Franklin County
NORTH CAROLINA

CDP# 400954

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

Issued to: Fidelis Construction Inc. Fidelis Construction Inc

Location: 190 Whistlers Cove LOUISBURG , NC 27549

NEW SEPTIC APPLICATION
NEW WELL APPLICATION

Application Type: NEW SEPTIC NEW WELL

Application Number: E-23-989
Building Type:
Project Type: Single Family Dwelling
# of Bedrooms: 4
Residential Project Type: Single Family Dwelling
Building Foundation: Crawlspace
Water Source: New Well

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

Parcel ID #: 047249

Date: September 28, 2023
Acreage: 1.63
Zoning: R-30
# of Occupants: 3
Commercial Project Type:
Square Footage of Facility:
Number of Employees:
Number of Seats:
Notes: lot #25
Subdivsion: HUNTSBURG LOT

Applicant Information

Applicant Name: Fidelis Construction Inc. Fidelis Construction Inc
Address: 115 Egret Ct Louisburg , NC 27549
Phone: 919-796-3324
Email: michael@fidelisconstructionnc.com

Property Owner Information

Owner Name: Michael Schriver
Address: 115 EGRET CT Louisburg , NC Louisburg
Phone: 919-796-3324
Email: michael@fidelisconstructionnc.com

General Contractor Information

Contractor Name: Fidelis Construction, Inc.
Address: 115 Egret Ct Louisburg , NC 27549
Phone: (910) 570-1041
Email: michael@fidelisconstructionnc.com

Zoning

Zoning Permit #: Z-23-1503
Front Setback: 30
Left Setback: 10
County Water: No
Right Setback: 10
Rear Setback: 25

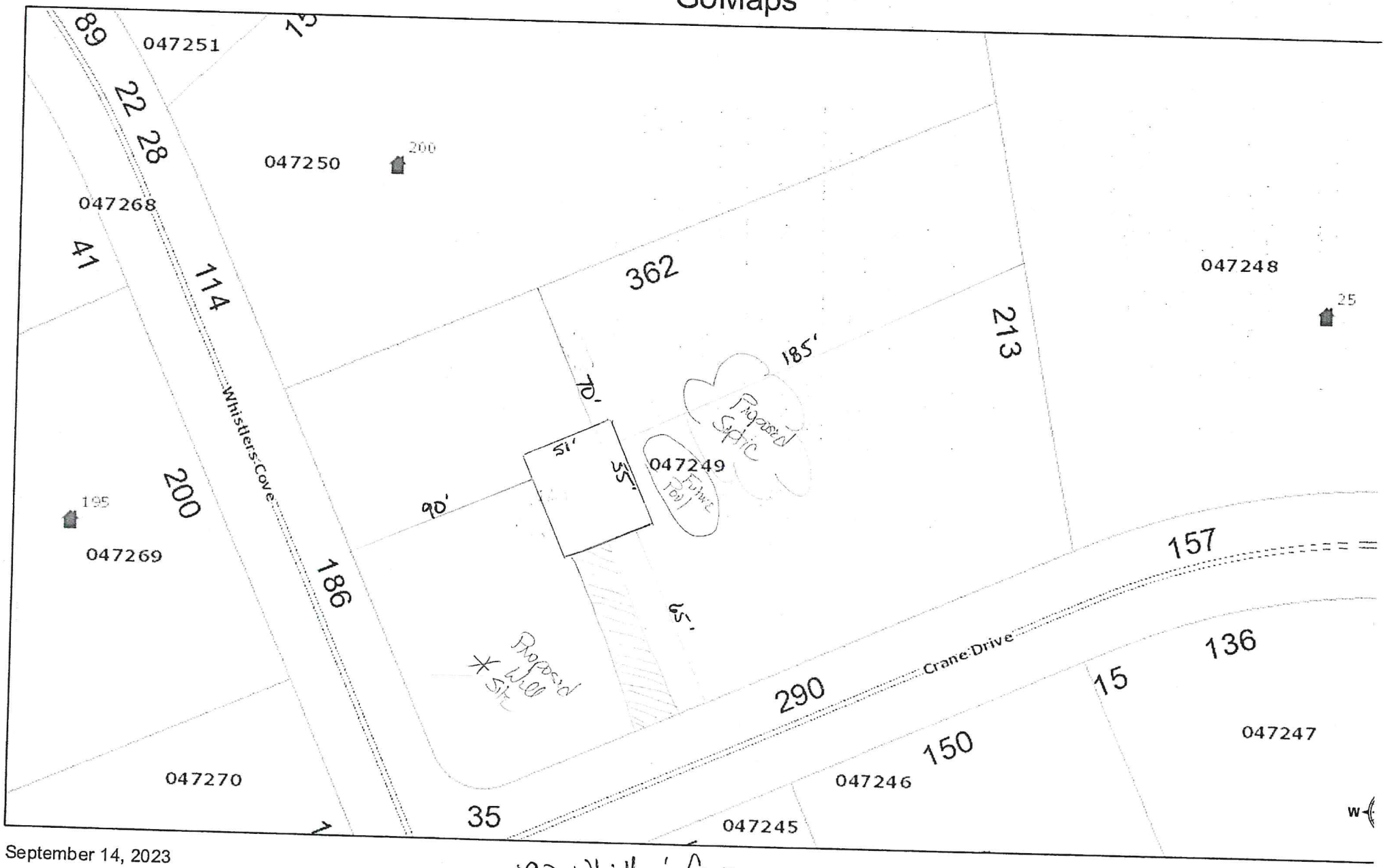
The applicant shall notify the Environmental Health Department upon submittal of this application if any of the following apply to the property/site in question. If this answer is "Yes" the applicant must attach supporting documentation and/or show their location on the plot/site plan.

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

Call Environmental Health (919-496-8100) in order to schedule an appointment with and environmental Health Specialist for your lot evaluation. Please contact the Environmental Health Department to determine the status of your application prior to visiting the Planning & Inspections Department to obtain a building permit.

IF THE INFORMATION IN THE APPLICATION FOR A SEPTIC PERMIT IS FALSIFIED, CHANGED, OR THE STIE IS ALETERED, THEN ANY RELATED PERMITS AND CONSTRUCTION AUTHORIZATIONS SHALL BECOME INVALID. This application is valid for one year from the date of

GoMaps



September 14, 2023

190 Whistler's Cove
Louisburg, NC 27549
(Lot #25 Huntsburg Subdivision Ph. III)

1:915

0	40	80	160
0	12.5	25	50

* Not to Scale

...HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

Oct 16/17

Sheet 1 of 1 (f+b)
PROPERTY ID #:
COUNTY: Franklin

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM
(Complete all fields in full)

Lot 25

OWNER: Fidelis Const.
ADDRESS: 115 Egret Ct. Lsbg
APPLICATION DATE: 9-29-23
PROPOSED FACILITY: Res.
DATE EVALUATED: 10-10-23
PROPOSED DESIGN FLOW (.1949): 480
LOCATION OF SITE: 190 Whistlers Ct.
PROPERTY SIZE: 1.63
PROPERTY RECORDED:
WATER SUPPLY: ☐ Private ☑ Public ☑ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

Lot 25

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	Linear	0-6	Gr/L	VFr NsNp SE		38			PS
		6-15	Gr CL	Fr SS SP SE		-12			
		15-29	Mod SBK C	Fi SP SE		26			
		29-38	Wk SBK SiC	Fi SP SE		-2	SC		
	5%	38	Sap signs horz			24			24"
2			2" Slope Correction						

Lot full of trees + briers; only passable along back prop. line + off Whis Cove

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
...ble Space (.1945)		
... Type(s)		
...AR	.3	.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: [signature]
OTHER(S) PRESENT:

...NTS:

over →

Well Construction Permit

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

For Office Use Only

*CDP File Number 400954

PIN Number:

Tax Lot #: 25 Tax Block #: 047249

Evaluated For:

PERMIT VALID UNTIL: 10/10/2028

Property Owner:	MICHAEL SCHRIVER
Address:	115 EGRET CT
City:	LOUISBURG
State/Zip:	NC / 27549
Phone #:	

Applicant:	FIDELIS CONSTRUCTION INC
Address:	115 EGRET CT
City:	LOUISBURG
State/Zip:	NC / 27549
Phone #:	

Property Location & Site Information

Address/Road #: 190 WHISTLERS CV
LOUISBURG NC, 27549

Subdivision: HUNTSBURG Phase: Lot: 25

*Proposed use of Well:
If Other:
Applicant Email:
Owner Email:

Directions: 190 WHISTLERS CV

Well Contractor Information

Drilling Contractor:

Driller Registration:

Permit Conditions

*Permit Conditions
Well site requested by homeowner. See design. Respect setback of 25 ft from house.

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

*Date of Issue: 10/10/2023

Authorized State Agent:

Owner/Applicant:

(✓) Hand Drawing ( ) Import Drawing

Site Plan/Drawing attached.

Well Construction Permit

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

For Office Use Only

*CDP File Number 400954

PIN Number:

Tax Lot #: 25 Tax Block #: 047249

Evaluated For:

PERMIT VALID UNTIL: 10/10/2028

IMPROVEMENT PERMIT

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

For Office Use Only

*CDP File Number: 400954 - 1
County ID Number:
Evaluated For: NEW

PERMIT VALID UNTIL: 10/10/2028

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

Applicant:	FIDELIS CONSTRUCTION INC
Address:	115 EGRET CT
City:	LOUISBURG
State/Zip:	NC 27549
Phone #:	

Property Owner:	MICHAEL SCHRIVER
Address:	115 EGRET CT
City:	LOUISBURG
State/Zip:	NC. 27549
Phone #:	

Property Location & Site Information

Address: 190 WHISTLERS CV
LOUISBURG, NC 27549
Subdivision: HUNTSBURG Block/Phase: NEW Lot: 25

Road #:
Structure: SINGLE FAMILY
# of Bedrooms: 4
# of People: 3
*Water Supply: N/A

Directions

190 WHISTLERS CV

System Specifications

Initial System

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

Minimum Trench Depth: _____ Inches
Maximum Trench Depth: 24 Inches

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

Septic Tank: 1000 Gallons
Pump Required ◯ Yes ◯ No (X) May Be Required

*Proposed System:
25% REDUCTION

Pump Tank: _____ Gallons

Repair System Required: (X) Yes ◯ No ◯ No, but has Available Space

Repair System

*Site Classification: Provisionally Suitable
Soil Application Rate: 0.300

Minimum Trench Depth: _____ Inches
Maximum Trench: Depth: 24 Inches

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

Pump Required: ◯ Yes ◯ No (X) May Be Required

*Proposed System: 25% REDUCTION

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: 400954 County ID Number:

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: Jones, Lori Date of Issue: 10/10/2023

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:

For Office Use Only

*CDP File Number: 400954 - 1
County ID Number:
Evaluated For: NEW

PERMIT VALID UNTIL: 10/10/2028

☐ Open Pump System Sheet

Applicant:	FIDELIS CONSTRUCTION INC
Address:	115 EGRET CT
City:	LOUISBURG
State/Zip:	NC 27549
Phone #:	

Property Owner:	MICHAEL SCHRIVER
Address:	115 EGRET CT
City:	LOUISBURG
State/Zip:	NC. 27549
Phone #:	

Property Location & Site Information

Address/Road #: 190 WHISTLERS CV
LOUISBURG, NC 27549

Subdivision: HUNTSBURG Phase: NEW Lot: 25

Structure: SINGLE FAMILY

# of Bedrooms: 4

# of People: 3

*Water Supply:

Directions:

190 WHISTLERS CV

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: 24 Inches

Minimum Soil Cover: _____ Inches

Maximum Soil Cover: _____ Inches

*Distribution Type: GRAVITY - PARALLEL (eq. d-box)

Nitrification Field: _____ Sq. ft.

No. Drain Lines: 4

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 ◯ No (X) 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: Jones, Lori

Date of Issue: 10/10/2023

(✓) Hand Drawing ◯ Import Drawing

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

Total Time : (HH:MM) _____

Huntsburg lot 25

Franklin County
NORTH CAROLINA

File # 400954 PIN#

Property Address: 190 Whistlers Cove

Applicant or Owner Name: Fidelis Const

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**: 10-10-2023 EHS: [signature]

**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 maybe (contour could not be determined) Drainfield 3'X400' Type System Accepted Max Trench Depth 24"

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

Well Contractor _____ Well Head date: _____ or self grout Well Head Date: _____

Bedrooms: 4

If Repair: na

Acreage: 1.63

Parcel ID: 047249

*Drawing not to scale (if large acreage, may be portion)

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