OPERATION PERMIT

Franklin County Health Department

107 Industrial Drive

Louisburg NC 27549

For Office Use Only

*CDP File Number: 302263 - 1

County ID Number: 2739-53-7139

Evaluated For: NEW

Property Owner: AVERY FISK

Address: 15 GUILFORD LANE

City: YOUNGSVILLE

State/Zip: NC 27596

Phone #: (919) 268-0637

Address Road #: MULBERRY RD

SPRING HOPE NC 27882

Township:

Subdivision: Phase: Lot:

Structure: SINGLE FAMILY

# of Bedrooms: 4

# of People: 4

Water Supply: NEW WELL

Saprolite System? ◯ Yes ◯ No Pump Required? ◯ Yes ◉ No

Design Flow: 480

System Classification/Description:

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

Installer: DBS

Certification #:

Specific System Installed:

STB: DB-1000

Septic Tank Date: 10 / 28 / 2019

Pump Tank Date: / /

PT:

Comments:

Chars Rems 400

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.

Chars Rems 400

Other:

Subsurface Operator Required ◯ Yes ◯ No

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

Chars Rems 400

Operation:

Chars Rems 400

Other:

Authorized State Agent: 2739 - Joel Bendel Date of Issue: 01 / 27 / 2020

Authorized State Agent Signature: _____

As-Built Drawing Attached

◯ Saprolite System?

Owner/Applicant Signature: _____

◯ Hand Drawing ◯ Import Drawing ◯ OP Checklist

Well Construction Permit

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

For Office Use Only

*CDP File Number 291452

PIN Number: 2739-53-7139

Tax Lot #: _____ Tax Block #: _____

Evaluated For: SINGLE FAMILY \ WELL

Property Owner:	AVERY FISK
Address:	15 GUILFORD LANE
City:	YOUNGSVILLE
State/Zip:	NC / 27596
Phone #:	H: (919) 268-0637

Applicant:	AVERY FISK
Address:	15 GUILFORD LANE
City:	YOUNGSVILLE
State/Zip:	NC / 27596
Phone #:	H: (919) 268-0637

Property Location & Site Information

Address/Road #: MULBERRY RD
SPRING HOPE NC, 27882

Subdivision:

Phase:

Lot:

*Proposed use of Well: SINGLE FAMILY

If Other:

Directions

MULBERRY RD

Well Contractor Information

Drilling Contractor:

Driller Registration:

Permit Conditions

*Permit Conditions

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. No volume of quality of water is guaranteed by the Health Department.

*Issued By: Shad Leonard

*Date of Issue: 11/13/2019

Authorized State Agent: _____

Owner/Applicant: _____

○ Hand Drawing ○ Import Drawing

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

IMPROVEMENT PERMIT

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

For Office Use Only

*CDP File Number	291452 - 1
County ID Number:	2739-53-7139
Evaluated For:	NEW

PERMIT VALID UNTIL: 11/13/2024

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

Applicant:	AVERY FISK
Address:	15 GUILFORD LANE
City:	YOUNGSVILLE
State/Zip:	NC 27596
Phone #:	home: (919) 268-0637

Property Owner:	AVERY FISK
Address:	15 GUILFORD LANE
City:	YOUNGSVILLE
State/Zip:	NC. 27596
Phone #:	home: (919) 268-0637

Property Location & Site Information

Address/Road #: MULBERRY RD SPRING HOPE, NC 27882
Subdivision:
Phase: NEW
Lot:

Structure: SINGLE FAMILY
# of Bedrooms: 4
# of People: 4
*Water Supply: NEW WELL

Directions

MULBERRY RD

System Specifications

Initial System

*Site Classification: Provisionally Suitable
Design Flow: 480
Soil Application Rate: 0.3000

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

*Proposed System:

Minimum Trench Depth: _____ Inches
Maximum Trench Depth _____ Inches

Septic Tank: _____ Gallons
Pump Required ◯ Yes (X) No ◯ May Be Required
Pump Tank: _____ Gallons

Repair System Required: ◯ Yes ◯ 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: Shad Leonard Date of Issue: 11/13/2019

◯ Hand Drawing ◯ Import Drawing **Site Plan/Drawing attached.**

Total TIme: (HH:MM) ____ : ____

Construction Authorization

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

For Office Use Only

*CDP File Number: 291452 - 1
County ID Number: 2739-53-7139
Evaluated For: NEW

PERMIT VALID UNTIL: 11/13/2024

☐ Open Pump System Sheet

Applicant:	AVERY FISK
Address:	15 GUILFORD LANE
City:	YOUNGSVILLE
State/Zip:	NC 27596
Phone #:	home: (919) 268-0637

Property Owner:	AVERY FISK
Address:	15 GUILFORD LANE
City:	YOUNGSVILLE
State/Zip:	NC. 27596
Phone #:	home: (919) 268-0637

Property Location & Site Information

Address/Road #: MULBERRY RD SPRING HOPE, NC 27882
Subdivision:
Phase: NEW Lot:

Directions:

MULBERRY RD

Structure: SINGLE FAMILY
# of Bedrooms: 4
# of People: 4
*Water Supply: NEW WELL

System Specifications

*Site Classification: Provisionally Suitable
Design Flow: 480
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: 30 Inches
Minimum Soil Cover: _____ Inches
Maximum Soil Cover: _____ Inches
*Distribution Type: GRAVITY - PARALLEL (eq. d-box)

Nitrification Field: _____ Sq. ft.
No. Drain Lines: 5
Total Trench Length: 400 ft.
Trench Spacing: _____ - 9
Trench Width: _____ - 3
Aggregate Depth: _____ inches

◯ Inches O.C.
(X) Feet O.C.
◯ Inches
(X) 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: Shad Leonard
Date of Issue: 11/13/2019

Site Plan/Drawing attached.

◯ Hand Drawing ◯ Import Drawing

Total Time : (HH:MM) _____

Franklin County
NORTH CAROLINA

File # 29145Z PIN# 2739-53-7139

Property Address: Lot #3 Mullberry Rd

Applicant or Owner Name: Avery Fisk

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

Diagram Date:** 11-13-19 **EHS:** Thad Leonard

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

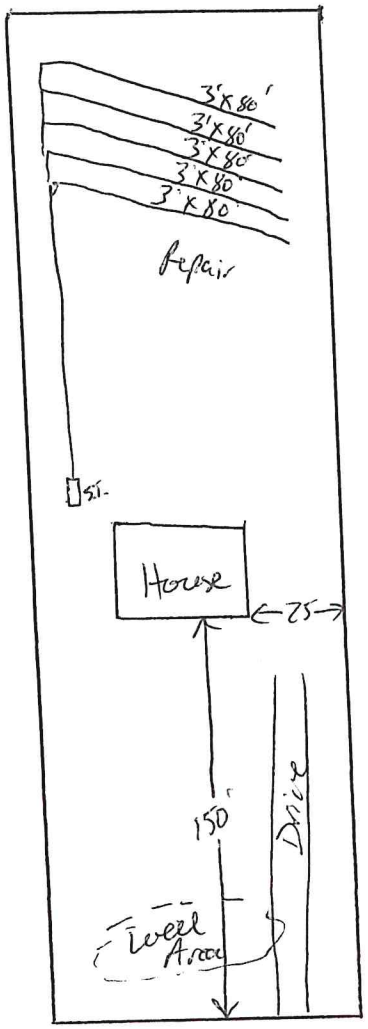
Installation/grouting inspections may be scheduled the day before, or, the day of installation until 9am by contacting the Environmental Health office at 919 496 8100. A revisit fee may apply if installation is not ready for inspection at the time requested. *Septic Operations Permits* will be issued 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 _____ Drainfield 3'x400' Type System Accepted Max Trench Depth 30"

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

Well Contractor _____ Well Grout date: _____

- Drawing not to scale
- Maintain proper setbacks.
- Install drainlines on contour.



Mullberry Ln

FCEH FORM 165 9/19, 10/19

Franklin County
NORTH CAROLINA

COUNTY OF FRANKLIN
ENVIRONMENT HEALTH APPLICATION (496-8100)

Permit #: **7339** Permit Type: **Septic/Well Permit** Date Issued: **11/13/2019**

Project Address: **MULLBERRY RD**

Location: **MULLBERRY RD** Size #: **1.03**

Subdivision: Lot #: **3**

Applicant: **Avery Fisk** Phone: **919-268-0637**

15 Guilford Ln,

Youngsville, NC 27596

291452

Owner Name: Phone:

Address:

,

Tax record: **45674** Pin #: **K12 00 040L** Parcel #: **2739-53-7139**

Zoned: **R 30** Setbacks- Front: **30** Rear: **25** Side: **10 / 10**

Proposed Use: # of bedrooms: **4** # of people: **4**

Township: **DUNN** Public Water/Sewer: **No / NO**

Desc: **[description]** Fees Due: **800.00** Date Paid: **11/13/2019**

*** Please complete all sections below ***

- ☐ Does this site contain any previously identified jurisdictional wetlands?
- ☐ Is any wastewater, other than domestic, going to be generated?
- ☐ Is the site subject to approval by any other public agency?

* If the answer to any of the above is "yes", applicant must submit supporting documentation.

Please indicate desired system type(s). systems can be ranked in order of preference.

☐ Conventional ☐ Accepted ☐ Modified Conventional ☐ Alternative
☐ Other ☐ No Preference

Call Environmental Health (919.496.8100) between 8:00 - 9:00 am Monday - Friday in order to schedule an appointment with an 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 or 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 or visit their website at www.franklincountyenvironmentalhealth.com to determine the status of your application prior to visiting the Planning & Inspections Department to obtain a building permit.

I hearby 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 be 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 release information upon public request.

x Avery Fisk Avery Fisk 11/13/2019

Print & Signature of Owner or Owner's Legal Representative

Franklin County Development Permit

Zoning Permit #: 714 **RESIDENTIAL**

Franklin County
NORTH CAROLINA

ADDRESS:	**MULLBERRY RD, SPRING HOPE**		
PARCEL NO.:	**2739-53-7139**	ZONING:	**R 30**
ISSUED TO:	**AVERY FISK**	LOT:	**3**
	15 GUILFORD LN	SUBDIVISION:	
	YOUNGSVILLE, NC 27596		
PHONE NUMBER:	**919-268-0637**	EMAIL:	**AMFISK96@HOTMAIL.COM**
CONTRACTOR:		ADDRESS:	
LICENSE #:			
SETBACK:FRONT:	**30**	**RIGHT: 10**	**Left: 10** **Rear: 25**
COUNTY WATER:	**No**	**FLOODPLAIN: No**	
PERMIT TYPE:	**Residential**	PERMIT DATE:	**11/13/2019**
TYPE OF CONSTRUCTION:	**SFD - NEW SEPTIC/WELL**		
WATER SHED: **No**	TOWNSHIP: **DUNN**	EXPIRE DATE:	**05/13/2020**

It is hereby certified that the above use as shown on the plats and plans submitted with this application conforms with all applicable provisions of the Franklin County Zoning Ordinance. The issuance of this application does not allow the violation of Franklin County Zoning Ordinance or other governing regulations. The applicant is responsible for obtaining a building permit (if required) prior to commencing work on the proposed improvement. A final zoning inspection must be scheduled by the applicant.

NOTES:

I hereby certify that all information I have provided to the planning department is true and accurate.

APPLICANTS SIGNATURE: Avery Fisk

UTILITY COMPANY: **PROGRESS ENERGY** **WAKE ELECTRIC** **OTHER**

NUMBER OF STORIES: _____ # of Bedrooms _____ # of People _____

SQUARE FOOTAGE: HEATED _____ UNHEATED _____ TOTAL _____

BASEMENT: ____ YES _____ NO _____

FIREPLACE: ____ NO _____ MASONARY _____ MANUFACTURED _____

PLAN SETS: ____ MODULAR _____ STICKBUILT _____

SUB CONTRACTOR

ELECTRICAL: _____

MECHANICAL: _____

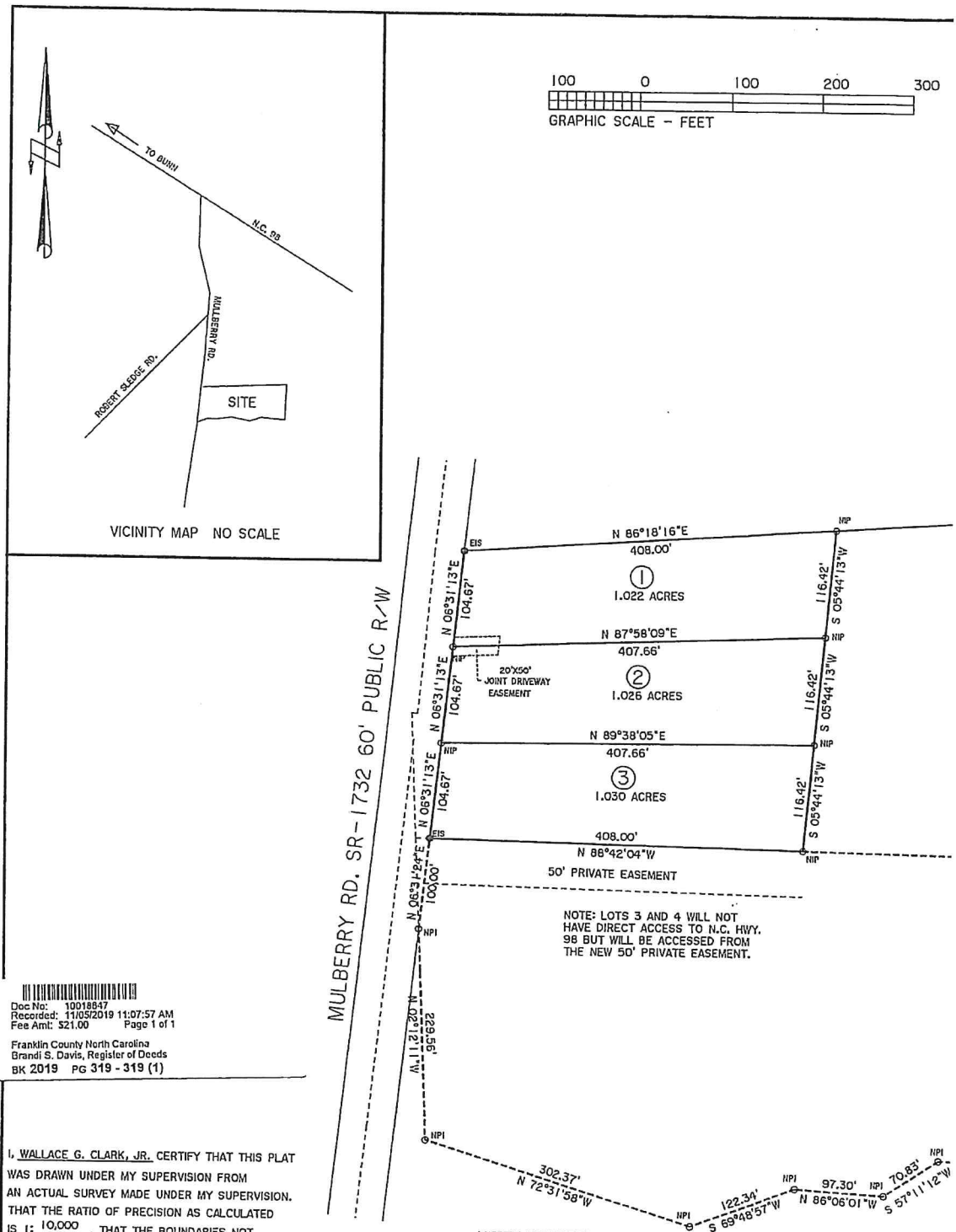
PLUMBING: _____

COST OF CONSTRUCTION: _____

NO MORE THAN 2 STRUCTURAL DEVIATIONS OR PLANS MUST BE REDRAWN

DEPARTMENTAL USE ONLY

	INITIALS (IN)	DATE	INITITALS (OUT)	DATE
ZONING	AK	11/13/19		
PLAN REVIEW				
SEPTIC/SEWER				



NOTE: LOTS 3 AND 4 WILL NOT HAVE DIRECT ACCESS TO N.C. HWY. 98 BUT WILL BE ACCESSED FROM THE NEW 50' PRIVATE EASEMENT.

Doc No: 10018647
Recorded: 11/05/2019 11:07:57 AM
Fee Amt: $21.00 Page 1 of 1

Franklin County North Carolina
Brandi S. Davis, Register of Deeds
BK 2019 PG 319 - 319 (1)

I, WALLACE G. CLARK, JR. CERTIFY THAT THIS PLAT WAS DRAWN UNDER MY SUPERVISION FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION. THAT THE RATIO OF PRECISION AS CALCULATED IS 1: 10,000. THAT THE BOUNDARIES NOT SURVEYED ARE SHOWN AS BROKEN LINES PLOTTED FROM INFORMATION FOUND IN BOOKS REFERENCED. THAT THIS MAP WAS PREPARED IN ACCORDANCE WITH G.S. 47-30 AS AMENDED.

WITNESS MY HAND AND SEAL THIS 17th DAY OF OCTOBER 2019

PROFESSIONAL LAND SURVEYOR L-3691

NORTH CAROLINA PROFESSIONAL SEAL L-3691 LAND SURVEYOR WALLACE G. CLARK, JR.

I, WALLACE G. CLARK, JR. CERTIFY THAT THIS MAP IS OF A SURVEY THAT CREATES A SUBDIVISION OF LAND WITHIN THE AREA OF A COUNTY OR MUNICIPALITY THAT HAS AN ORDINANCE THAT REGULATES PARCELS OF LAND

PROFESSIONAL LAND SURVEYOR L-3691

I HEREBY CERTIFY THAT THE SUBDIVISION PLAT SHOWN HEREON HAS BEEN FOUND TO COMPLY WITH THE SUBDIVISION REGULATIONS OF FRANKLIN COUNTY, WITH ALL VARIANCES NOTED IN THE MINUTES OF THE FRANKLIN COUNTY PLANNING BOARD. THAT ALL EASEMENTS, SHOWN HEREON, ARE ACCEPTED BY FRANKLIN COUNTY, SUBJECT TO THE APPROVAL BY THE DEPARTMENT OF TRANSPORTATION WHICH ASSUMES NO RESPONSIBILITY TO OPEN OR MAINTAIN THE SAME, AND THAT THIS MAP HAS BEEN APPROVED FOR RECORDING IN THE OFFICE OF THE REGISTER OF DEEDS.

SUBDIVISION ADMINISTRATOR OR ASSISTANT — 11/3/19 DATE

APPROVAL EXPIRES IF NOT RECORDED ON OR BEFORE 5/5/20 DATE AND MUST BE SUBMITTED FOR REAPPROVAL

STATE OF NORTH CAROLINA
COUNTY OF FRANKLIN

I, Bob Thompson REVIEW OFFICER OF FRANKLIN COUNTY, CERTIFY THAT THE MAP OR PLAT TO WHICH THIS CERTIFICATION IS AFFIXED MEETS ALL STATUTORY REQUIREMENTS FOR RECORDING.

REVIEW OFFICER — 11/5/19 DATE

I HEREBY
HEREON WH
AND THAT
ESTABLISH
AND OTHER
I CERTIFY
REGULATIO

AGENT



② EQUITY TRUST CUSTODIAN
PAULA BRANTLEY
B.O.M. 2019 PG. 137

N 86°18'16"E
912.26'

NPI

S 00°37'44"E
427.88'

③
8.272 ACRES

POOHAWK PROPERTIES
D.B. 1535 PG. 489

OLD LOT LINE
950.22'
N 88°42'04"W

④
B.O.M. 2012 PG. 43
11.35 ACRES EXISTING
+8.272 ACRES LOT 3
9.622 ACRES

S 00°37'44"E
381.46'

64.47'
°27'13"W
NPI
165.56'
N 85°17'07"W
NPI
S 76°35'40"W
90.40'
NPI
130.33'
N 43°08'41"W
NPI
127.33'
S 72°18'17"W
NPI
177.63'
N 84°48'03"W
NPI

CENTERLINE OF BRANCH IS PROPERTY LINE

POOHAWK PROPERTIES
D.B. 1535 PG. 489

D:
EXISTING IRON STAKE
NEW IRON PIPE
NO POINT INSTALLED

BUIKLDING SETBACKS:
FRONT = 30'
SIDE = 10'
REAR = 25'

THAT I AM THE OWNER OF THE PROPERTY SHOWN AND DESCRIBED
CONVEYED TO ME BY DEED RECORDED IN D.B. PG.
ADOPT THIS PLAN OF SUBDIVISION WITH MY FREE CONSENT,
IMUM BUILDING LINES, AND DEDICATE ALL DRAINAGEWAYS
ACE TO PUBLIC OR PRIVATE USE AS NOTED. FUTHER
E LAND SHOWN HEREON IS WITHIN THE SUBDIVISION
ION OF FRANKLIN CO., N.C.

ER

11-3-19
DATE

SURVEY FOR

CORY BRANTLEY

DUNN TOWNSHIP
DATE: 10-17-2019
PIN# 2739-63-2323
PIN# 2739-62-2905

FRANKLIN COUNTY, N.C.
SCALE: 1" = 100'
ZONED: R-30

GIL CLARK SURVEYING LIC. F-0739
P.O. BOX 1243
KNIGHTDALE, NORTH CAROLINA 27545
TEL (919) 266-9711 FAX (919) 266-9732

1401A