

Mail

919 645-9171

PAGE 1 OF 2

**Franklin County Health Department
Environmental Health Section
107 Industrial Drive-Suite C
Louisburg, North Carolina 27549**

Phone: 919-496-8100

Fax: 919-496-8136

Permit Number: 2414 Type: I PIN : Date: 3/8/2006

Applicant: SALLINGER CONSTRUCTION Owner: SALLINGER CONSTRUCTION
1029 HARPERS RIDGE CT 1029 HARPERS RIDGE CT
WAKE FOREST, NC 27587 WAKE FOREST, NC 27587

Telephone: (919) 614-1754 Telephone: (919) 614-1754

Subdivision: STONERIDGE Lot Number: 8 Size:

Physical Address/ Location /Directions PEBBLE CREEK DR

Description: LifeTime _____ 5 Year ✓

TYPE FACIL RES # EMPLOY _____ # BEDRMS 4 GPD 480 LTAR 23

TYPE WAT County TYPE SYS Accepted TYPE REP Accepted BSMT No BST FX N/A

SIZE TANK 1000 SIZE CHB N/A SIZE NITR 3'x400' MTD 30"

COMMENTS Maintain all setbacks. Install drain lines on contour.

Septic Contractors are responsible for notifying the health department for final inspections, between 8:00-9:00 AM on the day of completion, Monday - Friday. Any request for final inspections received afterwards will be scheduled the same day, if possible, or the next workday. Have permit number and owner/applicant's name ready when making the call.

Actions of representatives of state or local agencies engaged in the evaluation and determination of measures required to effect the compliance with the provisions of this permit shall in no way be taken as a guarantee that wastewater disposal systems permitted and approved will function in a satisfactory manner for any given period of time, or that such employees assume any liability for damages, consequential or direct which are caused, or may be caused, by a malfunction of this wastewater treatment and disposal system.

Proper precautions must be taken to assure the proper functioning of the system after it has been covered. Do not run any heavy equipment over the system, as soft earth will allow damage to the tank and lines. Pipe all roof drains away from the septic system site to prevent flooding of the lines from surface water. Terrace the ground to prevent excessive drainage from higher areas adjacent to the system. Do not construct driveways over any part of the septic system unless proper provisions were made when the septic system was constructed. Only grass, not trees or shrubbery, should be cultivated over the lines. All plumbing fixtures should be carefully inspected periodically and any problems repaired immediately. All septic tanks should be pumped off by a permitted pump operator on a regular schedule, not to exceed every five years.

The improvement permit and construction authorization is a site approval, for the future installation of a wastewater treatment and disposal system. Changes in ownership of the site do not affect the validity of this permit. However, any alteration of the site or soil conditions, changes in the location of the proposed facility, changes to the wastewater flow and/or characteristics, or submittal of false information with the application or misrepresentation of the property lines may subject this permit to suspension or revocation.

FOR THIS TO BE A VALID CONSTRUCTION AUTHORIZATION, A LAYOUT SHEET MUST BE ATTACHED

IMPROVEMENT PERMIT DATE 4/13/06 EHS

CONSTRUCTION AUTHORIZATION DATE 4/13/06 EHS

Shad Ferencik
Shad Ferencik

Franklin County Health Department

Name: SALLINGER CONST

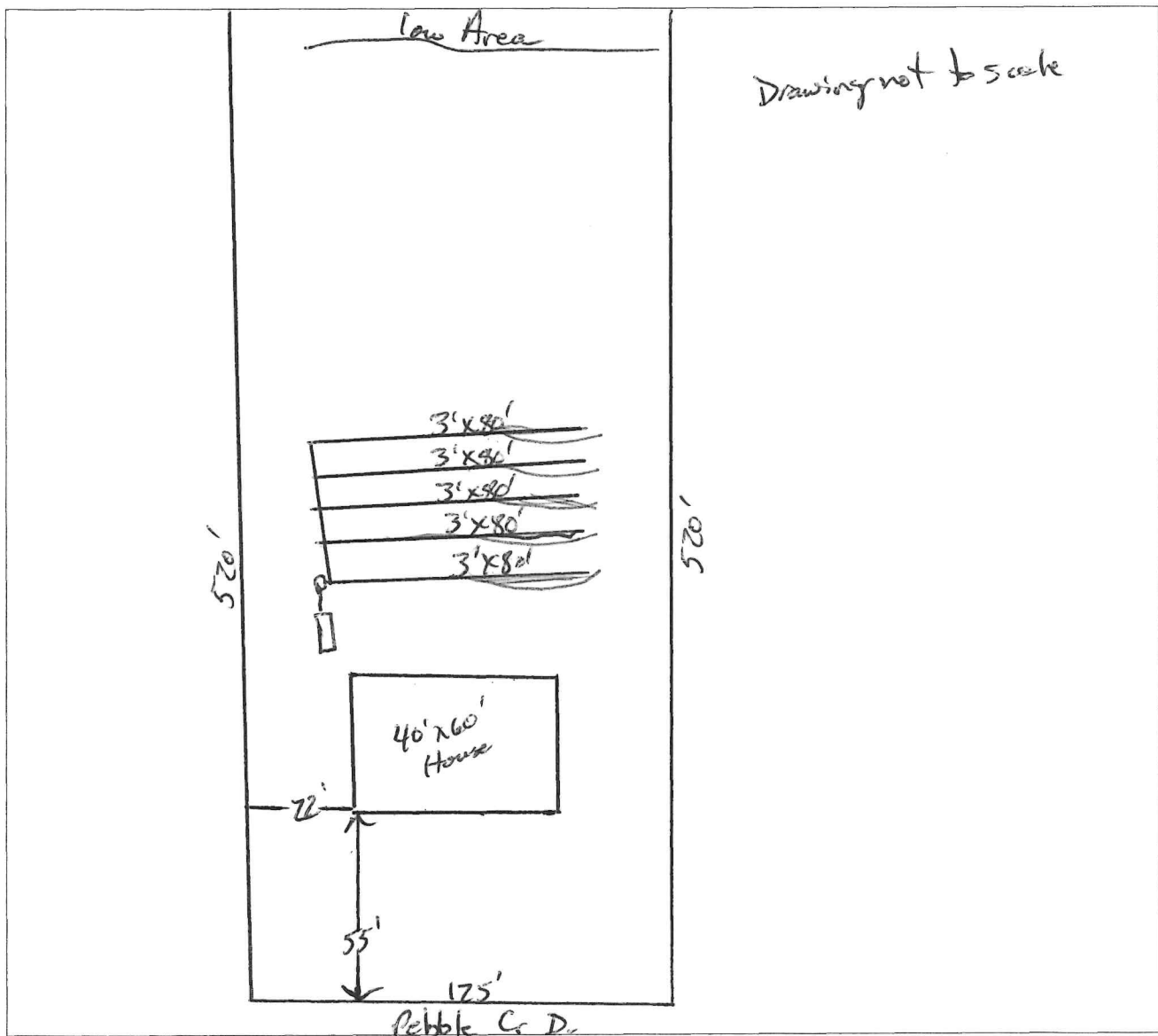
Permit Number

2414

CONTRACTOR Brantley & Sons TANK MANU DB 1000 MANU DATE 8-1-06
 WELL INSTALLED YES NO ✓ SYSTEM CODE EZ1203T-N-G

SEPTIC SYSTEM LAYOUT

(SKETCH SYSTEM LAYOUT HERE)



SEPTIC SYSTEM AS-BUILT

(IF DIFFERENT FROM INITIAL LAYOUT)

ON REVERSE

OPERATIONS PERMIT

DATE 8-29-06 EHSRenee Shearin

TRANSACTION REPORT

OCT-20-2009 TUE 11:22 AM

TX (MEMORY)

#	DATE	START TM	RECEIVER	COM TIME	PGS	TYPE/NOTE	DEPT	FILE
1	OCT-20	11:21 AM	97731501	0:00:44	2	ECM OK		886
TOTAL				0:00:44	2			

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COUNTY OF FRANKLIN
ENVIRONMENT HEALTH APPLICATION (496-8100)

Permit #: **17263** Permit Type: **SEPTIC PERMIT** Date Issued: **03/07/2006**

Project Address: ,

Location:

Size #: **0.000**

Subdivision: **STONERIDGE**

Lot #: **8**

Applicant: **SALLINGER CONSTRUCTION**
1029 HARPERS RIDGE CT
WAKE FOREST NC 27587

Phone: **919-614-1754**

Owner: **SALLINGER CONSTRUCTION**
1029 HARPERS RIDGE CT.
WAKE FOREST, NC 27587

Phone:

Tax record:

Pin #: **NO PIN**

Parcel #:

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

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

Township: **YOUNGSVILLE** Public Water/Sewer: **COUNTY** ST Road #:

Desc: Fees Due: **\$275.00** Date Paid: **03/07/2006**

*** Please complete all sections below***

☐ Yes ☒ No Does this site contain any previously identified jurisdictional wetlands?
☐ Yes ☒ No Is any wastewater, other than domestic, going to be generated?
☐ Yes ☒ No 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 ☐ Alternative ☐ Innovative ☐ Modified Conventional
☐ 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 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.)

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.

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 application for improvement permit is falsified, changed or site is altered, then improvement permit and authorization to construct shall become invalid. Authorized county representatives are granted right of entry to make evaluations or inspections, and to release information upon public request.



03/07/2006

Print & Signature of Owner or Owner's Legal Representative

Franklin County DRC Application

RESIDENTIAL

Zoning Permit #: 10420



ADDRESS:

PARCEL NO.: NO PIN

ZONING: R-40

SUBDIVISION: STONERIDGE

LOT: 8

ISSUED TO: SALLINGER CONSTRUCTION

1029 HARPERS RIDGE CT.

WAKE FOREST, NC 27587

PHONE NUMBER: 919-614-1754

SETBACK: FRONT: 50

RIGHT: 20

LEFT: 20

REAR: 50

COUNTY WATER: YES

FLOODPLAIN: NO

PERMIT TYPE: ZONING PERMIT

TYPE OF CONSTRUCTION: SFD-NEW SEPTIC

PERMIT DATE: 03/07/2006

WATERSHED WS II

TOWNSHIP YNGS

EXPIRE DATE: 09/07/2006

4/4

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: Parent Tract PIN: 1834-75-0304

I hereby certify that all information I have provided to the Planning Department is true and accurate.

APPLICANTS SIGNATURE: _____

UTILITY COMPANY: PROGRESS ENGERY

WAKE ELECTRIC

OTHER

NUMBER OF STORIES: 1 _____ 1 1/2 _____ 2 _____ 2 1/2 _____

SQUARE FOOTAGE: HEATED _____ UNHEATED _____ TOTAL _____

BASEMENT: N/A _____ YES _____ NO _____ MANUFACTURED _____

FIREPLACE: N/A _____ MASONARY _____ MANUFACTURED _____

PLAN SETS: MODULAR _____ SURETY BOND _____ STICKBUILT _____

NAME OF:

ELECTRICIAN: _____ MECHANICAL: _____

PLUMBING: _____

COST OF CONSTRUCTION: _____

NO MORE THAN 2 STRUCTURAL DEVIATIONS OR PLANS MUST BE REDRAWN

DEPARTMENTAL USE ONLY

	INITIALS (IN)	DATE	INITIALS (OUT)	DATE
ZONING	JTB	3/7/06		
INITIAL PERMITTING				
ADDRESSING				
PLAN REVIEW				
FIRE REVIEW				
SEPTIC/SEWER				
FINAL PERMITTING				

PRELIMINARY PLOT PLAN FOR
SALLINGER CONSTRUCTION

LOT 8, STONERIDGE SUBDIVISION

PEBBLE CREEK DRIVE

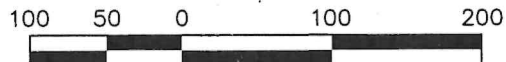
M.B. 2006, PAGE 36-B

YOUNGSVILLE TOWNSHIP

FRANKLIN COUNTY, NORTH CAROLINA

FEBRUARY 23, 2006

ZONED R-40 WATERSHED



SCALE 1"=100'

PEBBLE CREEK DRIVE 60' PUBLIC R/W

PROPOSED
DRIVEWAY
LOCATION

42.2'

60.0'

PROPOSED
HOUSE
LOCATION

22.8'

520.00

520.00

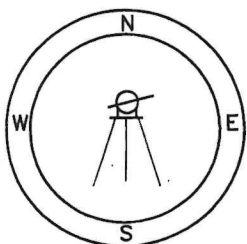
425.0'

65,000 sq.ft.
1.492 AC.

125.00

THIS SURVEYOR DOES NOT
WARRANTY THE ACCURACY
OF ARCHITECTURAL DIMENSIONS.
THEY ARE TO BE VERIFIED BY
THE CONTRACTOR.

N/F
LARRY THOMAS MITCHELL
NO DEED LISTED
PIN# 1834-64-4695



**CAWTHORNE, MOSS
& PANCIERA, P.C.**

Professional Land Surveyors

239 E. Owen Ave.
Post Office Box 1253
Wake Forest, N.C. 27588
(919)556-3148

NOTES:

-THIS PLAN DOES NOT REFLECT AN
ACTUAL SURVEY. IT IS A PRELIMINARY
PLAN AND SHOULD BE USED FOR ITS
INTENDED PURPOSE ONLY.
-NOT FOR RECORDATION, CONVEYANCES,
OR SALES.