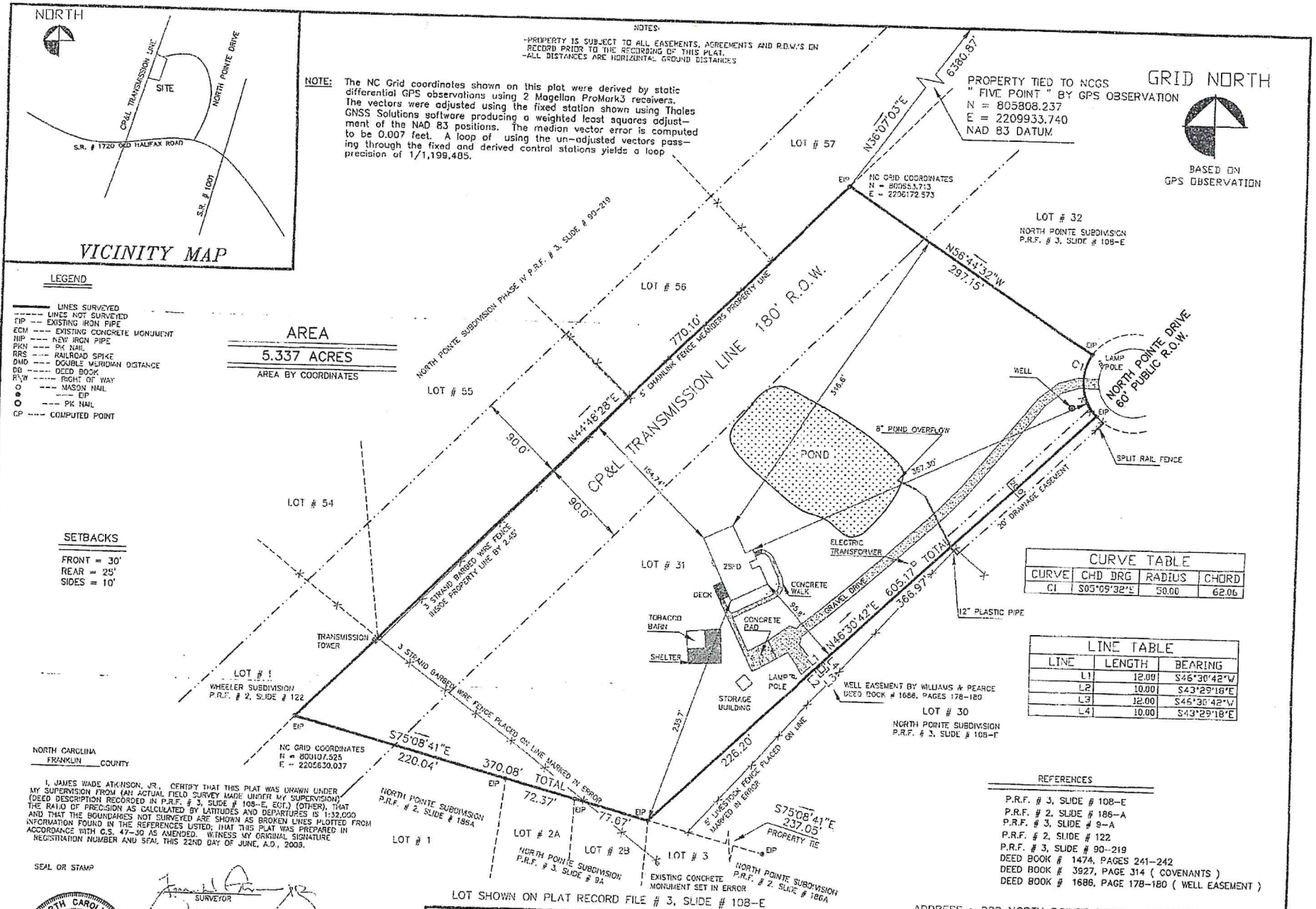
Call Environmental Health (919-496-8100) between 8:00 - 9:00 a.m. Monday - Friday in order to schedule an appointment with and environmental Health Specialist for your lot evaluation. This application for an improvement permit/construction authorization and well permit does not constitute approval for 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.

January 22, 2021



CURVE TABLE			
CURVE	CHD BRG	RADIUS	CHORD
C1	S05°09'32"E	50.00	62.06

LINE TABLE		
LINE	LENGTH	BEARING
L1	12.00	S46°30'42"W
L2	10.00	S43°29'18"E
L3	12.00	S46°30'42"W
L4	10.00	S43°29'18"E

NORTH CAROLINA
FRANKLIN COUNTY

I, JAMES WADE ATKINSON, JR., CERTIFY THAT THIS PLAT WAS DRAWN UNDER MY SUPERVISION FROM (AN ACTUAL FIELD SURVEY MADE UNDER MY SUPERVISION) (DEED DESCRIPTION RECORDED IN P.R.F. # 3, SLIDE # 108-E, ECT.) (OTHER), THAT THE RATIO OF PRECISION AS CALCULATED BY LATITUDES AND DEPARTURES IS 1:32,000 AND THAT THE BOUNDARIES NOT SURVEYED ARE SHOWN AS BROKEN LINES PLOTTED FROM INFORMATION FOUND IN THE REFERENCES LISTED; THAT THIS PLAT WAS PREPARED IN ACCORDANCE WITH G.S. 47-30 AS AMENDED. WITNESS MY ORIGINAL SIGNATURE REGISTRATION NUMBER AND SEAL THIS 22ND DAY OF JUNE, A.D., 2008.

SEAL OR STAMP

NORTH CAROLINA PROFESSIONAL SEAL L-3449 LAND SURVEYOR JAMES W. ATKINSON JR.

SURVEYOR
L-3449
REGISTRATION NUMBER

REFERENCES

P.R.F. # 3, SLIDE # 108-E
P.R.F. # 2, SLIDE # 186-A
P.R.F. # 3, SLIDE # 9-A
P.R.F. # 2, SLIDE # 122
P.R.F. # 3, SLIDE # 90-219
DEED BOOK # 1474, PAGES 241-242
DEED BOOK # 3927, PAGE 314 (COVENANTS)
DEED BOOK # 1686, PAGE 178-180 (WELL EASEMENT)

LOT SHOWN ON PLAT RECORD FILE # 3, SLIDE # 108-E

ADDRESS : 209 NORTH POINTE DRIVE, LOUISBURG, N.C. 27549

REVISIONS	SURVEY FOR: DOUGLAS PAUL DOWNES & WIFE SUE ANN DOWNES		JAMES WADE ATKINSON, JR. PROFESSIONAL LAND SURVEYOR 7705 MATHERLY DRIVE WAKE FOREST, NC 27587 TELE: 556-6818		
	TOWNSHIP: DUNN	COUNTY: FRANKLIN	DATE: 06-22-2008	SURVEYED BY: JWA	
30' 0' 60'	STATE: NORTH CAROLINA	PIN # 2800-60-0248	SCALE: 1" = 60'	DRAWN BY: JWA	DRAWING NO.
	ZONE : R-30	PARCEL RECORD # 25244	CHECKED & CLOSURE BY: JWA		S-062208

CONSTRUCTION AUTHORIZATION

Franklin County Health Department

107 Industrial Drive

Louisburg NC 27549

For Office Use Only

*CDP File Number: 296010 - 4

County ID Number: 2800600248

Evaluated For: EXISTING

PERMIT VALID UNTIL: 02 / 19 / 2026

☐ Open Pump System Sheet

Applicant:	MELISSA TERRANO
Address:	209 N POINTE DRIVE
City:	LOUISBURG
State/Zip:	NC 27549
Phone #:	

Property Owner:	MELISSA TERRANO
Address:	209 N POINTE DRIVE
City:	LOUISBURG
State/Zip:	NC 27549
Phone #:	

Property Location & Site Information

Address 209 N POINTE DR
Road # LOUISBURG NC 27549 Subdivision: NORTH POINTE Phase: Lot: 31

Township:

Structure: SINGLE FAMILY

# of Bedrooms: 4

# of People: 4

*Water Supply: N/A

Directions

209 N POINTE DR

System Specifications

*Site Classification:

Saprolite System? ◯Yes ◯No

Design Flow: 480

Soil Application Rate: ___ . ___

*System Classification/Description:

TYPE II A. CONV SYSTEM (SINGLE-FAMILY OR 480 GPD OR LESS)

*Proposed System: 25% REDUCTION

Nitrification Field ___ Sq. ft.

No. Drain Lines ___

Total Trench Length: 120 ft.

Trench Spacing: ___ – ___ ◯Inches O.C. ◯Feet O.C.

Trench Width: ___ – ___ ◯Inches ◯Feet

Aggregate Depth: ___ inches

Minimum Trench Depth: ___ Inches

Maximum Trench Depth: 12 Inches

Minimum Soil Cover: ___ Inches from "Natural Ground Level"

Maximum Soil Cover: ___ Inches "Natural Ground Level"

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

Septic Tank: ___ Gallons

Pump Required: ◯Yes ◯No

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 ** ADD 120' OF INNOVATIVE DRAINLINE TO COMPENSATE FOR BEDROOM UPGRADE **

Chore Rema

39

This 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 is found to have been incorrect, falsified or changed, or the site is altered, the permit or Construction Authorization shall become invalid, and may be suspended or revoked {.1937(g)}. The person owning or controlling the system shall be responsible for assuring compliance with the laws, rules, and permit conditions regarding system location, installation, operation, maintenance, monitoring, reporting and repair {1938(b)}.

*Authorized State Agent: 2739 - Joel Bendel

*Date of Issue: 02 / 19 / 2021

Authorized State Agent Signature:

Owner/Applicant Signature: ___

Site Plan/Drawing attached.

Malfunction Log ◯Yes

◯Hand Drawing ◯Import Drawing

Franklin County
NORTH CAROLINA

File # 296010 PIN# _____

Property Address: 209 N Pointe Dr.

Applicant or Owner Name: 2-19-21 / Melissa Terrano

Environmental Health Septic/Well Permit Diagram

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

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

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

Diagram Date:** 2-19-21 **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.**

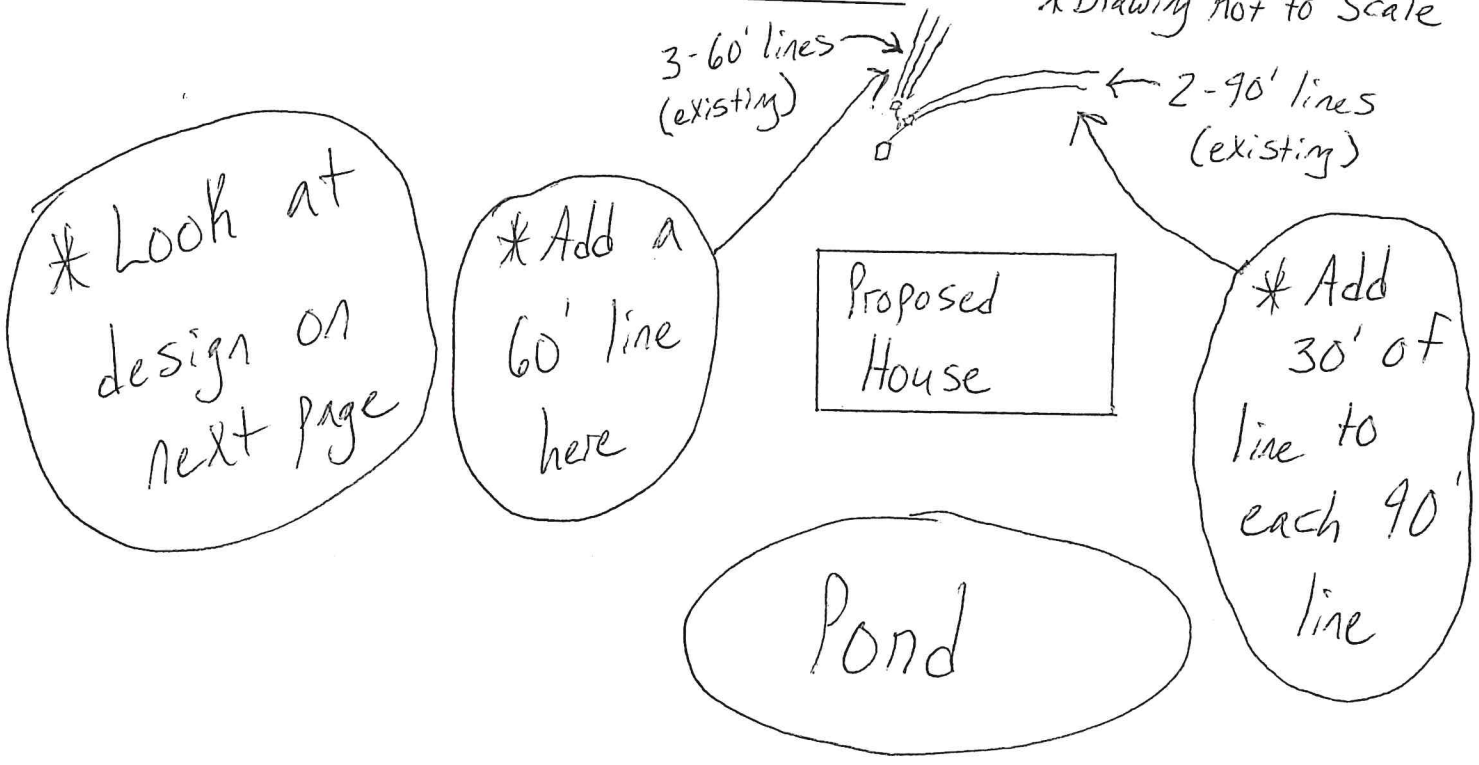
Installation/grouting inspections may be scheduled the day before, or, the day of installation until 9am by contacting the Environmental Health office at 919 496 8100. A revisit fee may apply if installation is not ready for inspection at the time requested. ***Septic Operations Permits*** will be issued 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'X120' Type System Acc Max Trench Depth 12" AT Grade

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

Well Contractor _____ Well Grout date: _____

*Drawing not to scale



N Pointe Dr.