



Franklin County Environmental Health
127 S Bickett Blvd.
Louisburg, NC 27549
Phone (919) 496-8100
www.franklincountync.gov

Issued to: Chad Craft

Location: 499 Mulberry Road SPRING HOPE , NC 27882

**NEW SEPTIC APPLICATION
NEW WELL APPLICATION**

Application Type: NEW SEPTIC NEW WELL

Application Number: E-24-704

Building Type:

Project Type: Single Family Dwelling

of Bedrooms: 3

Residential Project Type: Single Family Dwelling

Building Foundation: Crawlspace

Water Source: New Well

Date: September 13, 2024

Acreage:

Zoning: R-30

of Occupants: 4

Commercial Project Type:

Square Footage of Facility:

Number of Employees:

Number of Seats:

*del
cdp - 418538*

Preferred Type of Septic System: (1) Conventional (rock)

Notes:

Parcel ID #: 050743

Subdivision: NULL

Mulberry Ridge Lot#1

Applicant Information

Applicant Name: Chad Craft

Address: 5809 Farragon Hill Lane Wendell , NC 27591

Phone: 919-414-6247

Email: craft0603@gmail.com

Property Owner Information

Owner Name:

Address: ,

Phone:

Email:

General Contractor Information

Contractor Name: WoodCraft Home Builders LLC

Address: 5809 Farragon Hill Lane Wendell , NC 27591

Phone: (919) 414-6247

Email:

Zoning

Zoning Permit #: Z-24-1352

County Water: No

Front Setback: 30

Right Setback: 10

Left Setback: 10

Rear Setback: 25

The applicant shall notify the Environmental Health Department upon submittal of this application if any of the following apply to the property/site in question. If this answer is "Yes" the applicant must attach supporting documentation and/or show their location on the plot/site plan.

Does the site contain any jurisdictional wetlands? No

Does the site contain, or have within 100 feet, any existing wells and/or septic systems? No

Is any wastewater going to be generate other than domestic sewage? No

Is the site subject to approval by an other public agency? No

Are there any easements or right-of-ways on this site? No

Are there any underground utilities on the site? No

IF THE INFORMATION IN THE APPLICATION FOR A SEPTIC PERMIT IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN ANY RELATED PERMITS AND CONSTRUCTION AUTHORIZATIONS SHALL BECOME INVALID.

This application is valid for one year from the date of application payment. The septic system approval (permit) is valid for five years from the date of Improvement Permit issuance, or without expiration by request with proper documentation. The applicant is responsible for the proper identification and labeling of all property lines, and existing utilities (including septic), and the desired features on site, as well as making the site accessible for evaluation. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. Permit issuance shall in no way be



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

For Office Use Only

*CDP File Number: 418538 - 1
 County ID Number: _____
 Evaluated For: NEW

PERMIT VALID UNTIL: 09/30/2029

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

Applicant: Chad Craft
 Address: 5809 Farragon Hill Lane
 City: Wendell
 State/Zip: NC 27591
 Phone #: _____

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

Property Location & Site Information

Address: 499 Mulberry Rd Spring Hope, NC 27882 Subdivision: Mulberry Ridge Block/Phase: NEW Lot: 1

Directions

Road #: _____ 499 Mulberry Rd

Structure: SINGLE FAMILY

of Bedrooms: 3

of People: 4

*Water Supply: N/A

System Specifications

Initial System
 Usable Soil Depth: Yes
 Design Flow: 360
 Soil Application Rate: 0.3000

Minimum Trench Depth: _____ Inches
 Maximum Trench Depth: 30 Inches

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

Septic Tank: 1000 Gallons
 Pump Required: Yes No May Be Required

*Proposed System: 25% REDUCTION
 Pump Tank: _____ Gallons

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

Repair System

Usable Soil Depth: _____
 Soil Application Rate: _____

Minimum Trench Depth: _____ Inches
 Maximum Trench Depth: _____ Inches

*System Classification/Description: N/A
 Pump Required: Yes No May Be Required

*Proposed System: _____
 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**

CDP File Number: 418538

County ID Number:

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 (per rule .0301(fa).

Authorized State Agent: Bendel, Joel Date of Issue: 09/30/2024

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: 418538 - 1
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Open Pump System Sheet

Applicant: Chad Craft
Address: 5809 Farragon Hill Lane
City: Wendell
State/Zip: NC 27591
Phone #: _____

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

Property Location & Site Information

Address/Road #: 499 Mulberry Rd Spring Hope, NC 27882 Subdivision: Mulberry Ridge Phase: NEW Lot: 1
Directions:
Structure: SINGLE FAMILY 499 Mulberry Rd
of Bedrooms: 3
of People: 4
*Water Supply: NEW WELL

System Specifications

Usable Soil Depth: Yes Minimum Trench Depth: _____ Inches
Design Flow: 360 Maximum Trench Depth: 30 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 - PARALLEL (eq. d-box)
Nitrification Field: _____ Sq. ft. Septic Tank: 1,000 Gallons
No. Drain Lines: _____ 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 Feet 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 (.0204(k)(1)). 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 (per rule .0301(a)).

Authorized State Agent: Bendel, Joel Date of Issue: 09/30/2024

Hand Drawing Import Drawing

Site Plan/Drawing attached.
Total Time : (HH:MM) _____



File # 418538 PIN# _____
 Property Address: 499 Mulberry Rd.
 Applicant or Owner Name: Chad Craft

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**: 4-30-24 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 N/A Drainfield 3' x 300' Type System Acc Max Trench Depth 30"
 Septic Contractor _____ Septic/Pump tank dates _____ Pump Fee Paid _____
 Well Contractor _____ Well Head Date: _____ Pump Final: _____ N/A (circle)

