252 478 5569

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: 2979 Type: I PIN : 2830-39-7719 Date: 9/15/2006

Applicant: NEW CENTURY HOMES OF AMER
PO BOX 220
BUNN, NC 27508
Telephone: (919) 340-2010

Owner: BOBBY JONES
215 WHITLEY ST
GOLDSBORO, NC 27530
Telephone:

Subdivision: LAKE ROYALE Lot Number: 970 Size: 1

across by Country Acres Circle

Physical Address/ Location /Directions SHAWNEE 2494

Description: LifeTime _____ 5 Year X

TYPE FACIL Res # EMPLOY 1 # BEDRMS 3 GPD 360 LTAR .35

TYPE WAT Com TYPE SYS I TYPE REP N/A BSMT N BST FX N/A

SIZE TANK 900 SIZE CHB 1 SIZE NITR 3X270' MTD 30"

COMMENTS R70' Innovative/ Accepted

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 9/25/06 EHS Jeffrey Woody

CONSTRUCTION AUTHORIZATION DATE 9/25/06 EHS Jeffrey Woody

Franklin County Health Department

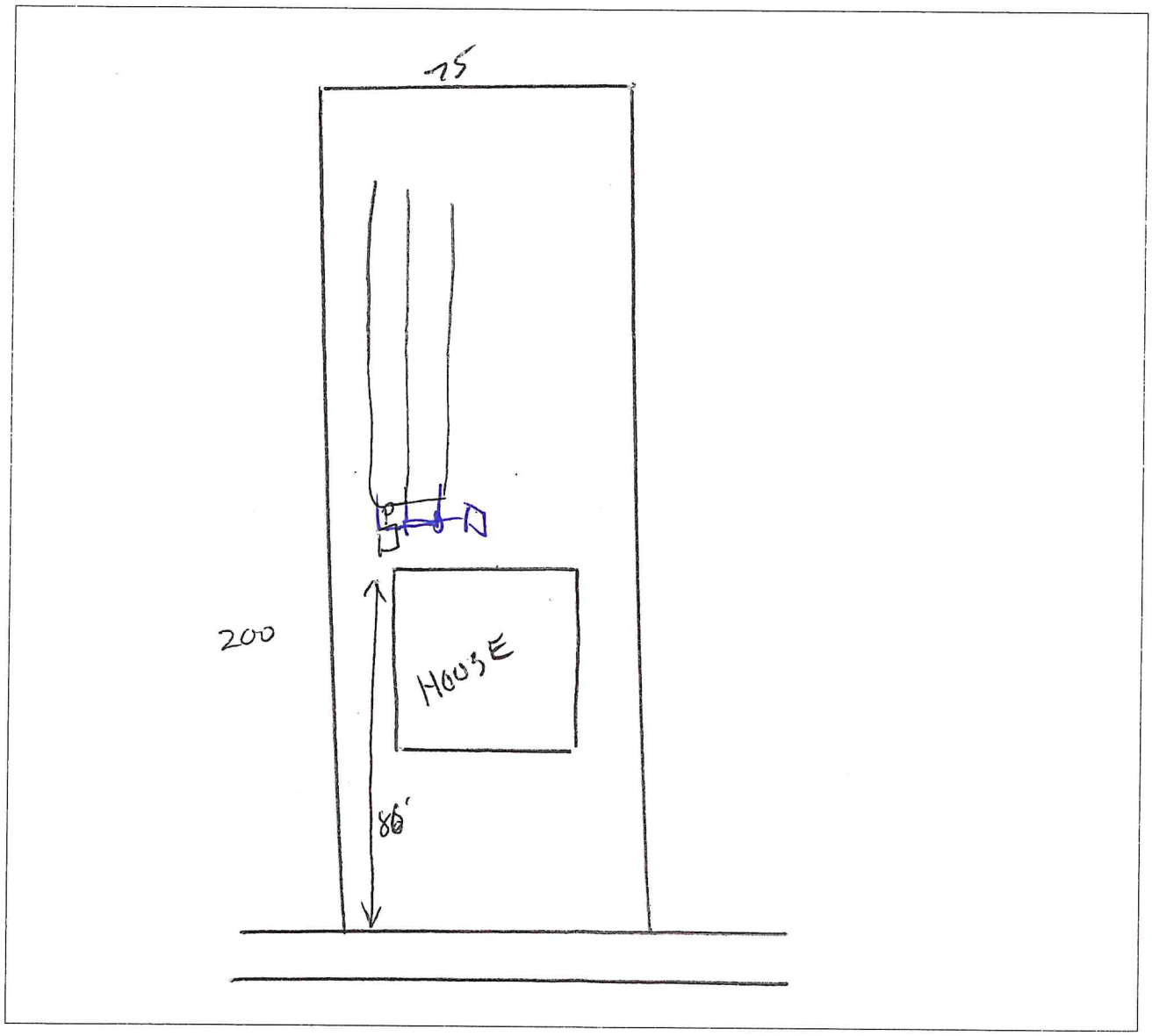
Name: NEW CENTURY HO Permit Number 2979

CONTRACTOR Wayne Ricks TANK MANU Mills 1000 MANU DATE 9/28/07

WELL INSTALLED YES _____ NO _____ SYSTEM CODE I 04

SEPTIC SYSTEM LAYOUT

(SKETCH SYSTEM LAYOUT HERE)



SEPTIC SYSTEM AS-BUILT

(IF DIFFERENT FROM INITIAL LAYOUT)

ON REVERSE

OPERATIONS PERMIT DATE 12/6/07 EHS _____

1974

COUNTY OF FRANKLIN

ENVIRONMENT HEALTH APPLICATION (496-8100)

Permit #: **18955** Permit Type: **SEPTIC PERMIT** Date Issued: **09/14/2006**

Project Address: ,

Location:

Subdivision: **LAKE ROYALE** Size #: **1.000**

Applicant: **NEW CENTURY HOMES OF CAROLINA** Lot #: **970**
PO BOX 220 Phone: **919-340-2010**
BUNN NC 27508

Owner: **JONES BOBBY** Phone:
215 WHITLEY ST
GOLDSBORO NC 27530

Tax record: **21242** Pin #: **2830-39-7719** Parcel #: **LR0306 0970**

Zoned: **R-1** Setbacks Front: **30** Rear: **25** Side: **10**

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

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

Desc: . Fees Due: **$275.00** Date Paid: **09/14/2006**

*** 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 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 Heather S Rhodes Heather S Rhodes

Print & Signature of Owner or Owner's Legal Representative **09/14/2006**

Franklin County DRC Application

Zoning Permit #: 11468 **RESIDENTIAL**

ADDRESS:

PARCEL NO.: **2830-39-7719** ZONING: **R-1**

SUBDIVISION: **LAKE ROYALE** LOT: **970**

ISSUED TO: **NEW CENTURY HOMES**
P.O. BOX 220
BUNN, NC 27508

PHONE NUMBER: **919-279-8941**

SETBACK: FRONT: **30** RIGHT: **10** LEFT: **10** REAR: **25**

COUNTY WATER: **TESI** FLOODPLAIN: **NO** MISC FEE:

PERMIT TYPE: **ZONING PERMIT**

TYPE OF CONSTRUCTION: **SFD-NEW SEPTIC**

PERMIT DATE: **09/14/2006** WATERSHED **NO** 3/3

TOWNSHIP **CYP** EXPIRE DATE: **03/14/2007**

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: _____

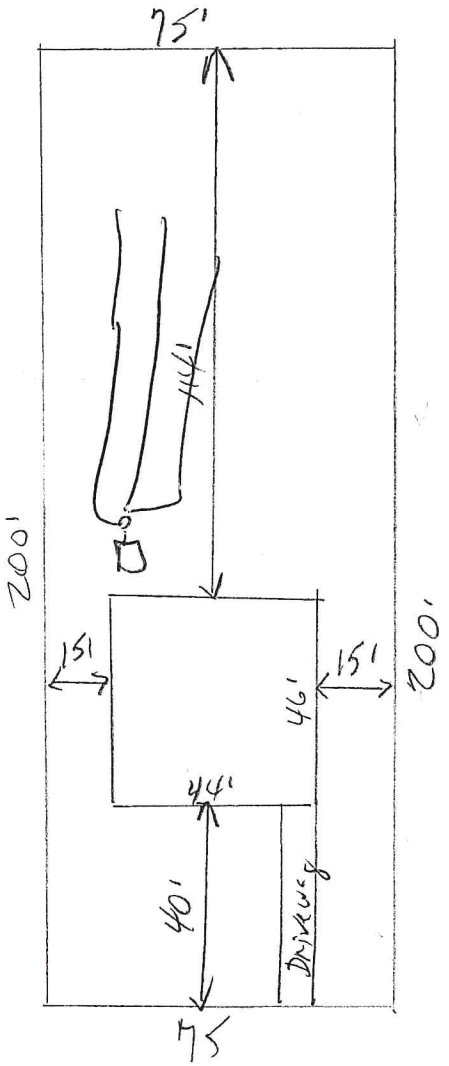
NO MORE THAN 2 STRUCTURAL DEVIATIONS OR PLANS MUST BE REDRAWN

DEPARTMENTAL USE ONLY

	INITIALS (IN)	DATE	INITIALS (OUT)	DATE
ZONING	JTR	9/14/06		
INITIAL PERMITTING				
ADDRESSING				
PLAN REVIEW				
FIRE REVIEW				
SEPTIC/SEWER				
FINAL PERMITTING				

910 Shawnee

New Century Homes



Sketch

FRANKLIN COUNTY SOIL/SITE EVALUATION SHEET

APPLICANT New Century
WATER SUPPLY Com
LOCATION/DIRECTIONS LR 470

PROPERTY ID
DATE

FACTORS

		PROFILES					
		1	2	3	4	5	6
LANDSCAPE POSITION	1940	SS					
SLOPE (%)	1940						
HORIZON I DEPTH	1943	0-2	0-28				
TEXTURE	1941(a) (1)	S,L	C				
CONSISTENCE	1941	VFr	FR/SS/SP				
STRUCTURE	1941(a)(2)	Cr	SBK				
CLAY MINEROLOGY	1941(a)(3)	WEXP	SEXP				
HORIZON II DEPTH	1943	2-36	28-44				
TEXTURE	1941(a) (1)	C	S,C				
CONSISTENCE	1941	F/S/P	VFR/SS/SP				
STRUCTURE	1941(a)(2)	SBK	SBK/Cr				
CLAY MINEROLOGY	1941(a)(3)	SEXP	SEXP				
HORIZON III DEPTH	1943	36-46					
TEXTURE	1941(a) (1)	S.C/GAP					
CONSISTENCE	1941	F/Fr					
STRUCTURE	1941(a)(2)	VSBK/Cr					
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						
RESTRICTIVE HORIZON	1944						
SAPROLITE	1943/1956						
CLASSIFICATION	1948	PS	PS				
LTAR (gpd/ft2)	1955	.35	.35				

OTHER FACTORS (1946) 1951 Available space

SITE LTAR (gpd/ft2) .35

AVAILABLE SPACE (1945) 1951

SYSTEM TYPE I

CLASSIFICATION (1948) PS

EVALUATED BY:

OTHERS PRESENT