Franklin County Zoning Permit

Issued to: SHONTA WILLIAMS | **Location: 0 NO STREET LOUISBURG,NC 27549**

Franklin County
NORTH CAROLINA

Franklin County
215 E. Nash St. Louisburg, NC 27549
Phone (919) 496-2909
www.franklincountync.us

Expiration Date: April 13, 2022

Residential

Permit Type: Single Family Dwelling
Permit #: Z-21-1690
Parcel ID #: 023414
Location: 0 NO STREET LOUISBURG, NC 27549
County Water: TESI
County Sewer: No
Subdivision: LOT ROYALE
Acreage: 0.49

APPLICANT INFORMATION

Applicant: WILLIAMS, SHONTA
Address: 621 Quackenbos St NW Washington, DC 20011
Phone: 2026965270
Email: sn731w@gmail.com

PROPERTY OWNER INFORMATION

Owner: WILLIAMS SHONTA NATASHA
Address: 621 QUACKENBOS ST NW WASHINGTON, DC 20011
Phone: 202-696-5270
Email: sn731w@gmail.com

CONTRACTOR INFORMATION

Name:
License #:
Address:
Phone:
Email:

ZONING

Zoning: R-30
Front Setback: 15
Rear Setback: 5
Left Setback: 5
Right Setback: 5

It is hereby certified that the above use as shown on the plats and plans submitted with this application conforms

Construction Authorization

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

For Office Use Only

*CDP File Number: 377713 - 1
County ID Number:
Evaluated For: NEW

PERMIT VALID UNTIL: 08/04/2027

☐ Open Pump System Sheet

Applicant:	SHONTA WILLIAMS
Address:	621 QUACKENBOS ST NW
City:	WASHINGTON
State/Zip:	DC 20011
Phone #:	

Property Owner:	SHONTA WILLIAMS
Address:	621 QUACKENBOS ST NW
City:	WASHINGTON
State/Zip:	DC. 20011
Phone #:	

Property Location & Site Information

Address/Road #: 131 MOHAWK DR LOUISBURG, NC 27549
Subdivision: LAKE ROYALE Phase: NEW Lot:

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

Directions:
131 MOHAWK DR

System Specifications

*Site Classification:
Design Flow: 360
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: 25 Inches
Minimum Soil Cover: ____ Inches
Maximum Soil Cover: ____ Inches
*Distribution Type: GRAVITY - PARALLEL (eq. d-box)
Septic Tank: 1,000 Gallons

Nitrification Field: ____ Sq. ft.
No. Drain Lines: ____
Total Trench Length: 300 ft. ◯ Inches O.C. (X) Feet O.C.
Trench Spacing: ____ - 9 ◯ Inches
Trench Width: ____ - 3 (X) Feet
Aggregate Depth: ____ inches

Pump Required: ◯ Yes (X) No ◯ 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: Bendel, Joel
Date of Issue: 08/04/2022

Site Plan/Drawing attached.

◯ Hand Drawing ◯ Import Drawing

Total Time : (HH:MM) ____

131 MOHAWK DRIVE

JOEL

Franklin County
NORTH CAROLINA

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

CDP# 377713

Issued to: SHONTA WILLIAMS **Location: 131 MOHAWK DR LOUISBURG , NC 27549**

NEW SEPTIC APPLICATION

Application Type: NEW SEPTIC
Application Number: E-22-599
Building Type:
Project Type: Single Family Dwelling
# of Bedrooms: 3
Parcel ID #; 023414

Date: June 22, 2022
Acreage: 0.49
Zoning: R-30
# of People: 3
Subdivsion: LOT ROYALE

Applicant Information

Applicant Name: SHONTA WILLIAMS
Address: 621 Quackenbos St NW Washington , DC 20011
Phone: 2026965270 Email: sn731w@gmail.com

Property Owner Information

Owner Name: WILLIAMS SHONTA NATASHA
Address: 621 QUACKENBOS ST NW WASHINGTON , DC 20011
Phone: Email:

General Contractor Information

Contractor Name:
Address: ,
Phone: Email:

Zoning

Zoning Permit #: Z-22-970
Front Setback: 15
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 application is valid for either 12 months or without expiration, depending upon documentation submitted.

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 construct these improvements shall become invalid. Authorized county representatives are granted right of entry to make these evaluations or inspections, and to be release information upon public request.

June 22, 2022

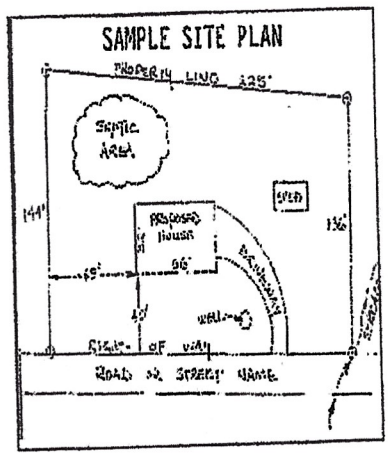
Franklin County Environmental Health
107 Industrial Drive, Suite C
Louisburg, NC 27549
919-496-8100
www.franklincountync.us

SITE PLAN WORKSHEET

SEE THE "SAMPLE SITE PLAN" BELOW. *INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM OR WELL PERMIT!!!*

Place an (X) beside each item as you complete the site plan:

- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- ( ) Preferred driveway location
- ( ) Preferred well location
- ( ) Preferred septic system location
- (X) North arrow, or other sufficient indicator of direction

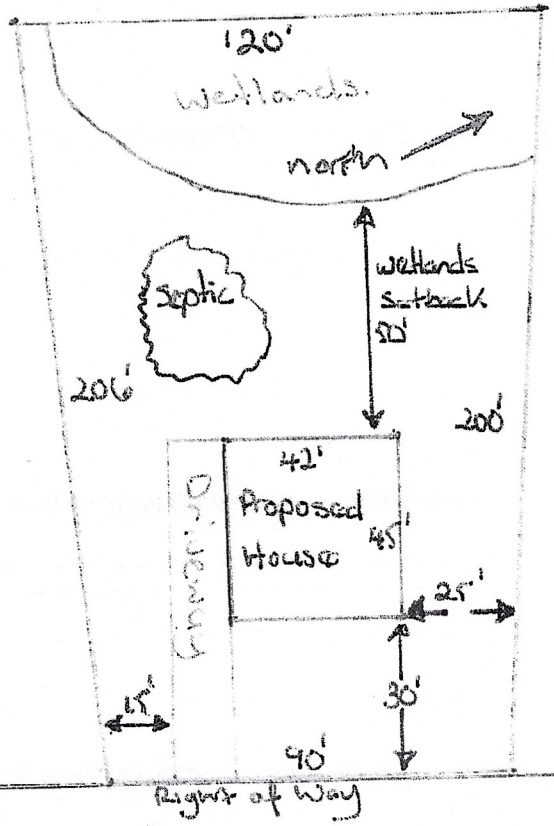


Circle N/A on the following if appropriate:

- Location of septic systems and wells within 100' of your property (N/A)
- Location of easements and rights of ways on your property (N/A)
- Location of any designated wetlands on the property (N/A)

USE THIS SPACE TO DRAW YOUR SITE PLAN

Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site



Franklin County
NORTH CAROLINA

File # 377713 PIN# _____

Property Address: 131 Mohawk Dr.

Applicant or Owner Name: Shonta Williams

Environmental Health Septic/Well Permit Diagram

Building permits cannot be issued nor should construction begin without Construction Authorization issuance.

(X) Septic Improvement Permit ( ) Septic Construction Authorization (CA) ( ) CA Reissue** ( ) As Built

( ) Well Construction Authorization ( ) Additional Diagram/Specifications Attached

Diagram Date:** 8-4-22 **EHS:** Joel Bendel

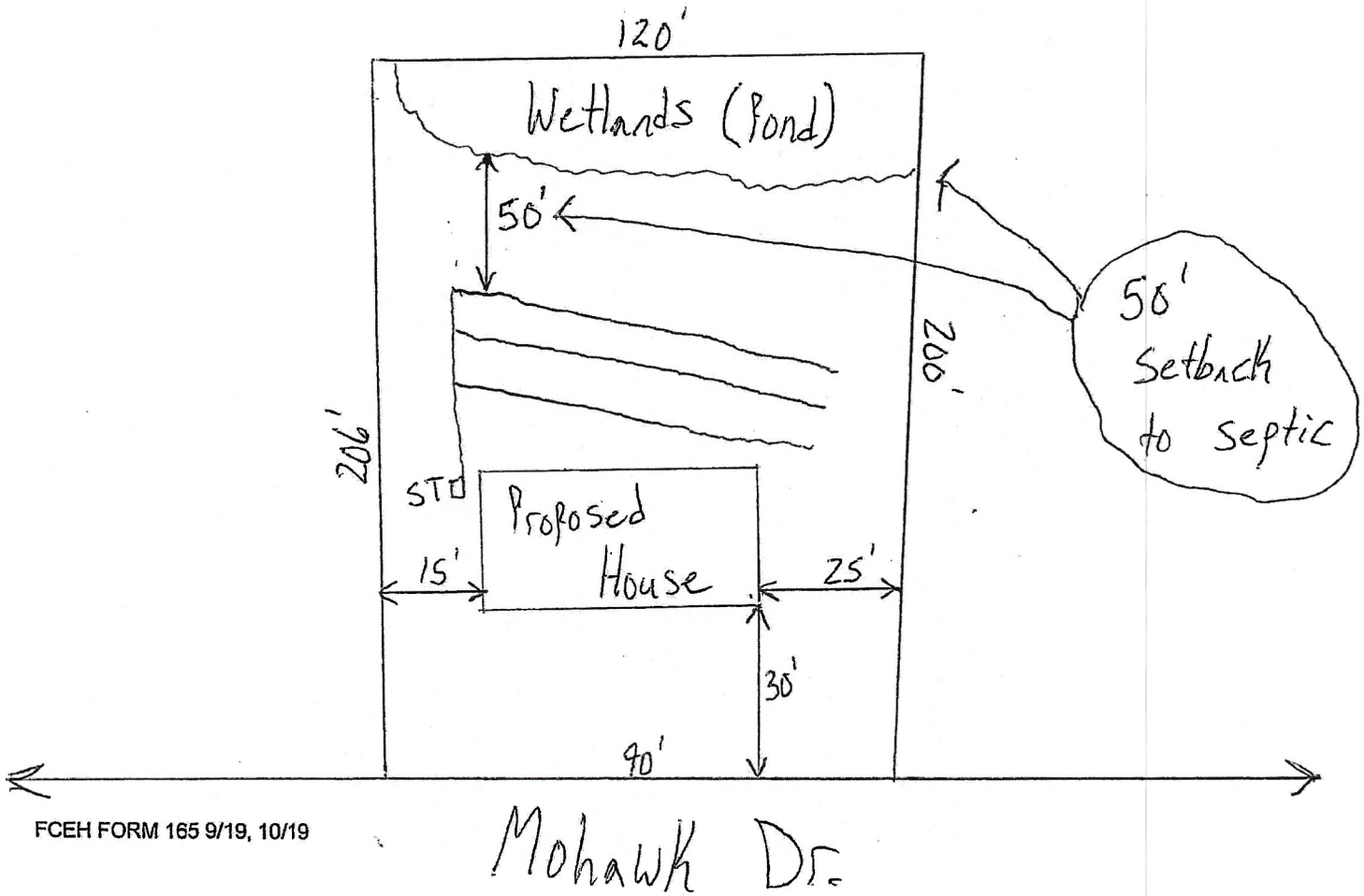
****Any previously dated CA diagram is revoked and/or invalid. Confirm this is the valid diagram for the site before beginning any construction.**

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 25"

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

Well Contractor _____ Well Grout date: _____



FCEH FORM 165 9/19, 10/19