OPERATION PERMIT

Franklin County Health Department

107 Industrial Drive

Louisburg NC 27549

For Office Use Only

*CDP File Number: 302301 - 1

County ID Number: 1798-95-8069

Evaluated For: NEW

Property Owner: ED BLACKLEY

Address: 4500 LAID BACK LN

City: ZEBULON

State/Zip: NC 27597

Phone #: (919) 810-3377

Address Road #: 20 ACER WAY

ZEBULON NC 27597

Township:

Subdivision: MEDFIELD ESTATES

Phase:

Lot: 8

Structure: SINGLE FAMILY

# of Bedrooms: 3

# of People: 3

Water Supply: NEW WELL

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

Design Flow: 360

System Classification/Description:

TYPE III B. SYSTEM W/SINGLE EFFLUENT PUMP

Installer: DBS

Certification #:

Specific System Installed:

STB: 1000

PT: 1000

Septic Tank Date: 02 / 04 / 2020

Pump Tank Date: 02 / 10 / 2020

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: 2739 - Joel Bendel

Date of Issue: 05 / 08 / 2020

Authorized State Agent Signature: Joel Bendel

Owner/Applicant Signature:

As-Built Drawing Attached

◯ Saprolite System?

◯ Hand Drawing ◯ Import Drawing ◯ OP Checklist

IMPROVEMENT PERMIT

Franklin County Health Department

107 Industrial Drive

Louisburg NC 27549

For Office Use Only

*CDP File Number: 290427 - 1

County ID Number: 1798-95-8069

Evaluated For: NEW

PERMIT VALID UNTIL: 10 / 18 / 2024

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

Applicant:	ED BLACKLEY		Property Owner:	ED BLACKLEY	
Address:	4500 LAID BACK LN		Address:	4500 LAID BACK LN	
City:	ZEBULON		City:	ZEBULON	
State/Zip:	NC	27597	State/Zip:	NC	27597
Phone #:	(919) 810-3377		Phone #:	(919) 810-3377	

Property Location & Site Information

Address 20 ACER WAY

Road # ZEBULON NC 27597 Subdivision: MEDFIELD ESTATES Phase: Lot: 8

Township:

Structure: SINGLE FAMILY

# of Bedrooms: 3

# of People: 3

*Water Supply: NEW WELL

Directions

20 ACER WAY

Initial System

*Site Classification: Provisionally Suitable

Saprolite System? ◯Yes ◉No

Design Flow: 360

Soil Group: IV

Soil Application Rate: 0.3

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

*Proposed System: 25% REDUCTION

System Specifications

Minimum Trench Depth: Inches

Maximum Trench Depth: 28 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: Provisionally Suitable

Soil Application Rate: 0.3

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

*Proposed System: 25% REDUCTION

Minimum Trench Depth: Inches

Maximum Trench Depth: 28 Inches

Fill Depth: Inches

Pump Required: ◉Yes ◯No ◯May be Required

Pump Tank: 1000 Gallons

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

Chare Rems. 750

***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.

Chare Rems. 750

***Permit Conditions**

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: 10 / 18 / 2019

Authorized State Agent Signature: Joel Bendel

Owner/Applicant Signature:

Site Plan/Drawing attached. *PJ Pump fee 5-8-20*

CONSTRUCTION AUTHORIZATION

Franklin County Health Department

107 Industrial Drive

Louisburg NC 27549

For Office Use Only

*CDP File Number: 290427 - 1

County ID Number: 1798-95-8069

Evaluated For: NEW

PERMIT VALID UNTIL: 10 / 18 / 2024

☐ Open Pump System Sheet

Applicant:	ED BLACKLEY
Address:	4500 LAID BACK LN
City:	ZEBULON
State/Zip:	NC 27597
Phone #:	(919) 810-3377

Property Owner:	ED BLACKLEY
Address:	4500 LAID BACK LN
City:	ZEBULON
State/Zip:	NC 27597
Phone #:	(919) 810-3377

Property Location & Site Information

Address 20 ACER WAY
Road # ZEBULON NC 27597 Subdivision: MEDFIELD ESTATES Phase: Lot: 8
Township:

Structure: SINGLE FAMILY
# of Bedrooms: 3
# of People: 3
*Water Supply: NEW WELL

Directions

20 ACER WAY

System Specifications

*Site Classification: Provisionally Suitable

Saprolite System? ◯Yes ◯No

Design Flow: 360

Soil Application Rate: 0.3

*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: 300 ft.

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

Trench Width: ____ – ____ ◯Inches ◯Feet

Aggregate Depth: ____ inches

Minimum Trench Depth: ____ Inches

Maximum Trench Depth: 28 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.

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***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

Authorized State Agent Signature: Joel Bendel

Owner/Applicant Signature: ____

*Date of Issue: 10 / 18 / 2019

Site Plan/Drawing attached.

Malfunction Log ◯Yes

◯Hand Drawing ◯Import Drawing

Well Construction Permit

Franklin County Health Department
107 Industrial Drive
Louisburg NC 27549

For Office Use Only
*CDP File Number 290427
PIN Number: 1798-95-8069
Tax Lot #: _____ Tax Block #: _____
Evaluated For: WELL

PERMIT VALID UNTIL: 10/18/2024

Property Owner:	ED BLACKLEY
Address:	4500 LAID BACK LN
City:	ZEBULON
State/Zip:	NC 27597
Phone #:	(919) 810-3377

Applicant:	ED BLACKLEY
Address:	4500 LAID BACK LN
City:	ZEBULON
State/Zip:	NC 27597
Phone #:	(919) 810-3377

Property Location & Site Information

Address/Road #: 20 ACER WAY
ZEBULON NC 27597

Subdivision: MEDFIELD ESTATES Phase: _____ Lot: 8

*Proposed use of Well:

If Other:

Latitude _____ . _____
Longitude _____ . _____
Site Address: 20 ACER WAY

Directions

Directions: 20 ACER WAY

Well Contractor Information

Drilling Contractor

Driller Registration

Permit Conditions

*Permit Conditions

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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: 2739 - Joel Bendel

*Date of Issue: 10 / 18 / 2019

Authorized State Agent: Joel Bendel

Owner/Applicant Signature: _____

○ Hand Drawing ○ Import Drawing

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

Franklin County
NORTH CAROLINA

File # 290427 PIN# 1798-95-8069

Property Address: 20 Acer Way

Applicant or Owner Name: Ed Blackley

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:** 10-18-19 **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.**

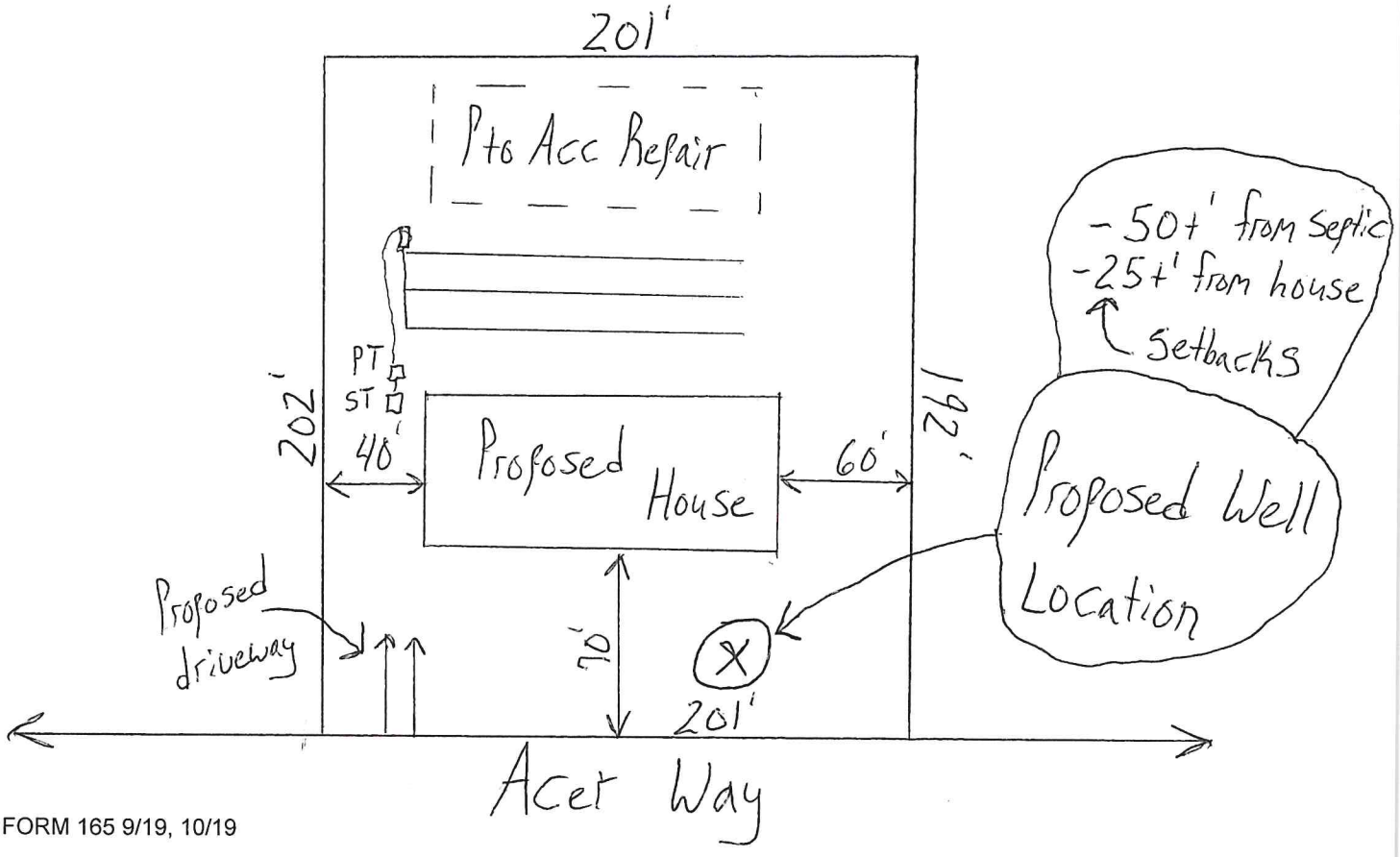
Installation/grouting inspections may be scheduled the day before, or, the day of installation until 9am by contacting the Environmental Health office at 919 496 8100. A revisit fee may apply if installation is not ready for inspection at the time requested. *Septic Operations Permits* will be issued 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'X300' Type System Pump to ACC Max Trench Depth 28"

Septic Contractor DBS Septic/Pump tank dates 2-4-20 2-10-20 Pump fee? NO YES (pd) 5-8-20

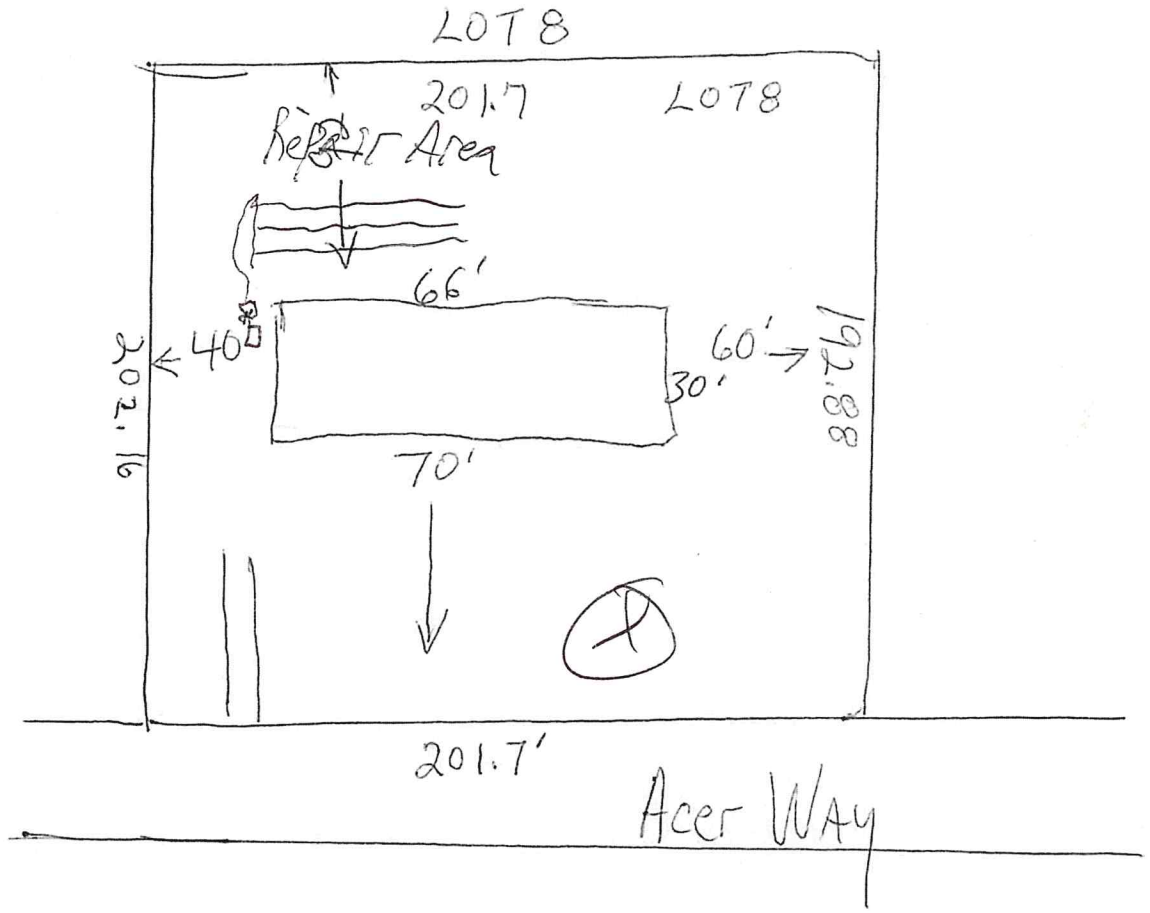
Well Contractor _____ Well Grout date: _____

* Drawing not to scale

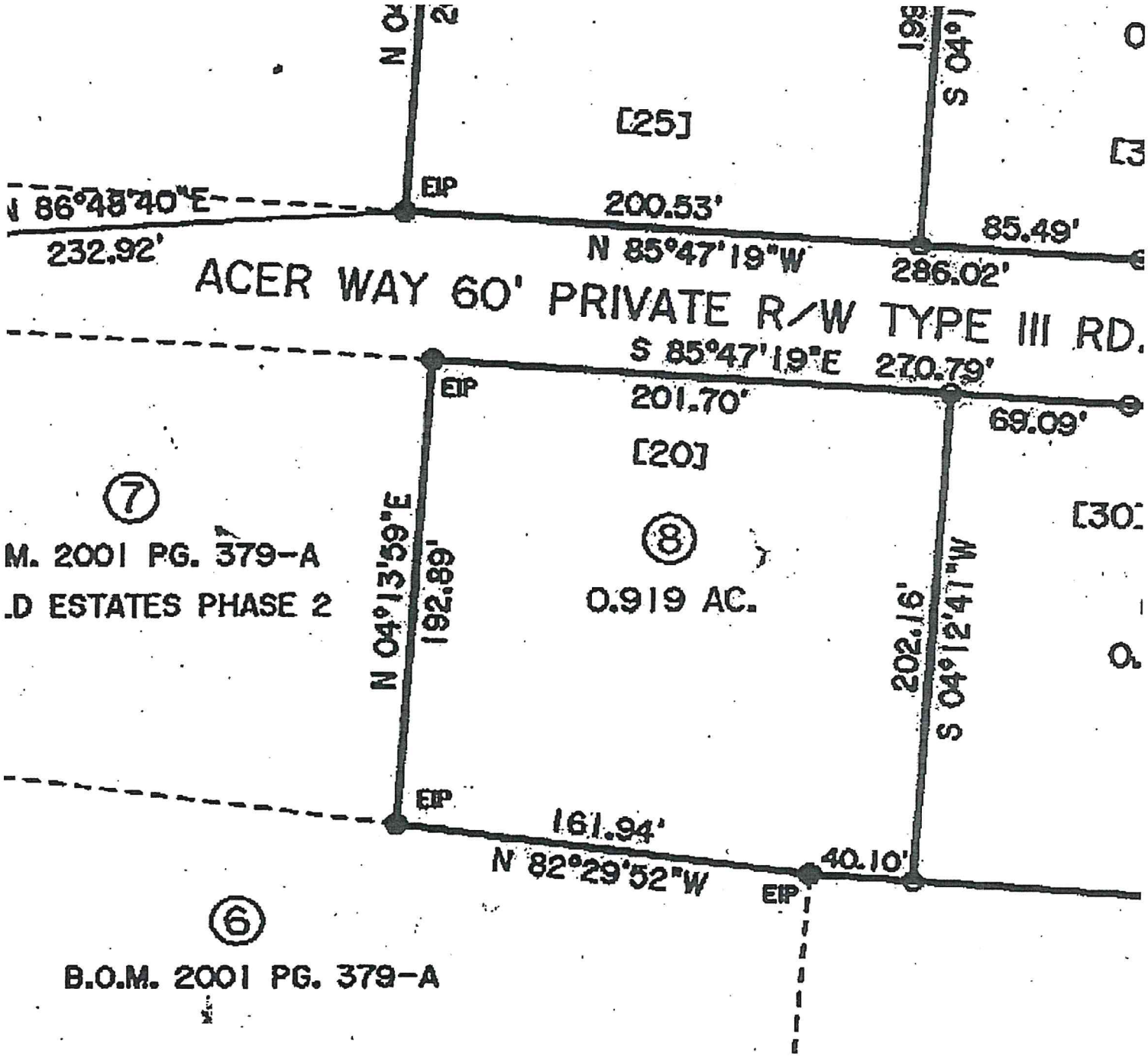


FCEH FORM 165 9/19, 10/19

LOT 8 Medfield ESTATES Parcel # 040763
20 Acer WAY



1798-95-8069


[25]
EIP
200.53'
N 85°47'19"W
232.92'
85.49'
286.02'
ACER WAY 60' PRIVATE R/W TYPE III RD.
S 85°47'19"E 270.79'
201.70'
69.09'
EIP
[20]
⑦
M. 2001 PG. 379-A
D ESTATES PHASE 2
⑧
0.919 AC.
N 04°13'59"E
192.89'
202.16'
S 04°12'41"W
EIP
161.94'
N 82°29'52"W
40.10'
EIP
⑥
B.O.M. 2001 PG. 379-A

Franklin County
NORTH CAROLINA

COUNTY OF FRANKLIN
ENVIRONMENT HEALTH APPLICATION (496-8100)

Permit #: **7039** Permit Type: **Septic/Well Permit** Date Issued: **10/11/2019**

Project Address: **20 ACER WAY**

Location: **20 ACER WAY** Size #: **0.920**

Subdivision: **MEDFIELD ESTATES** Lot #: **8**

Applicant: **Ed Blackley** Phone: **919-810-3377**
4500 Laid Back Ln,
Zebulon, NC 27597

Owner Name: **BLACKLEY EDWARD** Phone: **919.810.3377**

Address: **4500 LAID BACK LN**
ZEBULON NC, 27597

Tax record: **40763** Pin #: **H13E00 008** Parcel #: **1798-95-8069**

Zoned: **R-40** Setbacks- Front: **50** Rear: **20** Side: **50 / 20**

Proposed Use: # of bedrooms: **3** # of people: **3**

Township: **DUN** Public Water/Sewer: **/**

Desc: **[description]** Fees Due: **800.00** Date Paid: **10/11/2019**

*** 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 Ed BLACKLEY Ed Blackley 10/11/2019

Print & Signature of Owner or Owner's Legal Representative

Franklin County Development Permit

Zoning Permit #: 619 **RESIDENTIAL**

Franklin County
NORTH CAROLINA

ADDRESS:	**20 ACER WAY , ZEBULON NC 27597**		
PARCEL NO.:	**1798-95-8069**	ZONING:	**R-40**
ISSUED TO:	**ED BLACKLEY**	LOT:	**8**
	4500 LAID BACK LN	SUBDIVISION:	**MEDFIELD ESTATES**
	ZEBULON, NC 27597		
PHONE NUMBER:	**919-810-3377**	EMAIL:	
CONTRACTOR:		ADDRESS:	
LICENSE #:			

SETBACK:FRONT: **50** **RIGHT: 20** **Left: 50** **Rear: 20**
COUNTY WATER: **No** **FLOODPLAIN: No**
PERMIT TYPE: **Residential** PERMIT DATE: **10/11/2019**
TYPE OF CONSTRUCTION: **SFD - NEW SEPTIC/WELL**
WATER SHED: **No** TOWNSHIP: **DUN** EXPIRE DATE: **04/10/2020**

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: Ed Blackley

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	SKA	10/11/19		
PLAN REVIEW				
SEPTIC/SEWER				