

IMPROVEMENT PERMIT

Franklin County Health Department
107 Industrial Drive
Louisburg, NC 27549

File/Permit Number: 293403 - 2
PIN/Lot Identifier: 2802162773
Evaluated For: NEW
Permit valid until: 15-JUN-22

Applicant: CLAYTON HOMES Owner's Phone Number: _____
Owner: VENTURES OF HENDERSON LLC
Property Location: 1582 US 1 HIGHWAY YOUNGSVILLE, NC 27596
Road#: _____
Subdivision (if applicable): GREENBRIAR
Lot Size: 0.80 Lot #: 16 Block: _____ Section: _____
Facility Type: OTHER Number of bedrooms: 3
Proposed Designed Daily Flow(GPD): 360 Number of Occupants: _____
Type of Water Supply: NEW WELL Other: _____

System Specifications Initial

Proposed Wastewater System Type*: _____
**Please include system classification for proposed wastewater system types in accordance with Rule .1301 Table XXXII*
Proposed LTAR: 0.350 Saprilit System: No Septic Tank (gallons): 1000
Usable depth to Limiting Condition (inches): _____ Min. Trench Depth (inches)*: _____
Fill Depth: _____ Max. Trench Depth (inches)*: _____
Pump required: No Pump Tank(Gallons): 0
**Measured on the downhill side of the trench*

System Specifications Repair

Repair System Required: _____ Site exempt from repair area requirement per rule 18E.0508 (c) or (f).

Artificial Drainage Required: No If yes, please details:
Drainfield location meets requirements of Rule .0508: No Drainfield location meets requirements of Rule .0601: No

Permit Conditions:

Site Modifications:

Permit Conditions: MAINTAIN PROPER SETBACKS. INSTALL ON CONTOUR.

Authorized Agent's Printed Name: _____

Issue Date: 06/15/2017

Authorized Agent's Signature: _____

Date: 06/15/2017

See attached site sketch

The issuance of this permit is no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. 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 rule .0301(a)).



OPERATION PERMIT

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

For Office Use Only

*CDP File Number 293403 - 2
County ID Number: 2802162773
Evaluated For: NEW

Property Owner: VENTURES OF HENDERSON LLC
Owner Address: PO BOX 248

City: HENDERSON
State/Zip: NC/ 27536
Phone #:
Address: 1582 US 1 HIGHWAY
YOUNGSVILLE, NC 27596

Road #:
Township:
Subdivision: GREENBRIAR
Phase : ACTIVE Lot: 16

Structure: OTHER

of Bedrooms: 3

of People:

Water Supply: N/A

Saprolite System?: ☐ Yes ☒ No

Pump Required?: ☐ Yes ☒ No

Design Flow:

System Classification/Description: TYPE III G. OTHER
NON-CONV. TRENCH SYSTEMS

Installer:

Certification #:

Specific System UNKNOWN
Installed:

Septic Tank Date: 04/09/2019

STB:

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: 06/06/2019

Owner/Applicant: _____



Construction Authorization

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

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*CDP File Number **293403 - 2**
County ID Number: 2802162773
Evaluated For: **NEW**

PERMIT VALID UNTIL: 06/15/2022

Applicant: CLAYTON HOMES

Address: 1582 US 1 HIGHWAY

City: YOUNGSVILLE

State/Zip: NC 27596

Phone #: wrk: 9195703366

Property Owner: VENTURES OF HENDERSON LLC

Address: PO BOX 248

City: HENDERSON

State/Zip: NC. 27536

Phone #: _____

Property Location & Site Information

Address/Road #: 1582 US 1 HIGHWAY
YOUNGSVILLE, NC 27596

Subdivision: GREENBRIAR Phase: ACTIVE Lot: 16

Structure: OTHER

Directions 100 ROUGH LANE

of Bedrooms: 3

of People: _____

*Water Supply: NEW WELL

System Specifications

*Site Classification:

Design Flow: 360

Soil Application Rate: 0.3500

*System Classification//Description:

TYPE III G. OTHER NON-CONV. TRENCH SYSTEMS

*Proposed System:

Nitrification Field Sq. ft.

No. Drain Lines

Total Trench Length: ft.

Trench Spacing: - ☐ Inches O.C.

☐ Feet O.C.

Trench Width: - ☐ Inches

☐ Feet

Aggregate Depth: inches

Minimum Trench Depth: _____ Inches

Minimum Soil Cover: _____ Inches

Maximum Trench Depth: 24 Inches

Maximum Soil Cover: _____ Inches

*Distribution Type:

Septic Tank: 1,000 Gallons

1-Piece: ☐ Yes ☐ No

Pump Required: ☐ Yes ☒ No ☐ May Be Required

Pump Tank: 0 Gallons

1-Piece: ☐ Yes ☐ No

GPM --vs-- ft. TDH

Dosing Volume: _____ Gallons

Grease Trap: _____ Gallons

Pre-Treatment: ☐ NSF ☐ TS-I ☐ TS-II

Septic Tank Installer Grade Level Required: ☐ I ☐ II ☐ III ☐ IV

Repair System

*Site Classification:

Trench Spacing:

--

☐ Inches O.C.☐ Feet O.C.

Design Flow:

Trench Width:

--

☐ Inches☐ Feet

Soil Application Rate:

Aggregate Depth:

Inches

*System Classification/Description:

N/A

Minimum Trench Depth:

Inches

Minimum Soil Cover:

Inches

*Proposed System:

Maximum Trench Depth:

Inches

Nitrification Field

Sq. ft.

Maximum Soil Cover:

Inches

No. Drain Lines

Total Trench Length:

ft.

*Distribution Type:

Pump Required: ☐ Yes ☒ No ☐ May Be RequiredPre-Treatment: ☐ NSF ☐ TS-I ☐ TS-II***Site Modifications**

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

***Permit Conditions**

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.

MAINTAIN PROPER SETBACKS. INSTALL ON CONTOUR.
NUTRIFIC:3'X280'

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)).

Applicant/Legal Resps. Signature Required ?

☐ Yes☐ No

Applicant/Legal Reps. Signature: _____

Date: _____

*Issued By: Leonard, Shad

Date of Issue: 06/15/2017

Authorized State Agent: _____

Malfunction Log ☐ Yes☐ Hand Drawing☐ Import Drawing

Total Time:(HH:MM)

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



*File #: 293403 - 1
PIN #: 2802162773
Tax Lot #: 16
Tax Block #:

WELL CONSTRUCTION RECORD

Owner: VENTURES OF HENDERSON LLC
PO BOX 248

HENDERSON, NC 27536

Directions

100 ROUGH LANE

WELL HEAD CONSTRUCTION

Location: 1582 US 1 HIGHWAY
YOUNGSVILLE NC, 27596

Latitude: 36.0000000

Longitude: 78.0000000

Enclosure	☐ Yes	☐ No	☒ N/A
Enclosure Floor	☐ Yes	☐ No	☒ N/A
Access Port	☐ Yes	☐ No	☒ N/A
Vent:	☐ Yes	☐ No	☒ N/A
Sample Tap	☐ Yes	☐ No	☒ N/A
Back Flow	☐ Yes	☒ No	☐ N/A
Tee (jet)	☐ Yes	☐ No	☒ N/A
Suction Line	☐ Yes	☐ No	☐ N/A
Temporary	☐ Yes	☐ No	☒ N/A
Well ID Plate	☐ Yes	☐ No	☒ N/A
Pump ID Plate	☐ Yes	☐ No	☒ N/A

EHS:

Issue Date:

Drilling Contractor: CHRIS MILKO
Driller Registration: MILLS 1000
Date Drilled:
Use of Well: SINGLE FAMILY

Total Depth: Ft.
Static Water Level: Ft.
Replacement Well: NO
Yield: gpm

Water Zone: 1) Ft. 2) Ft.
3) Ft. 4) Ft.
Disinfection Type: N/A Amount:

Casing: Depth: Ft. Thickness: In. Comments:
Diameter: In. Top of Casing: In.
Material: PVC SCH 40

Grout:

	Depth	Material	Method
From 0 To	Ft.	N/A	N/A
From 0 To	Ft.	N/A	N/A

* Liner Date: 06/18/2019 From 0 To Ft.

Grout:

	Depth	Material	Method
From 0 To	Ft.	N/A	N/A

Issued by:

Date of Issue:

This well was constructed, repaired or abandoned in compliance with the well permit and in accordance with 15A NCAC 02C .0100, .0300.
The well owner shall not place potential sources of groundwater contamination closer to the well than the separation distances specified in 15A NCAC 02C .0100, .0300.