IMPROVEMENT PERMIT

Franklin County Health Department

107 Industrial Drive

Louisburg NC 27549

For Office Use Only

*CDP File Number: 324625 - 1

County ID Number: 2831-74-1065

Evaluated For: NEW

PERMIT VALID UNTIL: 07 / 21 / 2025

*NOTE TO INSPECTIONS DIVISION: Building Permits cannot be issued with only an Improvement Permit. ☐ Fill Sheet ◯CA?

Applicant:	ANDIE SMITH
Address:	2196 SLEDGE RD
City:	LOUISBURG
State/Zip:	NC 27549
Phone #:	(984) 500-7687

Property Owner:	CLAUD BUTLER
Address:	CYPRESS ST
City:	SILVER SPRINGS
State/Zip:	NV 89429
Phone #:	

Property Location & Site Information

Address 101 SITTING BULL CV

Road # LOUISBURG NC 27549 Subdivision: LAKE ROYALE Phase: Lot: 1237

Township:

Structure: SINGLE FAMILY

# of Bedrooms: 2

# of People: 4

*Water Supply: N/A

Directions

101 SITTING BULL CV

Initial System

*Site Classification:

Saprolite System? ◯Yes ◯No

Design Flow: 240

Soil Group:

Soil Application Rate: ___ . ___

*System Classification/Description:

TYPE III B. SYSTEM W/SINGLE EFFLUENT PUMP

*Proposed System: 25% REDUCTION

System Specifications

Minimum Trench Depth:		Inches
Maximum Trench Depth:	18	Inches
Fill Depth:		Inches
Septic Tank:	1000	Gallons
Pump Required:	◉Yes ◯No ◯May Be Required	
Pump Tank:	1000	Gallons

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

Repair System

*Site Classification: Provisionally Suitable

Soil Application Rate: ___ . ___

*System Classification/Description:

TYPE III B. SYSTEM W/SINGLE EFFLUENT PUMP

*Proposed System: 25% REDUCTION

Minimum Trench Depth:		Inches
Maximum Trench Depth:	18	Inches
Fill Depth:		Inches
Pump Required:	◯Yes ◯No ◉May be Required	
Pump Tank:		Gallons

No grading or construction activity is allowed in areas designated for system and repair without approval of Health Department.

Other Items 750

***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.

Other Items 400

***Permit Conditions**

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 shall be responsible for assuring compliance with the laws, rules, and permit conditions regarding system location, installation, operation, maintenance, monitoring, reporting, and repair (.1938(b)).

*Authorized State Agent: 2739 - Joel Bendel Date of Issue: 07 / 21 / 2020

Authorized State Agent Signature: [signature]

Owner/Applicant Signature: _____

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

◯Hand Drawing ◯Improved Drawing

CONSTRUCTION AUTHORIZATION

Franklin County Health Department
107 Industrial Drive
Louisburg NC 27549

For Office Use Only
*CDP File Number: 324625 - 1
County ID Number: 2831-74-1065
Evaluated For: NEW

PERMIT VALID UNTIL: 07 / 21 / 2025

☐ Open Pump System Sheet

Applicant:	ANDIE SMITH
Address:	2196 SLEDGE RD
City:	LOUISBURG
State/Zip:	NC 27549
Phone #:	(984) 500-7687

Property Owner:	CLAUD BUTLER
Address:	CYPRESS ST
City:	SILVER SPRINGS
State/Zip:	NV 89429
Phone #:	

Property Location & Site Information

Address 101 SITTING BULL CV
Road # LOUISBURG NC 27549
Subdivision: LAKE ROYALE Phase: Lot: 1237
Township:

Structure: SINGLE FAMILY
# of Bedrooms: 2
# of People: 4
*Water Supply: N/A

Directions
101 SITTING BULL CV

System Specifications

*Site Classification:

Saprolite System? ○Yes ○No

Design Flow: 240

Soil Application Rate: ___ . ___

*System Classification/Description:
TYPE III B. SYSTEM W/SINGLE EFFLUENT PUMP

*Proposed System: 25% REDUCTION

Nitrification Field ___ Sq. ft.

No. Drain Lines ___

Total Trench Length: 200 ft.

Trench Spacing: ___ – ___ ○Inches O.C. ○Feet O.C.

Trench Width: ___ – ___ ○Inches ○Feet

Aggregate Depth: ___ inches

Minimum Trench Depth: ___ Inches

Maximum Trench Depth: 18 Inches

Minimum Soil Cover: ___ Inches from "Natural Ground Level"

Maximum Soil Cover: ___ Inches "Natural Ground Level"

*Distribution Type: PUMP TO GRAVITY

Septic Tank: 1000 Gallons

Pump Required: ◉Yes ○No

Pump Tank: 1000 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

Grade Rate
40(

This 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 is found to have been incorrect, falsified or changed, or the site is altered, the permit or Construction Authorization shall become invalid, and may be suspended or revoked (.1937(g)). 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 (1938(b)).

*Authorized State Agent: 2739 - Joel Bendel

*Date of Issue: 07 / 21 / 2020

Authorized State Agent Signature: Joel Bendel

Owner/Applicant Signature: ___

Site Plan/Drawing attached.

Malfunction Log ○Yes

○Hand Drawing ○Import Drawing

Franklin County
NORTH CAROLINA

File # 324625 PIN# 2831-74-1065

Property Address: 101 Sitting Bull CV

Applicant or Owner Name: Andie Smith

Environmental Health Septic/Well Permit Diagram

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

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

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

Diagram Date:** 7-21-20 **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.**

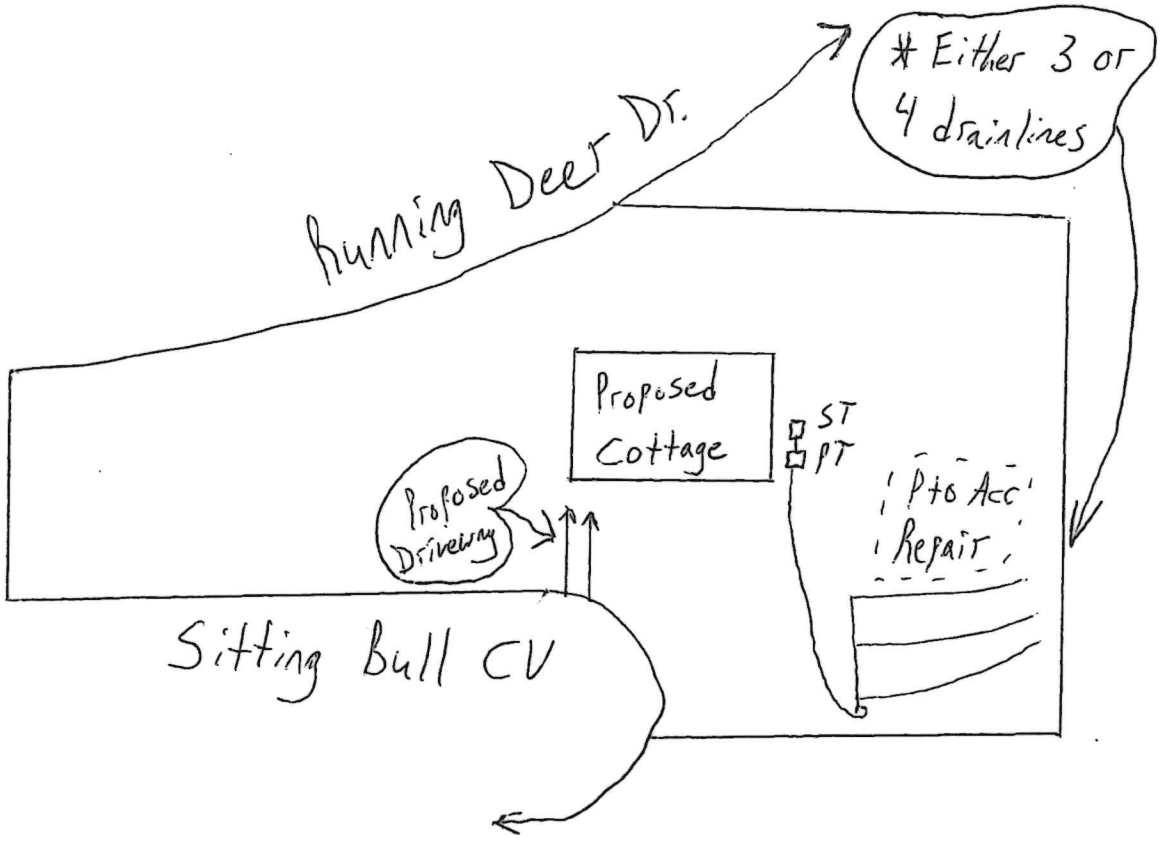
Installation/grouting inspections may be scheduled the day before, or, the day of installation until 9am by contacting the Environmental Health office at 919 496 8100. A revisit fee may apply if installation is not ready for inspection at the time requested. *Septic Operations Permits* will be issued 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 1000 Drainfield 3'X200' Type System P to Acc Max Trench Depth 18"

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

Well Contractor _____ Well Grout date: _____

* Drawing not to scale
* Refer to plot plan also



Issued to: Andie Smith

Location: 0 NO STREET , NC 00000

Franklin County
NORTH CAROLINA

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

NEW SEPTIC APPLICATION

Application Type:

NEW SEPTIC
Dwelling Type: PARCEL
Description of work:
# of bedrooms: 2

Permit #: E-20-389 Date: June 19, 2020

Location: 0 NO STREET , NC

# of people: 4
Subdivision: 101 Sitting Bull Cv Lsbg Lake Royale Lot 1237

Tax ID #: 025858 2831-74-1065

APPLICANT INFORMATION

Name: Andie Smith
Email: andiesmithrealtor@gmail.com Phone: 9845007687
Address: 2196 Sledge Rd. Louisburg NC, 27549

PROPERTY OWNER INFORMATION

Owner: BUTLER CLAUD D TRUSTEE Email: Phone:
Address: CYPRESS ST SILVER SPRINGS NV 89429

GENERAL CONTRACTOR INFORMATION

Name:
Address: License Number:
Phone: Email:

ZONING

Zoning: A R
County Water: TESI
Setbacks - Front: 30
Setbacks - Rear: 5
Setbacks - Left: 5
Setbacks - Right: 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 permit is valid for either 60 months or without expiration, depending upon documentation submitted. (complete site plan = 60 months---complete surveyed plat = without expiration.)

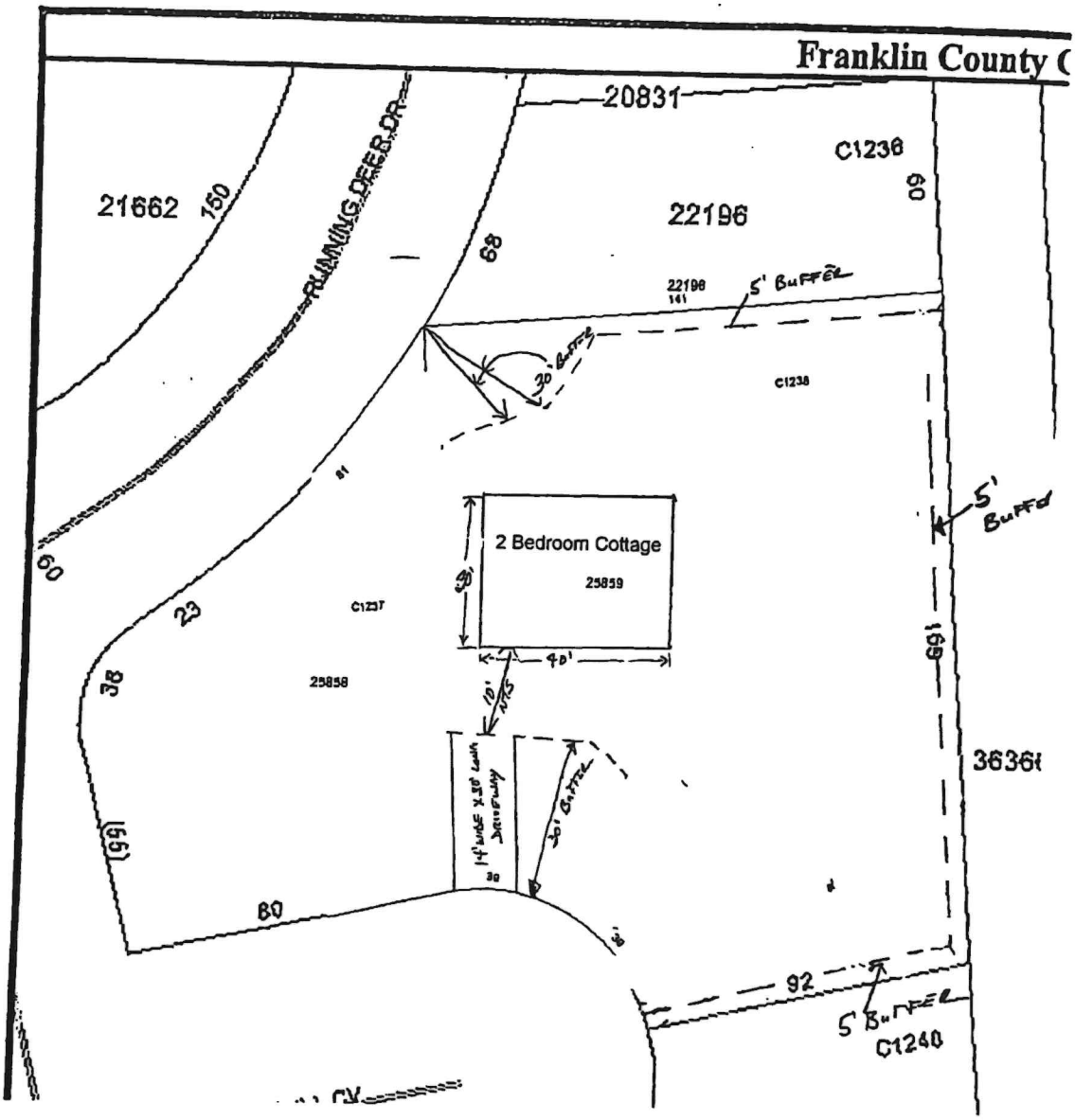
Please contact the Environmental Health Department at 919-496-8100 to determine the status of your application prior to visiting the Planning & Inspections Department to obtain a building permit.

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.

Signature of Owner or Owner's Legal Representative

June 19, 2020



06/05/2020 09:31:00 Doc #: 10026703 Kind: DEED Book: 2211 Page: 1826
Description
SUB: LAKE ROYALE C-1237, C-1238 & C-1239 RECOMBINATION
Tax: $0.00
Grantors
CLAUD D. BUTLER AND MARY LOU LANCASTER LIVING TRUST
LANCASTER, MARY LOU \TR
BUTLER, CLAUD D.
LANCASTER, MARY LOU
Grantees
CLAUD D. BUTLER AND MARY LOU LANCASTER LIVING TRUST
BUTLER, CLAUD D.
LANCASTER, MARY LOU

Combined lots C-1237, C-1238, C-1239

101-103-105 Sitting Bull Cove

.92 acres = 40075

Cottage 1200 sq feet 30x40

Concrete Driveway 14 x 30 = 420 sq. ft

Total Impervious = 38455 (%%