



IMPROVEMENT PERMIT

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

For Office Use Only

*CDP File Number 375159 - 1

County ID Number: _____

Evaluated For: NEW

PERMIT VALID UNTIL: 06/07/2027

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

Applicant: MATTHEW WINSLOW

Address: PO BOX 610

City: YOUNGSVILLE

State/Zip: NC

Phone #: _____

Property Owner: _____

Address: _____

City: _____

State/Zip: _____

Phone #: _____

Property Location & Site Information

Address/Road #: 85 EAGLE CHASE DR , NC Subdivision: EAGLE CHASE Phase: NEW Lot: 23

Directions

Structure: SINGLE FAMILY

of Bedrooms: 4

of People: 5

*Water Supply: NEW WELL

System Specifications

Initial System

*Site Classification: Provisionally Suitable

Design Flow: 360

Soil Application Rate: 0.3000

*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: 19 Inches

Septic Tank: 1000 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: 0.300

*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: 12 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

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

Please install septic system in accordance with attached design sheet(s) submitted by CCSC. Respect all setbacks.

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 location, installing, operation, maintenance, monitoring, reporting, and repair (1938(b)).

Authorized State Agent: _____

Jones, Lori

Date of Issue: _____

06/07/2022

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: _____

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*CDP File Number: 375159 - 1
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Evaluated For: NEW

PERMIT VALID UNTIL: 06/07/2027

☐ Open Pump System Sheet

Applicant: MATTHEW WINSLOW
Address: PO BOX 610
City: YOUNGSVILLE
State/Zip: NC
Phone #: _____

Property Owner: _____
Address: _____
City: _____
State/Zip: _____
Phone #: _____

Property Location & Site Information

Address/Road #: 85 EAGLE CHASE DR, NC Subdivision: EAGLE CHASE Phase: NEW Lot: 23

Directions:

Structure: SINGLE FAMILY 85 EAGLE CHASE DR

of Bedrooms: 4

of People: 5

*Water Supply: _____

System Specifications

*Site Classification: Provisionally Suitable

Minimum Trench Depth: _____ Inches

Design Flow: 360

Maximum Trench Depth: 19 Inches

Soil Application Rate: 0.3000

Minimum Soil Cover: _____ Inches

*System Classification/Description:

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

Maximum Soil Cover: _____ Inches

*Proposed System:

25% REDUCTION

*Distribution Type: GRAVITY - SERIAL

Nitrification Field: _____ Sq. ft.

Septic Tank: 1,000 Gallons

No. Drain Lines: 4

Pump Required: ☐ Yes ☒ No ☐ May Be Required

Total Trench Length: 300 ft. ☐ Inches O.C.

Pump Tank: _____ Gallons

Trench Spacing: _____ - 9 ☒ Feet O.C.

Grease Trap: _____ Gallons

Trench Width: _____ - 3 ☒ Inches

Septic Tank Installer

Aggregate Depth: _____ inches

Grade Level Required:

☐ I ☐ II ☐ III ☐ IV

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*Permit Conditions:

Please install septic system in accordance with attached design sheet(s) submitted by CCSC. Respect all setbacks.

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)). 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

Authorized State Agent: Jones, Lori

Date of Issue: 06/07/2022

☐ Hand Drawing

☐ Import Drawing

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

Total Time : (HH:MM) _____



File # 375159 Parcel ID: 046055
PIN# _____

Property Address: 85 Eagle Chase Dr. Yngs

Applicant or Owner Name: Matthew Winslow

Environmental Health Septic/Well Permit Diagram

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

☒ Septic Improvement Permit ☒ Septic Construction Authorization (CA) ☐ CA Reissue** ☐ As Built
☐ Well Construction Authorization ☐ Additional Diagram/Specifications Attached

Diagram Date**: 6-7-2022 EHS: Soil Jones

**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 na Drainfield 3' x 300' Type System Gravity Max Trench Depth 19"

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

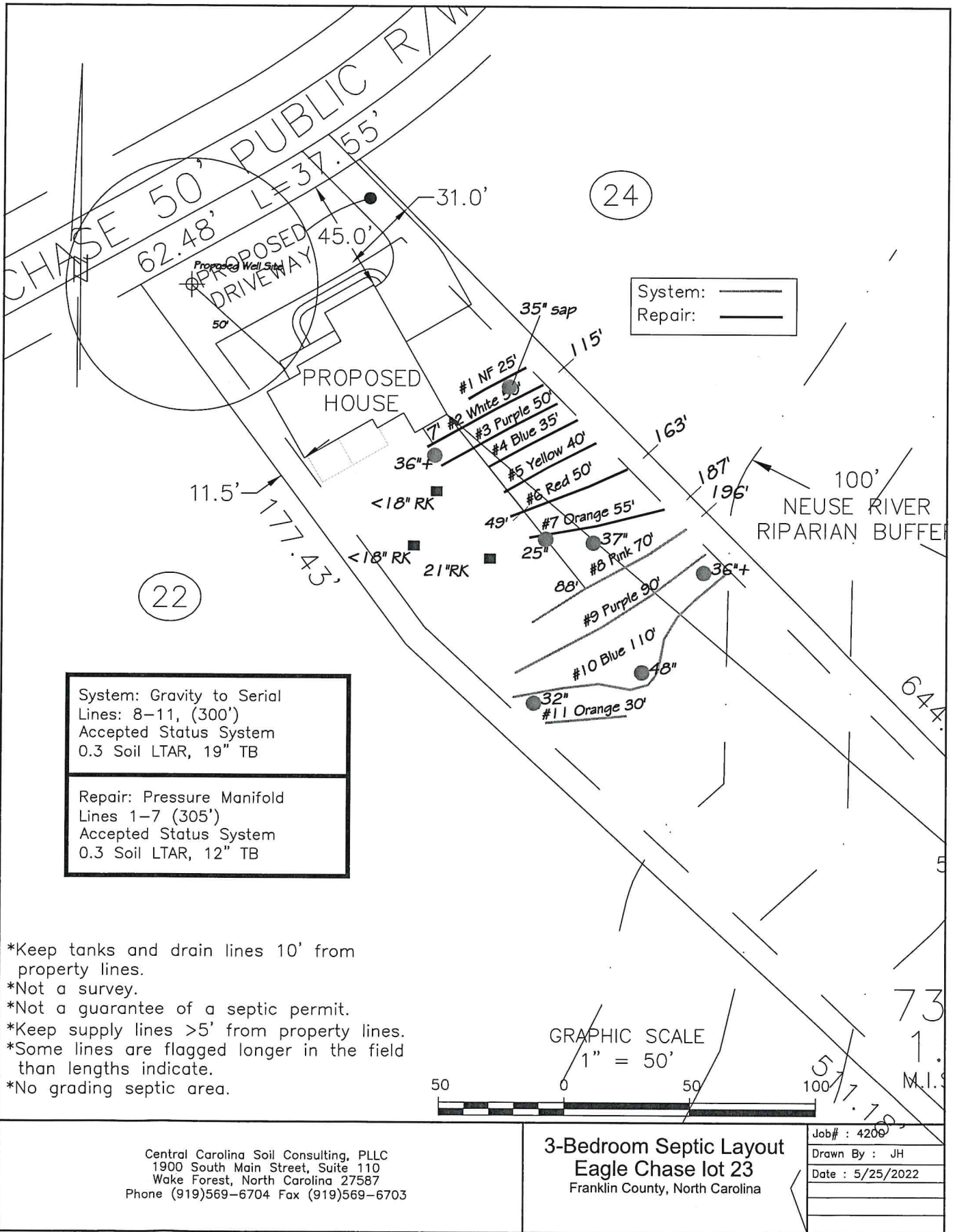
Well Contractor _____ Well Grout date: _____

Bedrooms: _____

★ Drawing submitted by Soil Scientist

Please install septic system in accordance with attached design sheet(s) submitted by CCSC. Respect all setbacks.

> Enclosures / Attachments



Eagle chase 23 repair tap chart

Bench Mark		is = 100.00		Location of BM		Elevation Head			5.30		
Pump tank elev.		100.00		Pump elev.		95.00		Manifold elev.		100.30	
line	color	rod read	Elevation	length	hole size	flow/tap	gal/day	trench area	LINE LTAR		
1&2	NF/White	0.70	99.30	75	1/2in SCH 40	7.11	83.48	225	0.3710		
3	Purple	2.30	97.70	50	1/2in SCH 80	5.48	64.34	150	0.4290		
4&5	Blue/Yel	3.20	96.80	75	1/2in SCH 40	7.11	83.48	225	0.3710		
6	Red	4.50	95.50	50	1/2in SCH 80	5.48	64.34	150	0.4290		
7	Orange	5.00	95.00	55	1/2in SCH 80	5.48	64.34	165	0.3900		
		total	feet =	305	gal/min =	30.66	<u>LTAR =</u>		0.3000		
						<u>LTAR + %5</u>		0.3150			
% of Dose Vol.		75	<u>Des. Flow</u>		360	(ltar W/ INOV)		0.4000			
Dose Volume		148.69	Pump Run=		11.74	(ltar W/ INOV + 5%		0.4200			
Dose Pump Time		4.85	Tank Gal/IN		19.65						
Drawdown in Inches		7.57									



Well Construction Permit

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

For Office Use Only

*CDP File Number 375159
PIN Number: _____
Tax Lot #: 23 Tax Block #: 046055
Evaluated For: SINGLE FAMILY \ WELL

Property Owner: EAGLE PEARCE LLC
Address: _____
City: _____
State/Zip: NC
Phone #: _____

Applicant: MATTHEW WINSLOW
Address: PO BOX 610
City: YOUNGSVILLE
State/Zip: NC
Phone #: _____

Property Location & Site Information

Address/Road #: _____ Subdivision: EAGLE CHASE Phase: _____ Lot: 23
85 EAGLE CHASE DR

*Proposed use of Well: SINGLE FAMILY
If Other: _____
Applicant Email: _____
Owner Email: _____

Directions: 85 EAGLE CHASE DR

Well Contractor Information

Drilling Contractor: _____ Driller Registration: _____

Permit Conditions

*Permit Conditions

Tight lot for well and septic. Well will be installed in front yard 25 feet from house. Area to drill will be basically center house to front right corner, 10 feet from right property line.

Well location, construction and protection must meet all state and local regulations and must be inspected and approved by an authorized representative of the Local Health Department. The permit may be revoked at any time for failure to comply with existing regulations. The siting of approved well construction area(s) by the Health Department is to provide protection from the known possible sources of contamination. The approved well area(s) may not be changed without permission from an authorized representative of the Local Health Department. Issuance of this well permit does not guarantee water quality or adequate water production from the well once it is installed or repaired.

*Issued By: Jones, Lori
Authorized State Agent: _____
Owner/Applicant: _____

*Date of Issue: 06/07/2022

☒ Hand Drawing ☐ Import Drawing

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

File # 375159 PIN# _____Property Address: 85 Eagle Chase Dr.
Applicant or Owner Name: Matthew Winslow ^{Yngs}**Environmental Health Well Septic/Well Permit Diagram**

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

☐ Septic Improvement Permit ☐ Septic Construction Authorization (CA) ☐ CA Reissue** ☐ As Built
☒ Well Construction Authorization ☐ Additional Diagram/Specifications AttachedDiagram Date**: 6-7-2022 EHS: Lou Jones

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

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Septic Tank _____ Pump Tank _____ Drainfield _____ Type System _____ Max Trench Depth _____

Septic Contractor _____ Septic/Pump tank dates _____ Pump fee? NO YES pd _____☒ Well Contractor _____ Well Grout date: _____ or self grout Well Head Date: _____# Bedrooms: 3If Repair: na

Benchmark/Elevation: _____

Tank Mfr: _____

STB: _____ Gallons: _____

Distance from house: _____ ft

Elevation: _____ Filter: _____

Dbox Elevation: _____

Supply Line Length: _____

Line(s):	Feeder (ft)	Line (ft)	Elevation
1			
2			
3			
4			
5			
6			
7			

Product: EZ flow or _____

Pump Mfr: _____

STB: _____ Gallons: _____

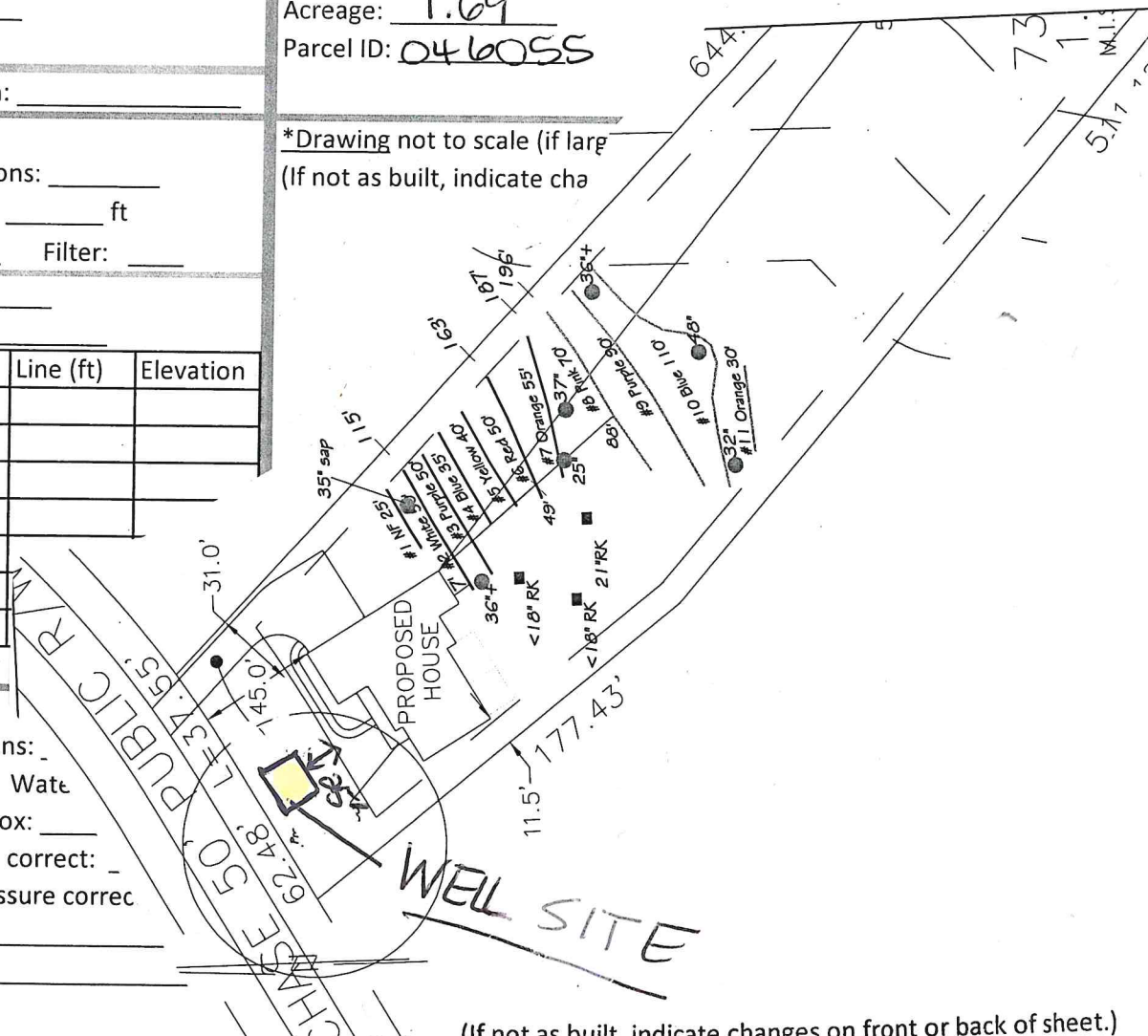
Alarm: _____ Water _____

Water to manifold/dbox: _____

If dbox, flow adjusters correct: _____

If manifold, water pressure correct: _____

Dbox location: _____

Acreage: 1.69Parcel ID: 046055*Drawing not to scale (if large)
(If not as built, indicate changes)

(If not as built, indicate changes on front or back of sheet.)