IMPROVEMENT PERMIT

Franklin County Health Department
107 Industrial Drive
Louisburg, NC 27549
Phone:

For Office Use Only

*CDP File Number: 376033 - 1
County ID Number:
Evaluated For: NEW

PERMIT VALID UNTIL: 07/08/2027

***NOTE TO INSPECTIONS DIVISION:** Building Permits cannot be issued with this Improvement Permit.

Applicant:	DR HORTON - TERRAMOR LLC TRACEY DAVIS
Address:	7208 FALLS OF NEUSE RD
City:	RALEIGH
State/Zip:	NC 27615
Phone #:	

Property Owner:	1ST CHOICE HOMES
Address:	109 YORKSHIRE WAY
City:	RALEIGH
State/Zip:	NC. 27615
Phone #:	

Property Location & Site Information

Address/Road #: 121 SACRED FIRE RD , NC Subdivision: LAKE ROYALE Phase: NEW Lot: 3337

Structure: SINGLE FAMILY
# of Bedrooms: 3
# of People: 4
*Water Supply: COMMUNITY

Directions

121 SACRED FIRE RD

System Specifications

Initial System

*Site Classification:
Design Flow: 360
Soil Application Rate: 0.3000

*System Classification/Description:
TYPE II A. CONV SYSTEM (SINGLE-FAMILY OR 480 GPD OR LESS)

*Proposed System:
25% REDUCTION

Minimum Trench Depth: _____ Inches
Maximum Trench Depth: 30 Inches

Septic Tank: 1000 Gallons
Pump Required ◯ Yes (X) No ◯ May Be Required
Pump Tank: _____ Gallons

Repair System Required: (X) Yes ◯ No ◯ No, but has Available Space

Repair System

*Site Classification:
Soil Application Rate:

*System Classification/Description:
N/A

*Proposed System:

Minimum Trench Depth: _____ Inches
Maximum Trench 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 Departmen

***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.

***Permit Conditions**

The Department and Local Health Department may impose conditions on the issurance 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 it the site plan, plat, or intended use changes (NCGS 130A-335(f)). The person owning or controlling the system location, installing, operation, maintenance, monitoring, reporting, and repair (.1938(b)).

Authorized State Agent: Bendel, Joel Date of Issue: 07/08/2022

Total Time: (HH:MM) ____ : ____

◯ Hand Drawing ◯ Import Drawing ****Site Plan/Drawing attached.****

Construction Authorization

Franklin County Health Department
107 Industrial Drive
Louisburg, NC 27549
Phone:

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*CDP File Number: 376033 - 1
County ID Number:
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☐ Open Pump System Sheet

Applicant:	DR HORTON - TERRAMOR LLC TRACEY DAVIS
Address:	7208 FALLS OF NEUSE RD
City:	RALEIGH
State/Zip:	NC 27615
Phone #:	

Property Owner:	1ST CHOICE HOMES
Address:	109 YORKSHIRE WAY
City:	RALEIGH
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Phone #:	

Property Location & Site Information

Address/Road #: 121 SACRED FIRE RD , NC Subdivision: LAKE ROYALE Phase: NEW Lot: 3337

Structure: SINGLE FAMILY
# of Bedrooms: 3
# of People: 4
*Water Supply:

Directions:

121 SACRED FIRE RD

System Specifications

*Site Classification:
Design Flow: 360
Soil Application Rate: 0.3000
*System Classification/Description:
TYPE II A. CONV SYSTEM (SINGLE-FAMILY OR 480 GPD OR LESS)
*Proposed System:
25% REDUCTION

Minimum Trench Depth: ____ Inches
Maximum Trench Depth: 30 Inches
Minimum Soil Cover: ____ Inches
Maximum Soil Cover: ____ Inches
*Distribution Type: GRAVITY - PARALLEL (eq. d-box)

Nitrification Field: ____ Sq. ft.
No. Drain Lines: ____
Total Trench Length: 300 ft.
Trench Spacing: ____ - 9
Trench Width: ____ - 3
Aggregate Depth: ____ inches

◯ Inches O.C.
(X) Feet O.C.
◯ Inches
(X) Feet

Septic Tank: 1,000 Gallons
Pump Required: ◯ Yes (X) No ◯ May Be Required
Pump Tank: ____ 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:**

The 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 shall become invalid, and may be suspended or revoked (.1937(g)). Ther person owning or controlling the system shall be responsible for assuring compliance with the laws, rules, and permit conditions regaurding system location, installation, operation, maintenance, monitoring, reporting

Authorized State Agent: Bendel, Joel Date of Issue: 07/08/2022

Site Plan/Drawing attached.

◯ Hand Drawing ◯ Import Drawing

Total Time : (HH:MM) ____

Franklin County
NORTH CAROLINA

File # 376033 PIN# _____

Property Address: 121 Sacred Fire Rd

Applicant or Owner Name: DR Horton

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** X As Built

Well Construction Authorization Additional Diagram/Specifications Attached

Diagram Date:** 7-8-22 **EHS:** Joel Bendel

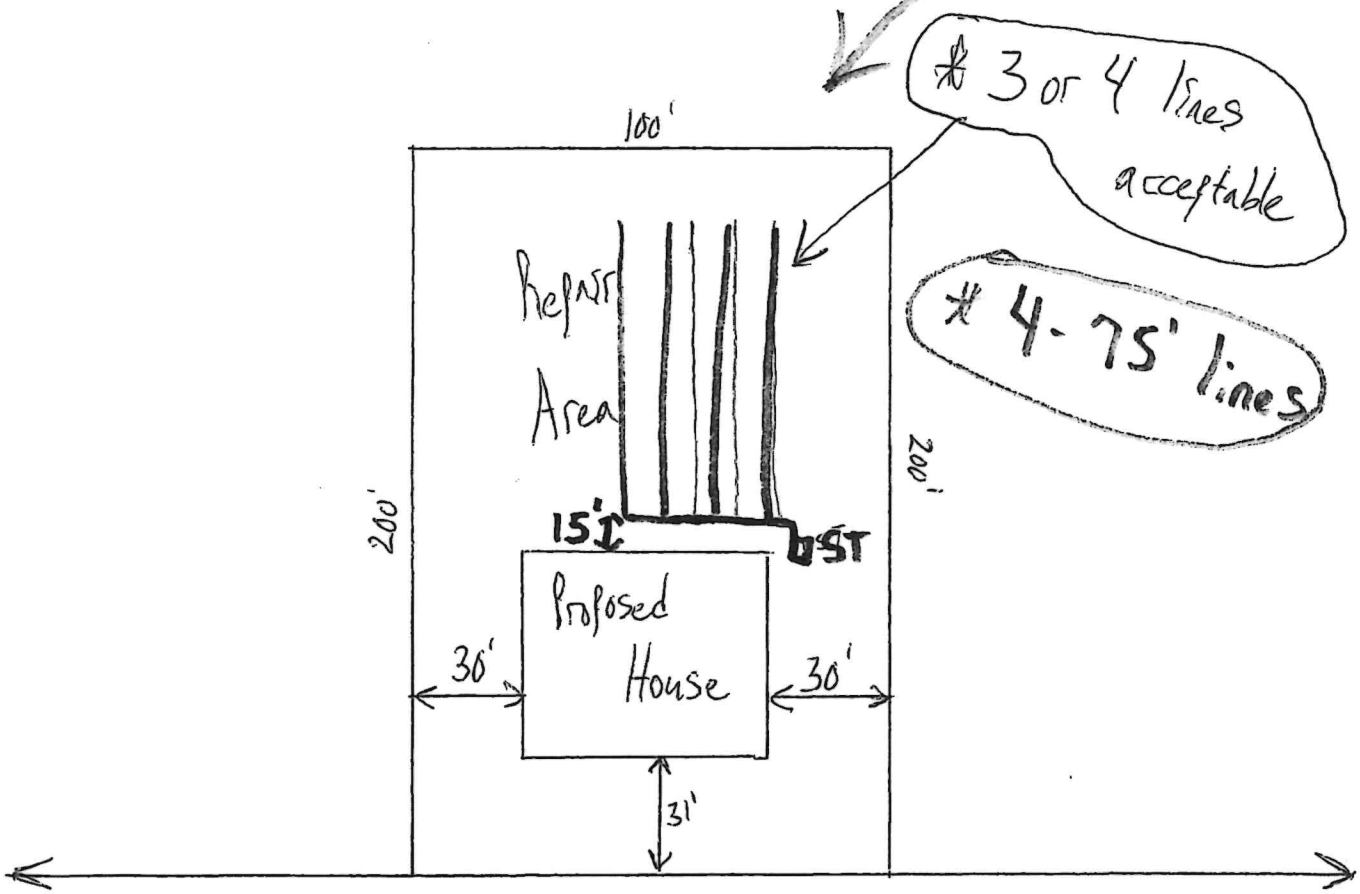
****Any previously dated CA diagram is revoked and/or invalid. Confirm this is the valid diagram for the site before beginning any construction.**

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 N/A Drainfield 3'X300' Type System A-C Max Trench Depth 30"

Septic Contractor DBS Septic/Pump tank dates ST 11-22-22 Pump fee? NO YES pd _____

Well Contractor _____ Well Grout date: _____



FCEH FORM 165 9/19, 10/19

OPERATION PERMIT

Franklin County Health Department
107 Industrial Drive
Louisburg, NC 27549
Phone:

For Office Use Only

*CDP File Number: 376033 - 1
County ID Number:
Evaluated For: NEW

Property Owner: 1ST CHOICE HOMES
Address: 109 YORKSHIRE WAY
Road #:
City: RALEIGH
State/Zip: NC/ 27615
Phone #:
Township:
Subdivision: LAKE ROYALE
Phase : NEW Lot: 3337

Structure: SINGLE FAMILY
# of Bedrooms: 3
# of People: 4
Water Supply: N/A
Saprolite System?: [ ] Yes [X] No
Pump Required?: [ ] Yes [X] No
Design Flow: 360
System Classification/Description: TYPE II A. CONV SYSTEM
(SINGLE-FAMILY OR 480 GPD OR LESS)

Installer: DBS
Certification #:
Specific System Installed: UNKNOWN
Septic Tank Date: 11/22/2022
STB: 1000
Pump Tank Date:
PT:
Comments:

This system has been installed in compliance with applicable NC General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.

PERMIT CONDITIONS:

I. Performance: System shall perform in accordance with Rule .1961.

II. Monitoring: As required by Rule .1961.

III. Maintenance: Ground absorption sewage treatment and disposal systems shall be checked, and the contents of the septic tank removed, periodically from all compartments, to ensure proper operation of the system. The contents shall be pumped whenever the solids level is found to be more than 1/3 of the liquid depth in any compartment.

Other:

Subsurface Operator Required: [ ] Yes [X] No

If yes, see attached sheet for additional operation conditions, maintenance and reporting.

Operation:

Other:

Authorized State Agent: Bendel, Joel

Date of Issue: 01/26/2023

Owner/Applicant: _____

Franklin County
NORTH CAROLINA

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

CDP# 376033

Issued to: DR Horton - Terramor LLC Tracey Davis

Location: 121 SACRED FIRE RD LOUISBURG , NC 27549

NEW SEPTIC APPLICATION

Application Type: NEW SEPTIC
Application Number: E-22-472
Building Type:
Project Type: Single Family Dwelling
# of Bedrooms: 3
Parcel ID #; 004288

Date: May 23, 2022
Acreage: 0.46
Zoning: R-30
# of People: 4
Subdivsion: ROYALE Lot 3337

Applicant Information

Applicant Name: DR Horton - Terramor LLC Tracey Davis
Address: 7208 Falls of Neuse Road Suite 201 Raleigh , NC 27615
Phone: 9194972163
Email: tracey.davis@terramorhomes.com

Property Owner Information

Owner Name: 1ST CHOICE HOMES LLC
Address: 109 YORKCHESTER WAY RALEIGH , NC 27615
Phone:
Email:

General Contractor Information

Contractor Name: D.R. Horton-Terramor, LLC
Address: 1341 Horton Circle Arlington , TX 76011
Phone: (919) 819-5015
Email: tmdavis1@drhorton.com

Zoning

Zoning Permit #: Z-22-781
Front Setback: 15
Left Setback: 5

County Water: TESI
Right Setback: 5
Rear Setback: 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 application is valid for either 12 months or without expiration, depending upon documentation submitted.

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.

May 23, 2022

SURVEY FOR

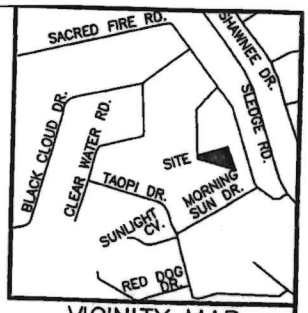
TERRAMOR HOMES

LOT 3337, LAKE ROYALE
121 SACRED FIRE ROAD
PIN # 2830-53-7312
REF: D.B. 2231, PAGE 1470
REF: PRF 1, SLIDE 181-185A
CYPRESS TOWNSHIP
FRANKLIN COUNTY, NORTH CAROLINA
APRIL 12, 2022

ADOPTED FROM PRF 1, SLIDE 181-185A

40 20 0 40 80

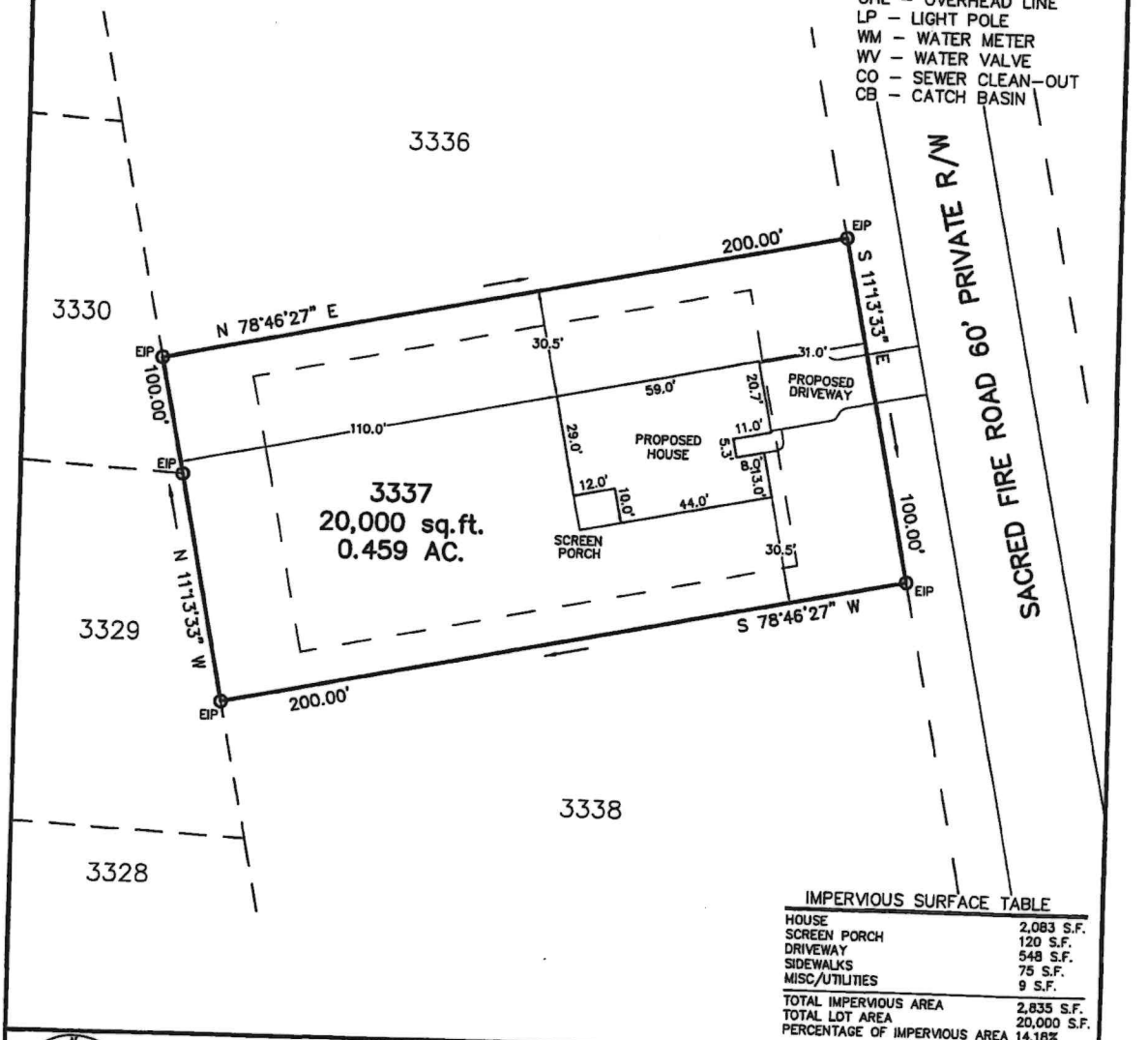
SCALE 1"=40'



VICINITY MAP

LEGEND:

EIP – EXISTING IRON PIPE
EIB – EXISTING IRON BAR
BEIB – BENT EXISTING IRON BAR
EPK – EXISTING PK NAIL
NIP – NEW IRON PIPE SET
R/W – RIGHT OF WAY
CATV – CABLE TV BOX
EB – ELECTRIC BOX
TEL – TELEPHONE PEDESTAL
PP – POWER POLE
OHL – OVERHEAD LINE
LP – LIGHT POLE
WM – WATER METER
WV – WATER VALVE
CO – SEWER CLEAN-OUT
CB – CATCH BASIN



IMPERVIOUS SURFACE TABLE

HOUSE	2,083 S.F.
SCREEN PORCH	120 S.F.
DRIVEWAY	548 S.F.
SIDEWALKS	75 S.F.
MISC/UTILITIES	9 S.F.
TOTAL IMPERVIOUS AREA	2,835 S.F.
TOTAL LOT AREA	20,000 S.F.
PERCENTAGE OF IMPERVIOUS AREA	14.18%

CMP
CAWTHORNE, MOSS & PANCIERA, P.C.
Professional Land Surveyors
C-1525
333 S. White Street
Post Office Box 1253
Wake Forest, N.C. 27588
(919)556-3148

I DECLARE THAT THIS SURVEY COMPLIES WITH THE NORTH CAROLINA STANDARDS OF PRACTICE FOR SURVEYING, (SECTION 1600) FOR CLASS A SURVEYS AND THAT THE CALCULATED RATIO OF PRECISION BEFORE ADJUSTMENTS IS 1:10,000±. FURTHERMORE, PROPERTY CORNERS SHOWN ARE PRIMARY CONTROL MONUMENTATION FOR THE RE-ESTABLISHMENT OF PROPERTY CORNERS IN THE ABSENCE OF GRID MONUMENTS AND OTHER SUBDIVISION PROPERTY CORNERS. THIS SURVEY IS NOT TO BE RECORDED WITHOUT THE WRITTEN AUTHORIZATION OF THE SURVEYOR.

4/12/2022
PROFESSIONAL LAND SURVEYOR L-3835

NORTH CAROLINA PROFESSIONAL SEAL L-3835 LAND SURVEYOR JASON L. PANCIERA