OPERATION PERMIT

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

Mihir Patel 1644 Shawnee

For Office Use Only

*CDP File Number: 356415 - 1
County ID Number: 2830-80-5952
Evaluated For: NEW

Property Owner: LAIL KAY SURRATT
Address: 1081 BERRIE PL
Road #:
City: ASHEBORO
State/Zip: NC/ 27203
Phone #:
Township:
Subdivision: LAKE ROYALE
Phase : NEW Lot: 1387

Structure: SINGLE FAMILY
# of Bedrooms: 3
# of People: 3
Water Supply: N/A
Saprolite System?: ☐ Yes ☒ No
Pump Required?: ☐ Yes ☒ No
Design Flow: 360
System Classification/Description: TYPE II A. CONV SYSTEM (SINGLE-FAMILY OR 480 GPD OR LESS)

Installer:
Certification #:
Specific System Installed: UNKNOWN
Septic Tank Date: 04/19/2021
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 ☒ No

If yes, see attached sheet for additional operation conditions, maintenance and reporting.

Operation:

Other:

Authorized State Agent: Bendel, Joel
Date of Issue: 07/12/2021

Owner/Applicant: _____

CR- Joel

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

356415

644 Shawnee Drive

Issued to: Mihir Patel **Location: 0 NO STREET LOUISBURG , NC 27549**

NEW SEPTIC APPLICATION

2830-80-5952

Application Type: NEW SEPTIC
Application Number: E-21-335 Date: April 19, 2021
Building Type: Acreage: 0.34
Project Type: Single Family Dwelling Zoning: R-1
# of Bedrooms: 3 # of People: 3
Parcel ID #; 023109 Subdivsion: LOT ROYALE Lot 1387

Applicant Information

Applicant Name: Mihir Patel
Address: 100 S Smithfield Road zebulon , NC 27597
Phone: 919-606-4830 Email: mihpatel1231@gmail.com

Property Owner Information

Owner Name: LAIL KAY SURRATT
Address: 1081 BERRIE PL ASHEBORO , NC 27203
Phone: Email:

General Contractor Information

Contractor Name: Noble Craft Builders, LLC
Address: 2220 Big Lake Ct Raleigh , NC 27607
Phone: (919) 961-1586 Email:

Zoning

Zoning Permit #: Z-21-661 County Water: TESI
Front Setback: 30 Right Setback: 10
Left Setback: 10 Rear Setback: 25

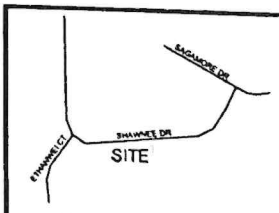
Call Environmental Health (919-496-8100) between 8:00 - 9:00 a.m. Monday - Friday in order to schedule an appointment with and environmental Health Specialist for your lot evaluation. This application for an improvement permit/construction authorization and well permit does not constitute approval for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

April 19, 2021



VICINITY MAP NTS

IMPERVIOUS AREAS
HOUSE 2092 SF
REAR PORCH 51 SF
FRONT PORCH 120 SF
CONCRETE 774 SF

NORTH FROM
NSRS 2011
NAD 83

LEGEND
EIP EXISTING IRON PIPE
IPS IRON PIPE SET
EIS EXISTING IRON STAKE
ISS IRON STAKE SET
R/W RIGHT OF WAY
PK PARKER KALON NAIL
ECM EXISTING CONC MONUMENT
CMS CONCRETE MONUMENT SET
FH FIRE HYDRANT
SEWER CLEAN-OUT
TELEPHONE BOX
CABLE BOX
TRANSFORMER
WATER METER
SSMH SANITARY SEWER MANHOLE
N/F NOW OR FORMERLY
BC BACK OF CURB
COMPUTED POINT
GEODECTIC MONUMENT
RCP REINFORCED CONCRETE PIPE
PARCEL BOUNDARY
RIGHT OF WAY
TIE LINE
FEATURE
STREAM (IE WATER COURSE)
NOT SURVEYED
POWER LINE

AREA BY COORDINATE METHOD
TITLE BY LAWYER
PROPERTY SUBJECT TO EASEMENT OF RECORD

ALL IMPROVEMENT ARE PROPOSED
SURVEY FOR:

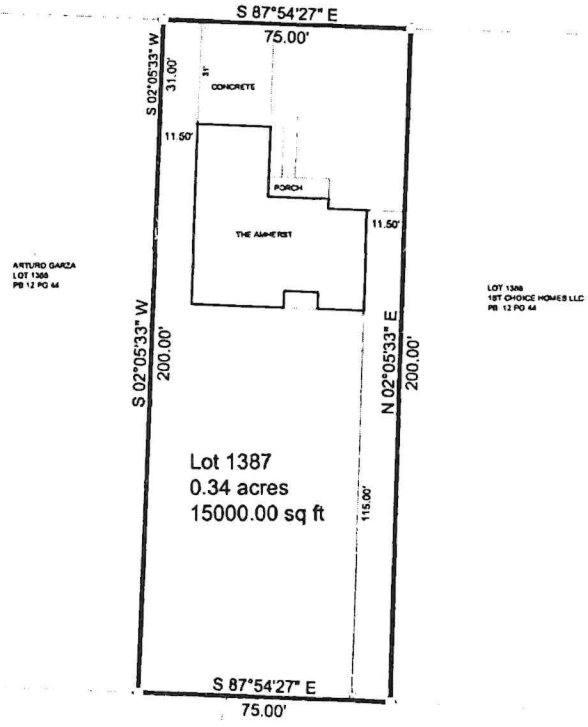
BONNIE WHITE

644 SHAWNEE DRIVE LOT 1387 LAKE SAGAMORE
PBK 12 PG 44
CYPRESS CREEK TWP. FRANKLIN CO. NC
SCALE 1"=40' DATE 04/12/2021

0 40 80 120 160

ZONING R-1
SETBACKS
FRONT 30'
SIDE 10'
REAR 25'

SHAWNEE DR 60' PUBLIC R/W



ALSEY J. GILBERT PLS
442 1/2 EAST MAIN ST.
CLAYTON NC 27520
PHONE 919/553-5104
FAX:919/553-3863

preliminary plat: not for recordation, sales or conveyances

IMPROVEMENT PERMIT

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

For Office Use Only

*CDP File Number	356415 - 1
County ID Number:	2830-80-5952
Evaluated For:	NEW

PERMIT VALID UNTIL: 05/12/2026

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

Applicant:	MIHIR PATEL
Address:	100 S SMITHFIELD RD
City:	ZEBULON
State/Zip:	NC 27597
Phone #:	

Property Owner:	LAIL KAY SURRATT
Address:	1081 BERRIE PL
City:	ASHEBORO
State/Zip:	NC. 27203
Phone #:	

Property Location & Site Information

Address/Road #: 644 SHAWNEE DRIVE
LOUISBURG, NC 27549
Subdivision: LAKE ROYALE Phase: NEW Lot: 1387

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

Directions

644 SHAWNEE DRIVE

System Specifications

Initial System

*Site Classification:
Design Flow: 360
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 24 Inches

Septic Tank: 1000 Gallons
Pump Required ◯ Yes (X) No ◯ May Be Required
Pump Tank: ____ 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: 05/12/2021

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: 356415 - 1
County ID Number: 2830-80-5952
Evaluated For: NEW

PERMIT VALID UNTIL: 05/12/2026

☐ Open Pump System Sheet

Applicant:	MIHIR PATEL
Address:	100 S SMITHFIELD RD
City:	ZEBULON
State/Zip:	NC 27597
Phone #:	

Property Owner:	LAIL KAY SURRATT
Address:	1081 BERRIE PL
City:	ASHEBORO
State/Zip:	NC. 27203
Phone #:	

Property Location & Site Information

Address/Road #: 644 SHAWNEE DRIVE LOUISBURG, NC 27549
Subdivision: LAKE ROYALE Phase: NEW Lot: 1387

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

Directions:

644 SHAWNEE DRIVE

System Specifications

*Site Classification:
Design Flow: 360
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: 24 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: 300 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: 05/12/2021

Site Plan/Drawing attached.

◯ Hand Drawing ◯ Import Drawing

Total Time : (HH:MM) ____

Franklin County
NORTH CAROLINA

File # 356415 PIN# _____

Property Address: 644 Shawnee Dr

Applicant or Owner Name: Mihir Patel

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:** 5-12-21 **EHS:** Joel Bendel

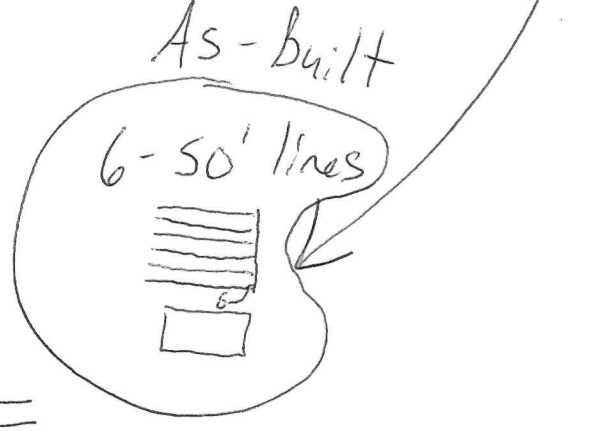
****Any previously dated CA diagram is revoked and/or invalid. Confirm this is the valid diagram for the site before beginning any construction.**

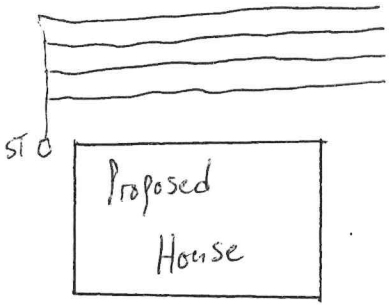
Installation/grouting inspections may be scheduled the day before, or, the day of installation until 9am by contacting the Environmental Health office at 919 496 8100. A revisit fee may apply if installation is not ready for inspection at the time requested. ***Septic Operations Permits*** will be issued 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'X300' Type System Acc Max Trench Depth 29"

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

Well Contractor _____ Well Grout date: _____





Shawnee Dr.

FCEH FORM 165 9/19, 10/19