8/11/2020

Franklin County
NORTH CAROLINA

328307

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

Issued to: Phil Poland

Location: 1607 SAGAMORE DR LOUISBURG , NC 27549

NEW SEPTIC APPLICATION

Application Type: NEW SEPTIC
Application Number: E-20-506
Building Type: PARCEL
Project Type: Single Family Dwelling
# of Bedrooms: 1
Parcel ID #; 020883

Date: August 10, 2020
Acreage: 0.18
Zoning: A R
# of People: 1
Subdivsion: LOT ROYALE C

Applicant Information

Applicant Name: Phil Poland
Address: 1 Lake Royale Louisburg , North Carolina 27549
Phone: 9195935695
Email: Philsqualityconstruction@gmail.com

Property Owner Information

Owner Name: HERALD CLYDE A LIFE ESTATE HERALD GERALDINE LIFE ESTATE
Address: NC 58 HWY N HOOKERTON , NC 28538
Phone:
Email:

General Contractor Information

Contractor Name: David Brantley & Sons, Inc.
Address: 37 Pine Ridge Rd Zebulon , NC 27597-6117
Phone: (252) 478-3721
Email:

Zoning

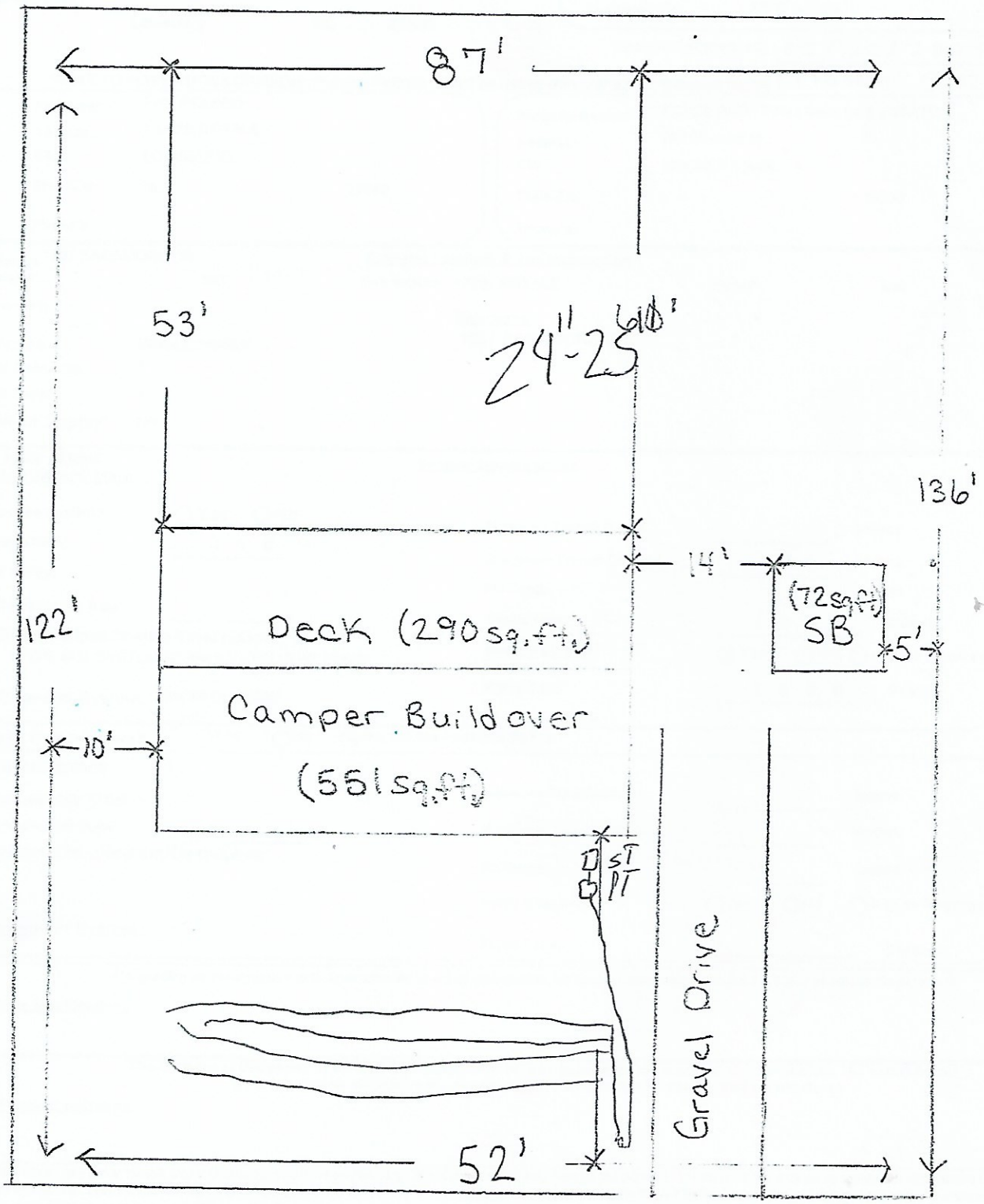
Zoning Permit #: Z-20-1163
Front Setback: 30
Left Setback: 5
County Water: TESI
Right Setback: 5
Rear Setback: 5

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



Gwen
1607 Sagamore Drive
Louisburg, NC 27549

Install New septic

IMPROVEMENT PERMIT

Franklin County Health Department

107 Industrial Drive

Louisburg NC 27549

For Office Use Only

*CDP File Number: 328307 - 1

County ID Number:

Evaluated For: NEW

PERMIT VALID UNTIL: 08 / 28 / 2025

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

Applicant: PHIL POLAND
Address: 1 LAKE ROYALE
City: LOUISBURG
State/Zip: NC 27549
Phone #:

Property Owner: CLYDE AND GERALDINE LIFE ESTATE
Address: NC 58 HWY N
City: HOOKERTOWN
State/Zip: 28538
Phone #:

Address 1607 SAGAMORE DR
Road # NC
Township:

Property Location & Site Information

Subdivision: LAKE ROYALE
Phase:
Lot:

Structure: SINGLE FAMILY
# of Bedrooms: 1
# of People: 1
*Water Supply: N/A

Directions

1607 SAGAMORE DR

Initial System

*Site Classification:

System Specifications

Saprolite System? ○Yes ○No
Design Flow: 240
Soil Group:
Soil Application Rate: .

*System Classification/Description:
TYPE III B SYSTEM W/SINGLE EFFLUENT PUMP

*Proposed System: 25% REDUCTION

Minimum Trench Depth: Inches
Maximum Trench Depth: 25 Inches
Fill Depth: Inches
Septic Tank: 1000 Gallons
Pump Required: ◉Yes ○No ○May Be Required
Pump Tank: 1000 Gallons

Repair System Required: ○Yes ○No ◉No, but has Available Space

Repair System

*Site Classification:
Soil Application Rate: .
*System Classification/Description:

*Proposed System:

Minimum Trench Depth: Inches
Maximum Trench Depth: 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

Authorized State Agent Signature: _____ Date of Issue: 08 / 28 / 2020

Owner/Applicant Signature: _____

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

CONSTRUCTION AUTHORIZATION

Franklin County Health Department

107 Industrial Drive

Louisburg NC 27549

For Office Use Only

*CDP File Number 328307 - 1

County ID Number:

Evaluated For: NEW

PERMIT VALID UNTIL: 08 / 28 / 2025

☐ Open Pump System Sheet

Applicant:	PHIL POLAND
Address:	1 LAKE ROYALE
City:	LOUISBURG
State/Zip:	NC 27549
Phone #:	

Property Owner:	CLYDE AND GERALDINE LIFE ESTATE
Address:	NC 58 HWY N
City:	HOOKERTOWN
State/Zip:	28538
Phone #:	

Address 1607 SAGAMORE DR
Road # NC

Township:

Structure: SINGLE FAMILY

# of Bedrooms: 1

# of People: 1

*Water Supply: N/A

Property Location & Site Information

Subdivision: LAKE ROYALE Phase: Lot:

Directions

1607 SAGAMORE DR

System Specifications

*Site Classification:

Saprolite System? ◯Yes ◯No

Design Flow: 240

Soil Application Rate: ___ . ___

*System Classification/Description:

TYPE III B. SYSTEM W/SINGLE EFFLUENT PUMP

*Proposed System: 25% REDUCTION

Nitrification Field ___ Sq. ft.

No. Drain Lines ___

Total Trench Length: 150 ft.

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

Trench Width: ___ – ___ ◯Inches ◯Feet

Aggregate Depth: ___ inches

Minimum Trench Depth: ___ Inches

Maximum Trench Depth: 25 Inches

Minimum Soil Cover: ___ Inches from "Natural Ground Level"

Maximum Soil Cover: ___ Inches "Natural Ground Level"

*Distribution Type: PUMP TO GRAVITY

Septic Tank: 1000 Gallons

Pump Required: ◉Yes ◯No

Pump Tank: 1000 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

Chore Items

40(

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: 08 / 28 / 2020

Authorized State Agent Signature: ___

Owner/Applicant Signature: ___

Site Plan/Drawing attached.

Malfunction Log ◯Yes

◯Hand Drawing ◯Import Drawing

Franklin County
NORTH CAROLINA

File # 32830? PIN# _____

Property Address: 1607 Sagamore Dr

Applicant or Owner Name: Phil Poland

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:** 8-28-20 **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.**

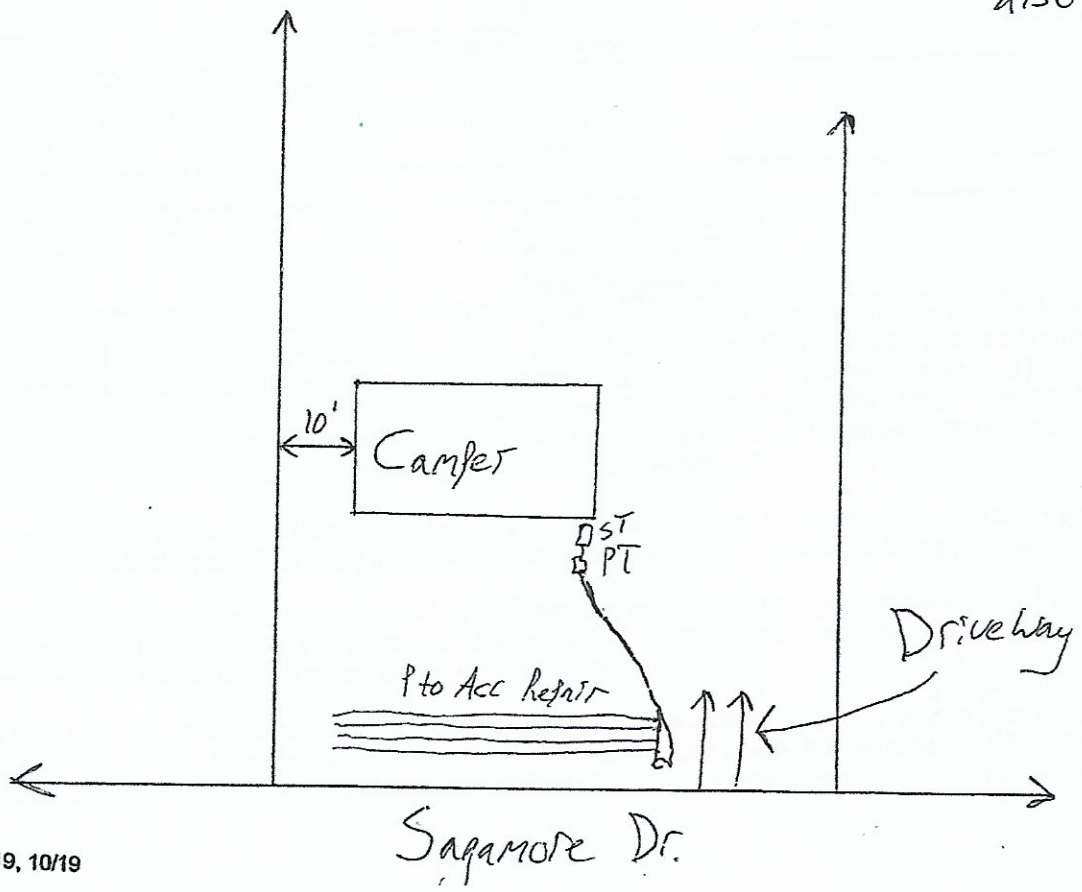
Installation/grouting inspections may be scheduled the day before, or, the day of installation until 9am by contacting the Environmental Health office at 919 496 8100. A revisit fee may apply if installation is not ready for inspection at the time requested. ***Septic Operations Permits*** will be issued 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 1000 Pump Tank 1000 Drainfield 3'X150' Type System P to Acc Max Trench Depth 25"

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

Well Contractor _____ Well Grout date: _____

* Refer to plot plan also



FCEH FORM 165 9/19, 10/19