

919-764-9012

**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: 1393 Type: I PIN: 1844-23-1132 Date: 4/14/2005

Applicant: DAVIS BUILDERS INC WAYNE G Owner: ABERDEEN LLC
9415 ROLLING VIEW DR PO BOX 20242
WAKE FOREST, NC 27587-5727 RALEIGH, NC 27619

Telephone: (919) 528-2452 Telephone:

Subdivision: ABERDEEN Lot Number: 22 Size: 0.920

Physical Address/ Location /Directions 40 HOLDEN COURT

Description: LifeTime _____ 5 Year ✓TYPE FACIL Residence # EMPLOY _____ # BEDRMS 3 GPD 360 LTAR 0.3TYPE WAT Public TYPE SYS Innov TYPE REP Innov BSMT N/A BST FX N/ASIZE TANK 1000 SIZE CHB _____ SIZE NITR 3'x300' MTD 30"

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 4/15/05 EHSCONSTRUCTION AUTHORIZATION DATE 4/15/05 EHS

Andy Smith, RS
Andy Smith, RS

Franklin County Health Department

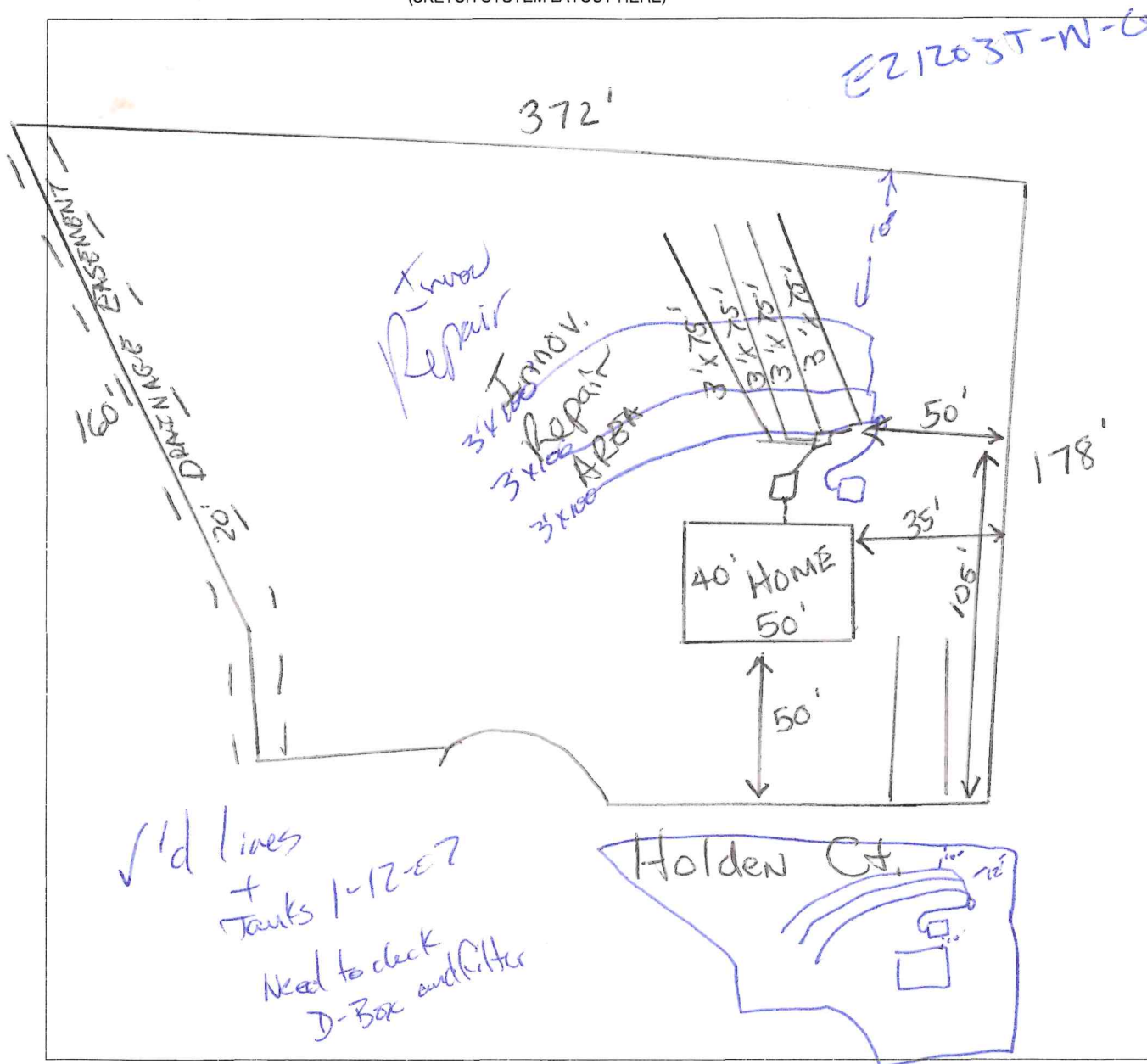
Name: DAVIS BUILDERS IN

Permit Number

1393

CONTRACTOR Wayne Davis TANK MANU DB1000 MANU DATE 9-11-06WELL INSTALLED AT TIME OF INSPECTION YES _____ NO X

SEPTIC SYSTEM LAYOUT (SKETCH SYSTEM LAYOUT HERE)



SEPTIC SYSTEM AS-BUILT

(IF DIFFERENT FROM INITIAL LAYOUT)

ON REVERSE

OPERATIONS PERMIT

DATE

1-17-06

EHS

Mark Tarned

COUNTY OF FRANKLIN

ENVIRONMENT HEALTH APPLICATION (496-8100)

Permit #: 14505

Permit Type: SEPTIC PERMIT

Date Issued: 04/13/2005

Project Address: 40 HOLDEN COURT, YOUNGSVILLE NC 27596

Location: 40 HOLDEN COURT

Size #: 0.920

Subdivision: ABERDEEN (WATER)

Lot #: 22

Applicant: DAVIS BUILDERS, INC., WAYNE G.
9415 ROLLING VIEW DR
WAKE FOREST NC 27587-5727

Phone: 919.528.2452

Owner: ABERDEEN LLC
P O BOX 20242
RALEIGH NC 27619

Phone:

Tax record: 37515

Pin #: 1844-23-1132

Parcel #: B04C00 022

Zoned: R 40

Setbacks Front: 50

Rear: 50

Side: 20

Proposed Use: SFD

of bedrooms: 3

of people: 3

Township: YOUNGSVILLE

Public Water/Sewer: COUNTY

ST Road #:

Desc:

Fees Due: \$225.00

Date Paid: 04/13/2005

* 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 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 Wayne G. Davis Fees Are Nonrefundable
Signature of Owner or Owner's Legal Representative

04/13/2005

Franklin County DRC Application

RESIDENTIAL

Zoning Permit #: 9013



ADDRESS: 40 HOLDEN COURT

PARCEL NO.: 1844-23-1132

ZONING: R 40

SUBDIVISION: ABERDEEN (WATER) LOT: 22

ISSUED TO: WAYNE DAVIS BUILDERS

9415 ROLLING VIEW

WAKE FOREST, NC 27587

PHONE NUMBER: 919-669-8024

SETBACK: FRONT: 50 RIGHT: 20 LEFT: 20 REAR: 50

COUNTY WATER: COUNTY FLOODPLAIN: NO

PERMIT TYPE: ZONING PERMIT

TYPE OF CONSTRUCTION: SFD

PERMIT DATE: 04/12/2005 WATERSHED NO

TOWNSHIP YNGS EXPIRE DATE: 10/12/2005

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:

Wayne Davis

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	<i>[Signature]</i>	4/12/05	_____	_____
INITIAL PERMITTING	_____	_____	_____	_____
ADDRESSING	_____	_____	_____	_____
PLAN REVIEW	_____	_____	_____	_____
FIRE REVIEW	_____	_____	_____	_____
SEPTIC/SEWER	_____	_____	_____	_____
FINAL PERMITTING	_____	_____	_____	_____

