

1100

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

PAGE 1 OF 2

Phone: 919-496-8100

Fax: 919-496-8136

Permit Number: 1336 Type: I PIN : 1842-90-3753 Date: 4/1/2005

Applicant: DAVE HARKER
PO BOX 652
YOUNGSVILLE, NC 27596

Owner: CALVIN RAY
1000 DURHAM ROAD
WAKE FOREST, NC 27587

Telephone: (919) 418-5884

Telephone:

Subdivision: LAKE FOREST ESTATES

Lot Number: 2

Size: 0.690

Physical Address/ Location /Directions 102 ANDERSON DR

Description: LifeTime _____ 5 Year ✓

TYPE FACIL Residence # EMPLOY _____ # BEDRMS 3 GPD 360 LTAR 0.3

TYPE WAT Priv. TYPE SYS Innov TYPE REP Innov BSMT N/A BST FX N/A

SIZE TANK 1000 SIZE CHB _____ SIZE NITR 3'x300' MTD 36"

COMMENTS * Install Innov. System along Contour
& IN DRY Conditions
* Do Not PARK or Drive over 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 malfunction 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 facility, 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 4/1/05 EHS

CONSTRUCTION AUTHORIZATION

DATE 4/1/05 EHS

Andy Smith, RS
Andy Smith, RS

Franklin County Health Department

Name: HARKER

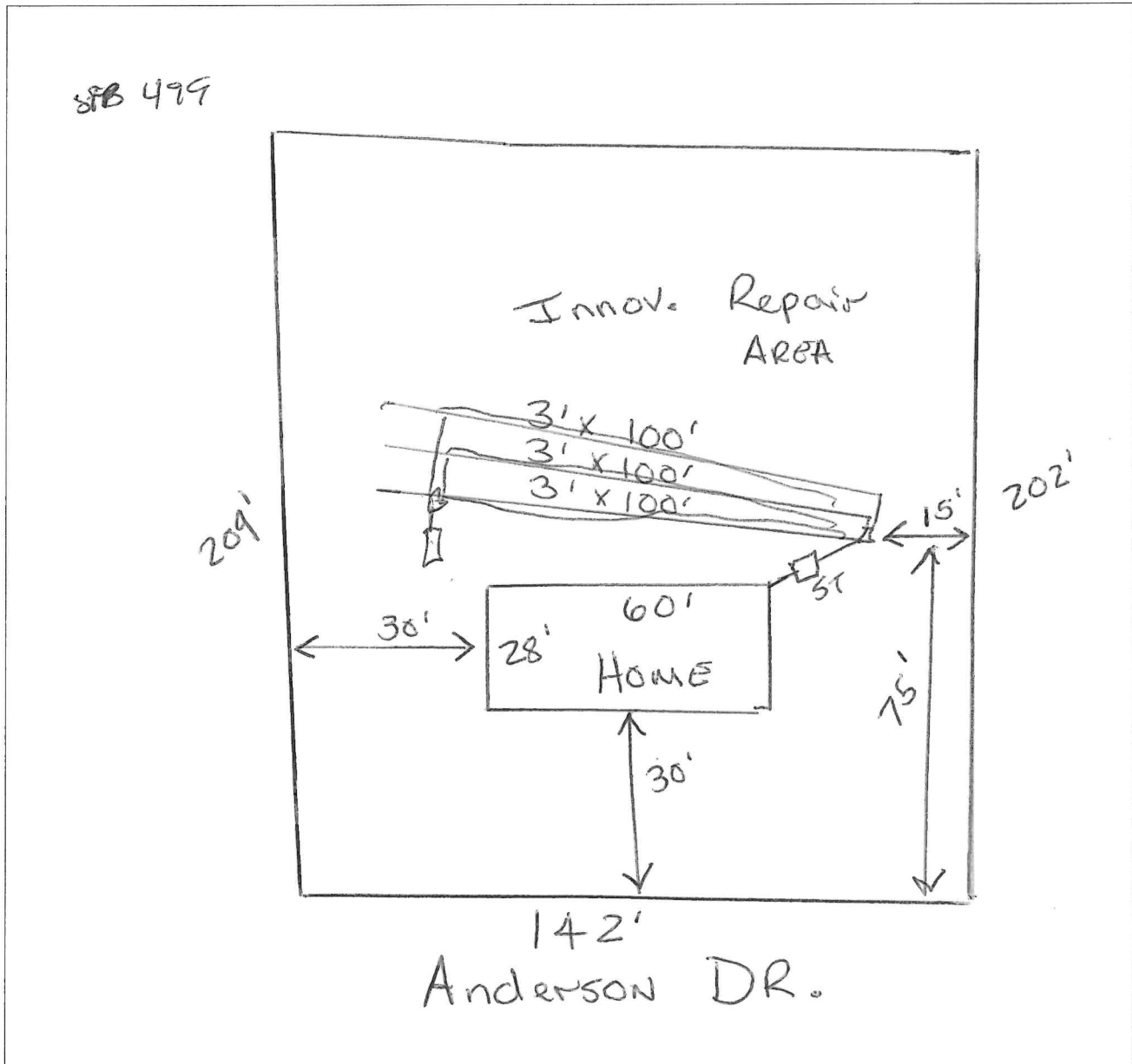
Permit Number

1336

CONTRACTOR Dan Budy TANK MANU DB 1000 MANU DATE 3-11-05

WELL INSTALLED AT TIME OF INSPECTION YES _____ NO _____

SEPTIC SYSTEM LAYOUT
(SKETCH SYSTEM LAYOUT HERE)



SEPTIC SYSTEM AS-BUILT

(IF DIFFERENT FROM INITIAL LAYOUT)

ON REVERSE

OPERATIONS PERMIT

DATE _____

2/1/05

EHS

Ph. [Signature]

FRANKLIN COUNTY SOIL/SITE EVALUATION SHEET

APPLICANT: DAVE Harker

WATER SUPPLY Private

LOCATION/DIRECTIONS Lake Forest Estates Lot 2

PROPERTY ID

DATE 4/1/05

FACTORS

PROFILES

		1	2	3	4	5	6
LANDSCAPE POSITION	1940	S	S				
SLOPE (%)	1940	4-6	4-6				
HORIZON I DEPTH	1943	0-8	0-8				
TEXTURE	1941(a) (1)	CL	CL				
CONSISTENCE	1941	Fi	Fi				
STRUCTURE	1941(a)(2)	SBK	SBK				
CLAY MINEROLOGY	1941(a)(3)	SEXP	SEXP				
HORIZON II DEPTH	1943	8-30	8-30				
TEXTURE	1941(a) (1)	C	C				
CONSISTENCE	1941	Fi	Fi				
STRUCTURE	1941(a)(2)	SBK	SBK				
CLAY MINEROLOGY	1941(a)(3)	SEXP	SEXP				
HORIZON III DEPTH	1943	30-42	30-42				
TEXTURE	1941(a) (1)	SC	SC				
CONSISTENCE	1941	FL	FL				
STRUCTURE	1941(a)(2)	SBK	SBK				
CLAY MINEROLOGY	1941(a)(3)	NBKP	NBKP				
HORIZON IV DEPTH	1943						
TEXTURE	1941(a) (1)						
CONSISTENCE	1941						
STRUCTURE	1941(a)(2)						
CLAY MINEROLOGY	1941(a)(3)						
SOIL WETNESS	1941	742"	742"				
RESTRICTIVE HORIZON	1944	742"	742"				
SAPROLITE	1943/1955	742"	742"				
CLASSIFICATION	1948	PS	PS				
LTAR (gpa/ft ²)	1955	0.3	0.3				
OTHER FACTORS (1946)				SITE LTAR (gpa/ft ²)	0.3		
AVAILABLE SPACE (1945)	PS			SYSTEM TYPE	Innov.		
CLASSIFICATION (1948)	PS						
EVALUATED BY:	ANDY S.			OTHERS PRESENT			

COUNTY OF FRANKLIN

ENVIRONMENT HEALTH APPLICATION (496-8100)

Permit #: 14399

Permit Type: SEPTIC PERMIT

Date Issued: 03/31/2005

Project Address: 102 ANDERSON DR, WAKE FOREST NC 27587

Location: 102 ANDERSON DR

Subdivision: LAKE FOREST ESTATES

Fax: (252) 431-0208

Size #: 0.690

Lot #: 2

Applicant: HARKER DAVE

PO BOX 652

YOUNGSVILLE, NC 27596

Phone: 919-418-5884

Owner: RAY CALVIN

1000 DURHAM ROAD

WAKE FOREST, NC 27587

Phone:

Tax record: 37102

Pin #: 1842-90-3753

Parcel #: C08 00 049B

Zoned: R-30

Setbacks Front: 30

Rear: 25

Side: 10

Proposed Use: DOUBLEWIDE

of bedrooms: 3

of people: 3

Township: YOUNGSVILLE

Public Water/Sewer: PRIVATE

ST Road #:

Desc:

Fees Due: \$225.00

Date Paid: 03/31/2005

* 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 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.

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

All Fees Are Nonrefundable

03/31/2005

Signature of Owner or Owner's Legal Representative

Franklin County DRC Application

RESIDENTIAL

Zoning Permit #: 8962



ADDRESS: 102 ANDERSON DR

PARCEL NO.: 1842-90-3753

ZONING: R-30

SUBDIVISION: LAKE FOREST

LOT: 2

ISSUED TO: HARKER DAVE

P. O. BOX 652

YOUNGSVILLE NC 27596

PHONE NUMBER: 919 418-5884

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

COUNTY WATER: N/A FLOODPLAIN: N/A

PERMIT TYPE: ZONING PERMIT

TYPE OF CONSTRUCTION: DOUBLE-WIDE MOBILE HOME

PERMIT DATE: 03/31/2005 WATERSHED N/A

TOWNSHIP YNGS EXPIRE DATE: / /

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:

[Handwritten Signature]

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 _____

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	DPW	3-31-05	_____	_____
INITIAL PERMITTING	_____	_____	_____	_____
ADDRESSING	_____	_____	_____	_____
PLAN REVIEW	_____	_____	_____	_____
FIRE REVIEW	_____	_____	_____	_____
SEPTIC/SEWER	_____	_____	_____	_____
FINAL PERMITTING	_____	_____	_____	_____

④

