Issued to: Joe Procopio

Location: 169 BLACKCLOUD DR LOUISBURG, NC 27549

Franklin County
NORTH CAROLINA

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

NEW SEPTIC APPLICATION

Application Type:

NEW SEPTIC
Dwelling Type: PARCEL
Description of work:
# of bedrooms: 3

Permit #: E-20-369 Date: June 15, 2020

Location: 169 BLACKCLOUD DR , LOUISBURG NC

# of people: 4
Subdivision: Lake Royale Lot 3243

Tax ID #: 025448 2830-22-8229

APPLICANT INFORMATION

Name: Joe Procopio
Email: genesisbuildingnc@gmail.com
Phone: 9196699491
Address: 5450 Old Wake Forest Rd ste 102 Raleigh North Carolina, 27609

PROPERTY OWNER INFORMATION

Owner: DOYLE COMPANY INC THE
Email:
Phone:
Address: P O BOX 236 KNIGHTDALE NC 27545

GENERAL CONTRACTOR INFORMATION

Name: Genesis Building Co., Inc.
Address: 5100 Unicon Dr Ste 102 Wake Forest 27587
License Number: 80915
Phone: (919) 669-9491
Email:

ZONING

Zoning: COND
County Water: TESI
Setbacks - Front: 30
Setbacks - Rear: 25
Setbacks - Left: 10
Setbacks - Right: 10

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 permit is valid for either 60 months or without expiration, depending upon documentation submitted. (complete site plan = 60 months---complete surveyed plat = without expiration.)

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.

Signature of Owner or Owner's Legal Representative

June 15, 2020

IMPROVEMENT PERMIT

Franklin County Health Department

107 Industrial Drive

Louisburg NC 27549

For Office Use Only — Page 1 of 2

*CDP File Number: 323859 - 1

County ID Number: 2830-22-8229

Evaluated For: NEW

PERMIT VALID UNTIL: 07 / 13 / 2025

*NOTE TO INSPECTIONS DIVISION: Building Permits cannot be issued with only an Improvement Permit. ☐ Fill Sheet ◯CA?

Applicant:	JOE PROCOPIO
Address:	5450 OLD WAKE FOREST RD
City:	RALEIGH
State/Zip:	NC 27609
Phone #:	(919) 669-9491

Property Owner:	THE DOYLE COMPANY INC
Address:	PO BOX 236
City:	KNIGHTDALE
State/Zip:	NC 27545
Phone #:	

Property Location & Site Information

Address 169 BLACK CLOUD DR

Road # LOUISBURG NC 27549 Subdivision: LAKE ROYALE Phase: Lot: 3243

Township:

Structure: SINGLE FAMILY

# of Bedrooms: 3

# of People: 4

*Water Supply: N/A

Directions

169 BLACK CLOUD DR

Initial System

*Site Classification: Provisionally Suitable

Saprolite System? ◯Yes ◯No

Design Flow: 360

Soil Group:

Soil Application Rate: .

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

*Proposed System: 25% REDUCTION

System Specifications

Minimum Trench Depth: Inches

Maximum Trench Depth: 23 Inches

Fill Depth: Inches

Septic Tank: 900 Gallons

Pump Required: ◯Yes ⊙No ◯May Be Required

Pump Tank: Gallons

Repair System Required: ⊙Yes ◯No ◯No, but has Available Space

Repair System

*Site Classification: Provisionally Suitable

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: 23 Inches

Fill 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 Department.

*Site Modifications

Other Items 750

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

Other Items 400

The Department and Local Health Department may impose conditions on the issuance 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 if the site plan, plat, or intended use changes (NCGS 130A-335(f)). 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: 07 / 13 / 2020

Authorized State Agent Signature:

Owner/Applicant Signature:

Site Plan/Drawing attached.

◯Hand Drawing ◯Attached

CONSTRUCTION AUTHORIZATION

Franklin County Health Department

107 Industrial Drive

Louisburg NC 27549

For Office Use Only

*CDP File Number: 323859 - 1

County ID Number: 2830-22-8229

Evaluated For: NEW

PERMIT VALID UNTIL: 07 / 13 / 2025

☐ Open Pump System Sheet

Applicant:	JOE PROCOPIO
Address:	5450 OLD WAKE FOREST RD
City:	RALEIGH
State/Zip:	NC 27609
Phone #:	(919) 669-9491

Property Owner:	THE DOYLE COMPANY INC
Address:	PO BOX 236
City:	KNIGHTDALE
State/Zip:	NC 27545
Phone #:	

Property Location & Site Information

Address 169 BLACK CLOUD DR
Road # LOUISBURG NC 27549 Subdivision: LAKE ROYALE Phase: Lot: 3243

Township:

Structure: SINGLE FAMILY

# of Bedrooms: 3

# of People: 4

*Water Supply: N/A

Directions

169 BLACK CLOUD DR

System Specifications

*Site Classification: Provisionally Suitable

Saprolite System? ◯Yes ◯No

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

Nitrification Field ___ Sq. ft.

No. Drain Lines ___

Total Trench Length: 300 ft.

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

Trench Width: ___ – ___ ◯Inches ◯Feet

Aggregate Depth: ___ inches

Minimum Trench Depth: ___ Inches

Maximum Trench Depth: 23 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: 900 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

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: 07 / 13 / 2020

Authorized State Agent Signature: _____

Owner/Applicant Signature: _____

Site Plan/Drawing attached.

Malfunction Log ◯Yes

◯Hand Drawing ◯Import Drawing

Franklin County
NORTH CAROLINA

File # 323859 PIN# 2830-22-8229

Property Address: 169 Blackcloud Dr

Applicant or Owner Name: Joe Procopio

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** ( ) As Built

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

Diagram Date:** 7-13-20 **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 900 Pump Tank N/A Drainfield 3'X300' Type System Acc Max Trench Depth 23"

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

Well Contractor _____ Well Grout date: _____

* Drawing not to scale