mail top 5 pages

919-593-[illegible]

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

Phone: 919-496-8100 **SEPTIC PERMIT** Fax: 919-496-8136

Permit Number: 4629 Type: I PIN : 2831-47-0893 Date: 8/25/2008

Applicant: CYNTHIA P SMITH
239 CROWDER RD
CASTALIA, NC 27816
Telephone: (919) 853-6850

Owner: CYNTHIA P SMITH
239 CROWDER RD
CASTALIA, NC 27816
Telephone: (919) 853-6850

Subdivision: LAKE ROYALE Lot Number: 689C Size: 0.280

Physical Address/ Location /Directions 109 CREEK DR

Description: LifeTime ______ 5 Year X

TYPE FACIL Camper # EMPLOY – # BEDRMS 2 GPD 240 LTAR .4 g/d

TYPE WAT Com TYPE SYS P NT TYPE REP N/A BSMT N BST FX N/A

SIZE TANK 1000 SIZE CHB 1000 SIZE NITR 3 X 180' MTD ~~12"~~ 14"

COMMENTS 12" trench depth w/ 8" approved fill material ~~brought in to cover entire drain field area see design spec.~~ by CCSC

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 12/2/08 EHS [signature]

CONSTRUCTION AUTHORIZATION DATE 12/2/08 EHS [signature]

Franklin County Health Department

Name: SMITH

Permit Number 4629

CONTRACTOR David Brantley TANK MANU ST Dd 31000 5/11/07 / PT Dd 31000 1/28/09 MANU DATE ______

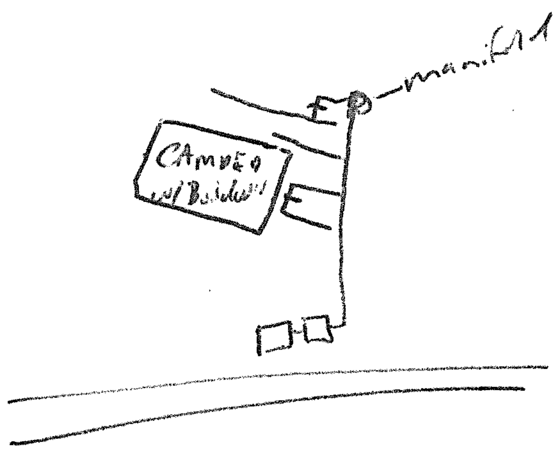
WELL INSTALLED YES ______ NO ______ SYSTEM CODE ______

1000

SEPTIC SYSTEM LAYOUT

(SKETCH SYSTEM LAYOUT HERE)

See attached layout & Spec sheet by CCSC.



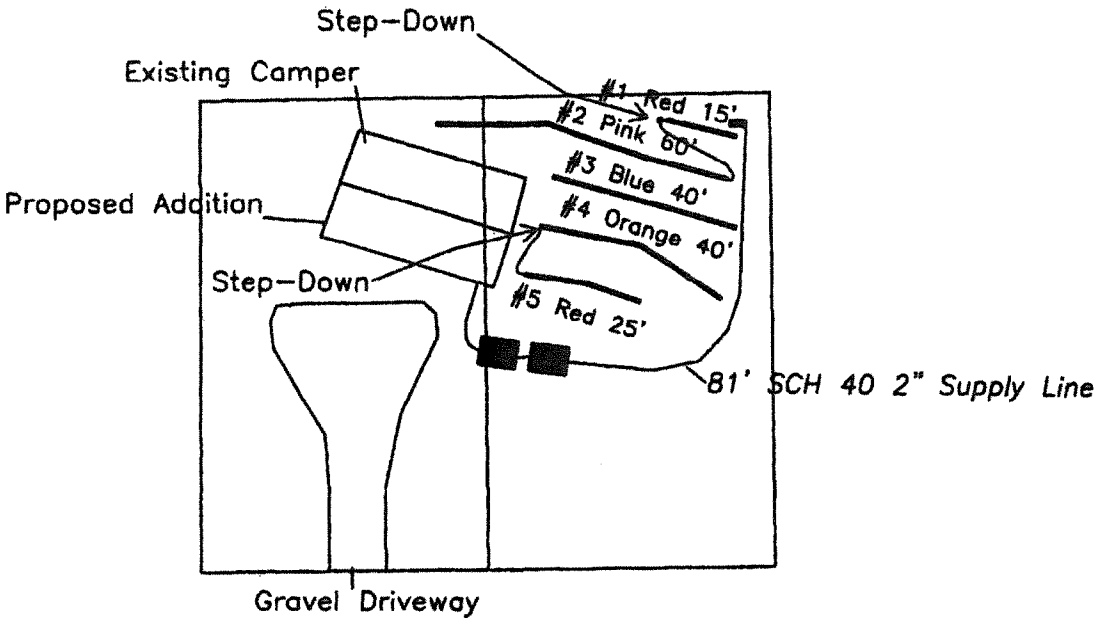
SEPTIC SYSTEM AS-BUILT

(IF DIFFERENT FROM INITIAL LAYOUT)

ON REVERSE

OPERATIONS PERMIT DATE 6/25/09 EHS [signature]

Cynthia Smith
Lake Royale - Creek Drive
2-Bedroom System Layout



Depending on depth to bedrock bedrock tank locations may need to be altered.

System: Pressure Manifold
Lines: 1-5, (180')
0.4 LTAR
14" Trench Bottom
Accepted Status System

GRAPHIC SCALE
1" = 40'
40 0 40 80

Central Carolina
Soil Consulting
919-784-9449
Project # 691

Cynthia Smith - Lake Royal

Creek Drive

2-Bedroom System (240 gal./day)

LINE #	COLOR	BS	HI	FS	ELEVATION	LINE LENGTH in field	Design Length installation
TBM		0.8		100.0			
INST. 1			100.8				
1	*Red*			*2.4*	*98.4*	*17*	*15*
2	*Pink*			*3.2*	*97.6*	*60*	*60*
3	*Blue*			*4.0*	*96.8*	*42*	*40*
4	*Orange*			*4.9*	*95.9*	*40*	*40*
5	*Red*			*5.6*	*95.2*	*26*	*25*
					Total	185	*180*

	System	Repair
	Lines 1-4	Lot is Repair Exempt
System Type	Accepted Status System EZ-FLOW	
Suggested Soil LTAR (gal/day/ft2)	0.40	
System Installation LTAR	0.33	
Total Line Length	180	
Square Footage	540	
Proposed Trench Bottom	14"	

Distribution Method Pressure Manifold

Notes: *TBM* is top of back corner eip.

Lines 1 and 2 along with shall use a step down

Sheet1

Lake Royal - Cynthia Smith Lot
System, Tap Chart

Bench Mark	2.90	is = 100.00	Location of BM					**Elevation Head**	13.60
Pump tank elev.		10	92.90	**Pump elev.**	87.90		**Manifold elev.**		101.50
line	**color**	**rod read**	**Elevation**	**length**	**hole size**	**flow/tap**	**gal/day**	**trench area**	**LINE LTAR**
1 & 2	Red/Pnk	2.40	100.50	75	3/4in SCH 80	10.1	106.83	225	0.4748
3	Blue	4.00	98.90	40	1/2in SCH 80	5.48	57.96	120	0.4830
4 & 5	Org/Red	4.90	98.00	65	1/2in SCH 40	7.11	75.20	195	0.3857

***Lines 1 & 2 along with 4 & 5 shall use step downs**

	total	**feet =**	**180**	**gal/min =**	**22.69**	**LTAR =**	**0.4000**
						LTAR + %5	**0.4200**
% of Dose Vol.	90		**Des. Flow**	**240**		**(ltar W/ INOV)**	0.5333
Dose Volume	105.30		**Pump Run=**	10.56		**(ltar W/ INOV + 5%**	0.5600
Dose Pump Time	4.64		**Tank Gal/IN**	21			
Drawdown in Inches	5.01						

Central Carolina Soil Consulting, PLLC
4024 Barrett Drive, Suite 201
Raleigh, NC 27609
Phone: 919-784-9449
Fax: 919-784-9079

Fax

To:	Jeff Wood	**From:**	Jason Hall
Fax:	496-8136	**Pages:**	5
Phone:		**Date:**	
Re:	Cynthia Smith Design	**cc:**	

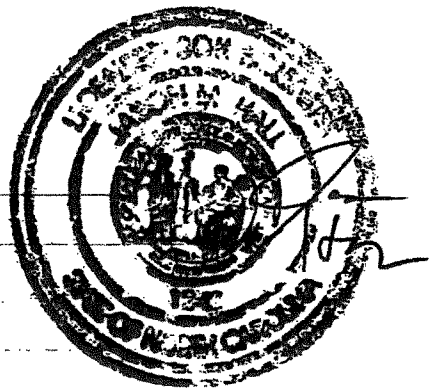
☐ **Urgent** ☐ **For Review** ☐ **Please Comment** ☐ **Please Reply**

● **Comments:**

Profile Description
Cynthia Smith
Franklin County, NC

Depth	Horizon	Texture	Color	Mottles	Structure	Moist Consistence	Wet Consistence
0-14"	A	Sandy Loam	10 YR 4/2		Granular	Very Friable	Non-sticky Non-plastic
14-15"	E	Sandy Loam	10 YR 5/6		Granular	Very Friable	Non-Sticky Non-Plastic
15-29"	Bt1	Sandy Clay Loam	10 YR 5/8		SBK	Firm	Slightly-Sticky Slightly-Plastic
29"+	Cr						

** **Suggested Soil LTAR 0.4**
** Restrictive soil characteristic (rock) located at 29 inches.
** Site is provisionally suitable for ultra-shallow conventional or LPP



4629

COUNTY OF FRANKLIN

ENVIRONMENT HEALTH APPLICATION (496-8100)

Permit #: **24441** Permit Type: **SEPTIC PERMIT** Date Issued: **08/22/2008**

Project Address: **109 CREEK DR, LOUISBURG NC 27549**

Location: **109 CREEK DR** Size #: **0.280**

Subdivision: **LAKE ROYALE** Lot #: **689C &**

Applicant: **SMITH CYNTHIA P**
239 CROWDER RD
CASTALIA NC 27816 Phone: **853.6850**

Owner Name: SMITH CYNTHIA P Phone:

Owners Address: 239 CROWDER RD CASTALIA NC 27816

Tax record: **20738** Pin #: **2831-47-0893** Parcel #: **LR0702 0689C**

Zoned: **A R** Setbacks Front: **30** Rear: **5** Side: **5**

Proposed Use: **BEDROOM,BATH,LR** # of bedrooms: **1** # of people:

Township: **CYPRESS** Public Water/Sewer: **TESI (LK ROY)** ST Road #:

Desc: Fees Due: **$325.00** Date Paid: **08/22/2008**

*** 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 ___Accepted ___Modified Conventional ___Alternative

___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 authorizationand well permit 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 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 invalidAuthorized county representatives are granted right of entry to make these evaluations or inspections, and to release information upon public request.

X Cynthia Fernandez 08/22/2008

Print & Signature of Owner or Owner's Legal Representative

Franklin County DRC Permit

Zoning Permit #: 14078 **RESIDENTIAL**

ADDRESS: **109 CREEK DR**

PARCEL NO.: **2831-47-0893** ZONING: **A R**

SUBDIVISION: **LAKE ROYALE** LOT: **689C &**

ISSUED TO: **SMITH CYNTHIA P**
239 CROWDER RD
CASTALIA NC 27816

PHONE NUMBER: **853-6850**

SETBACK: FRONT: **30** RIGHT: **5** LEFT: **5** REAR: **5**

COUNTY WATER: **TESI** FLOODPLAIN: **N/A** MISC FEE:

PERMIT TYPE: **ZONING PERMIT**

TYPE OF CONSTRUCTION: **ADDITION & ROOF OVER CAMPER**

PERMIT DATE: **08/22/2008** WATERSHED **N/A**

TOWNSHIP **CYP** EXPIRE DATE: **02/22/2009**

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: _____

UTILITY COMPANY: PROGRESS ENERGY WAKE ELECTRIC OTHER

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

SQUARE FOOTAGE: HEATED _____ UNHEATED _____ TOTAL _____

BASEMENT: YES _____ NO _____

FIREPLACE: NO _____ MASONARY _____ MANUFACTURED _____

PLAN SETS: MODULAR _____ 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	TWB	8/22/08		
INITIAL PERMITTING				
ADDRESSING				
PLAN REVIEW				
FIRE REVIEW				
SEPTIC/SEWER				
FINAL PERMITTING				