Fax 554-1987

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: 1947 Type: I PIN : 1867-33-9377 Date: 10/3/2005

Applicant: AFFORDABLE HOMES OF WAKE
401 MOULTOMBRO AVE
WAKE FOREST, NC 27587
Telephone: (919) 562-7773

Owner: TARHEEL LAND COMPANY
112 NEW COLLEGE STREET
OXFORD, NC 27565
Telephone: (919) 693-9292

Subdivision: KENDAL FOREST Lot Number: 64 Size: 0.590

Physical Address/ Location /Directions 30 CORNERSTONE DR

Description: LifeTime _____ 5 Year ✓

TYPE FACIL RES # EMPLOY_____ # BEDRMS 3 GPD 360 LTAR .35

TYPE WAT Public TYPE SYS Inn TYPE REP Inn BSMT No BST FX N/A

SIZE TANK 900 SIZE CHB N/A SIZE NITR 3'X260' MTD 22"

COMMENTS Maintain all setbacks. Install drain lines on contour.
Do not drive or park on septic system.

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 malfuction 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 facilty, 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 10-17-05 EHS Thad Leonard

CONSTRUCTION AUTHORIZATION DATE 10-17-05 EHS Thad Leonard

Franklin County Health Department

Name: AFFORDABLE HOM Permit Number 1947

CONTRACTOR Quality Affordable Landscapes TANK MANU Mills 1000 MANU DATE 10-12-05

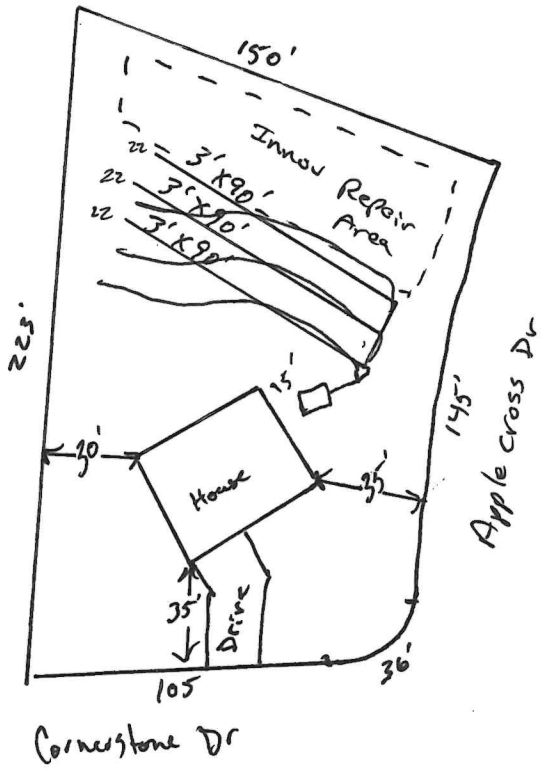
WELL INSTALLED YES _____ NO X SYSTEM CODE IQ4

SEPTIC SYSTEM LAYOUT

(SKETCH SYSTEM LAYOUT HERE)

Drawing not to scale

3'X264'
IQ4



SEPTIC SYSTEM AS-BUILT

(IF DIFFERENT FROM INITIAL LAYOUT)

ON REVERSE

OPERATIONS PERMIT DATE 1-6-06 EHS Chad Jewell

1947

COUNTY OF FRANKLIN

ENVIRONMENT HEALTH APPLICATION (496-8100)

Permit #: **16030** Permit Type: **SEPTIC PERMIT** Date Issued: **10/03/2005**

Project Address: **30 CORNERSTONE DR, FRANKLINTON, NC 27525**

Location: **30 CORNERSTONE DR** Size #: **0.590**

Subdivision: **KENDAL FOREST** Lot #: **64**

Applicant: **AFFORDABLE HOMES OF WAKE FORES**
401 MOULTOMBRO AVE
WAKE FOREST, NC 27587 Phone: **919-562-7773**

Owner: **TARHEEL LAND COMPANY**
112 NEW COLLEGE STREET
OXFORD, NC Phone: **693-9292**

Tax record: **37388** Pin #: **1867-33-9377** Parcel #: **D02F00 064**

Zoned: **AR** Setbacks Front: **30** Rear: **25** Side: **10**

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

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

Desc: Fees Due: **$275.00** Date Paid: **10/03/2005**

*** 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 hearby certify that I am the owner, or authorized by the owner to act as his/her legal representation. Futhermore, 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.

X Tom Cornett 10/03/2005

Signature of Owner or Owner's Legal Representative

Franklin County DRC Application

Zoning Permit #: 9791 **RESIDENTIAL**

ADDRESS: **15 / 30 APPLECROSS DR / CORNERSTONE DR**
PARCEL NO.: **1867-33-9377** ZONING: **AR**
SUBDIVISION: **KENDAL FOREST** LOT: **64**
ISSUED TO: **AFFORDABLE HOMES OF WAKE FORES**
401 MOULTOMBRO AVE
WAKE FOREST, NC 27587
PHONE NUMBER: **919-562-7773**
SETBACK: FRONT: **30** RIGHT: **10** LEFT: **10** REAR: **25**
COUNTY WATER: **YES** FLOODPLAIN: **NO**
PERMIT TYPE: **ZONING PERMIT**
TYPE OF CONSTRUCTION: **SFD-NEW SEPTIC**
PERMIT DATE: **09/30/2005** WATERSHED **WS IV**
TOWNSHIP **FRNK** EXPIRE DATE: **03/30/2006**

H2O 16031 850
SFD 16032 610

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: Tom Cornett

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	JTR	9/30/05		
INITIAL PERMITTING				
ADDRESSING				
PLAN REVIEW				
FIRE REVIEW				
SEPTIC/SEWER				
FINAL PERMITTING				

PRELIMINARY PLOT PLAN FOR

AFFORDABLE HOMES OF WAKE FOREST

LOT 64, KENDAL FOREST SUBDIVISION, PH. I

CORNERSTONE DRIVE

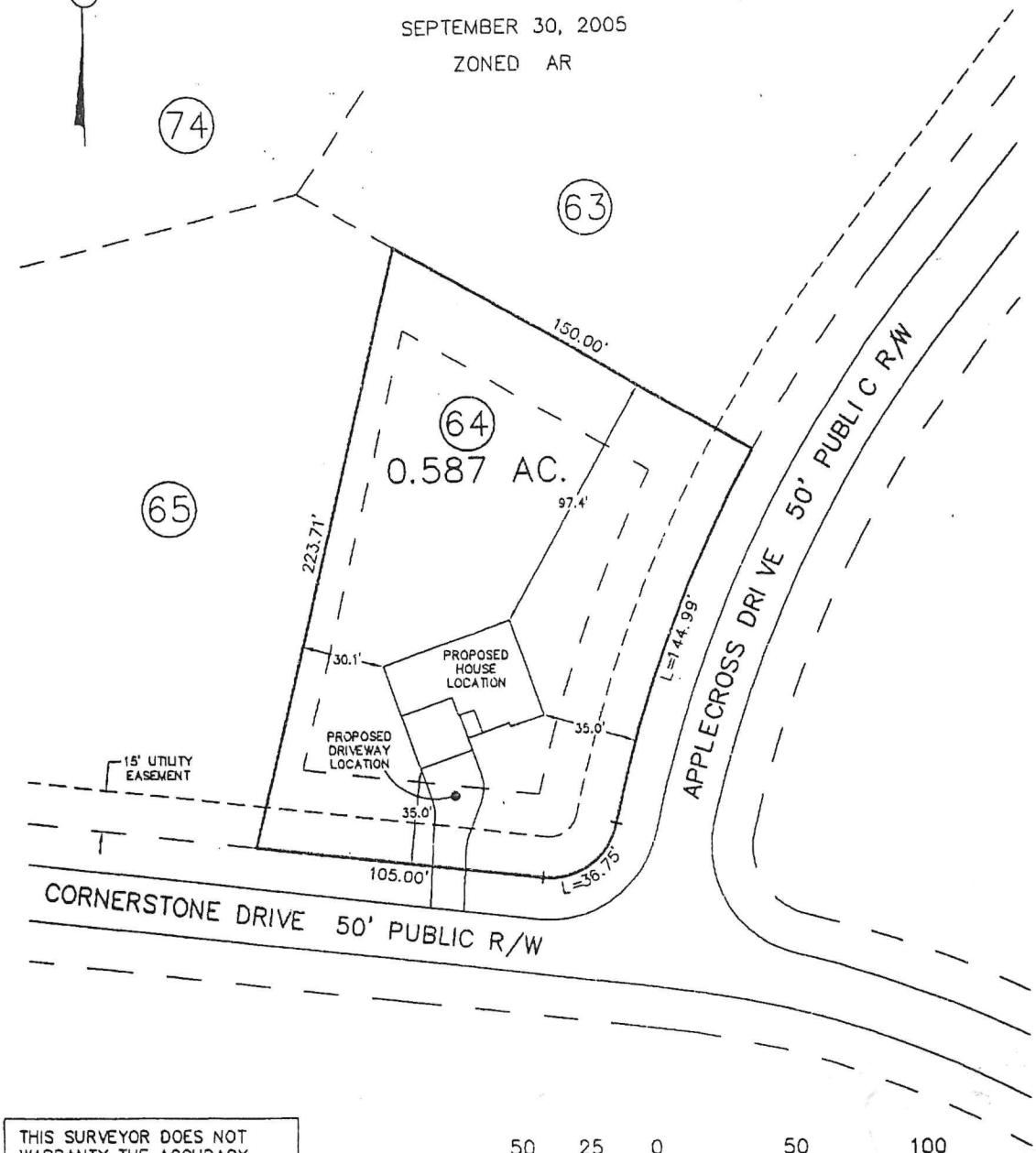
REF: MB 2004, PG. 302 A&B

FRANKLINTON TOWNSHIP

FRANKLIN COUNTY, NORTH CAROLINA

SEPTEMBER 30, 2005

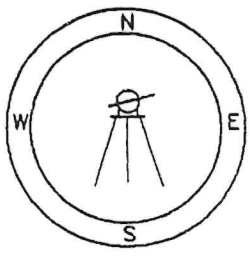
ZONED AR



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

50 25 0 50 100

SCALE 1"=50'



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.

FRANKLIN COUNTY SOIL/SITE EVALUATION SHEET

APPLICANT [redacted] Affordable Homes
WATER SUPPLY Public
LOCATION/DIRECTIONS Kendal Forest #64
PROPERTY ID
DATE 10-17-05

FACTORS / PROFILES

		1	2	3	4	5	6
LANDSCAPE POSITION	1940	PS	PS				
SLOPE (%)	1940	PS	PS				
HORIZON I DEPTH	1943	0-12	0-16				
TEXTURE	1941(a) (1)	SL	SL				
CONSISTENCE	1941	Fr	Fr				
STRUCTURE	1941(a)(2)	Gr	Gr				
CLAY MINEROLOGY	1941(a)(3)	SEXP	SEXP				
HORIZON II DEPTH	1943	12-38	16-28				
TEXTURE	1941(a) (1)	C	SCL				
CONSISTENCE	1941	Fr,ss,sp	Fr,ss,sp				
STRUCTURE	1941(a)(2)	SBK	SBK				
CLAY MINEROLOGY	1941(a)(3)	SEXP	SEXP				
HORIZON III DEPTH	1943		28-42				
TEXTURE	1941(a) (1)		C				
CONSISTENCE	1941		Fr,ss,sp				
STRUCTURE	1941(a)(2)		SBK				
CLAY MINEROLOGY	1941(a)(3)		SEXP				
HORIZON IV DEPTH	1943						
TEXTURE	1941(a) (1)						
CONSISTENCE	1941						
STRUCTURE	1941(a)(2)						
CLAY MINEROLOGY	1941(a)(3)						
SOIL WETNESS	1941	>38	>42				
RESTRICTIVE HORIZON	1944	>38	>42				
SAPROLITE	1943/1955	34"	40"				
CLASSIFICATION	1948	PS	PS				
LTAR (gpd/ft2)	1955	.35	.35				

OTHER FACTORS (1946)

SITE LTAR (gpd/ft2) .35

AVAILABLE SPACE (1945) PS

SYSTEM TYPE Innov

CLASSIFICATION (1948) PS

EVALUATED BY: S. Leonard

OTHERS PRESENT C. Hodnek