

FRANKLIN COUNTY HEALTH DEPARTMENT

PERMIT NUMBER: 15367C CONST IMPROVE PERMIT 20010605	DATE: 1846-97-7249	SIZE: 1A
APPLICANT: CARTER BEVERLY 512 US HWY 1 N YOUNGSVILLE NC 27596		OWNER: FOOD CORNER INC
TELEPHONE: 570-6201		
COMMENT: NH	DESCRIPTION: 5 YEAR ☒	LIFETIME: ☐
LOCATION / DIRECTIONS: Poplar Creek #5 (Off Mt Olivet Church Rd.)		
FEE: 175.00		SIGNATURE OR OWNER OR AUTHORIZED AGENT:

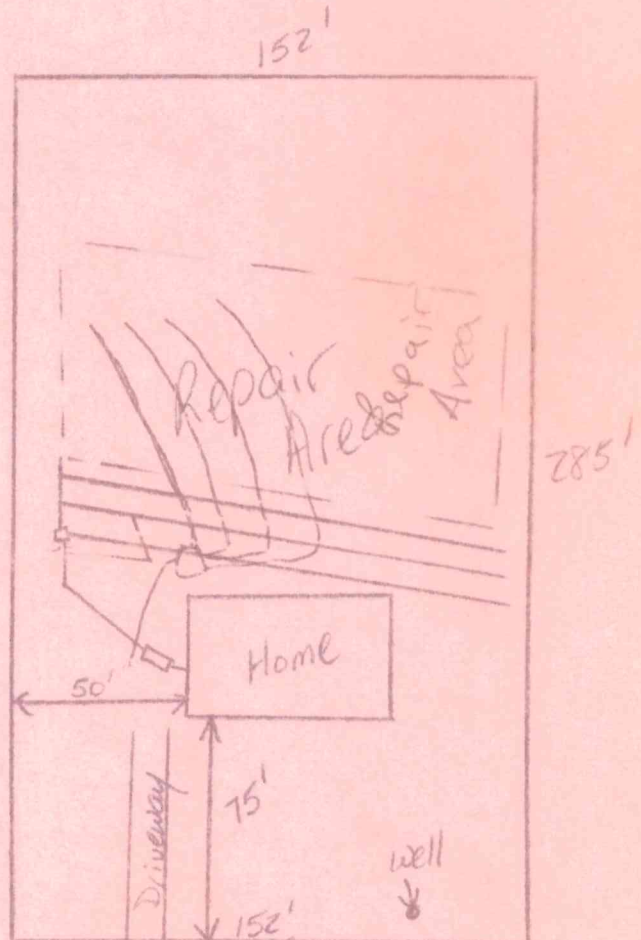
THE ABOVE SIGNATURE INDICATES THAT I HAVE READ, UNDERSTAND, AND AGREE WITH ALL PROVISIONS AND INFORMATION AS OUTLINED ON THE BACK SIDE OF THIS FORM

TOPO <u>5</u>	TEXTURE <u>PS</u>	STRUCTURE <u>PS</u>	DEPTH <u>PS</u>
R. HOR <u>5</u>	SOIL. WET <u>5</u>	AVAIL. SP <u>5</u>	OTHER <u>2</u>
MINRL <u>5</u>	OVERALL <u>PS</u>	LTAR <u>40</u>	
#BEDRMS <u>3</u>	GPD <u>360</u>	DISPOSAL <u>3'x300'</u>	TYPE. SYS <u>Conv.</u>
SZ. TANK <u>400</u>	SZ. CHAM <u>24"</u>	NITRIFI <u>SED</u>	TYPE. WAT <u>Well</u>
SITE. LOC <u>5</u>	MAX TRENCH DEP <u>24"</u>	TYP. FAC <u>SED</u>	

REMARKS: Stay 100' from well, 10' from property lines, 5' from foundation
Run drainlines with contour.

CONTRACTOR: Cole's Backhoe Service
TANK MANUF: GCR-1000gal
MANUF DATE: 8-10-01

*Not to scale.



IMPROVEMENT PERMIT DATE: 6/5/01

CONSTRUCTION AUTHORIZATION DATE: 6/5/01

OPERATION PERMIT DATE: 10-16-01

ENV HEALTH SPEC: Dust: Fresh

ENV HEALTH SPEC: Dust: Fresh

ENV HEALTH SPEC: Andy Smith

FRANKLIN COUNTY HEALTH DEPARTMENT

PERMIT NUMBER: 15367C CONST IMPROVE PERMIT 20010605	DATE: 1846-97-7249	SIZE: 1A
APPLICANT: CARTER BEVERLY 512 US HWY 1-N YOUNGSVILLE NC 27596	OWNER: FOOD CORNER INC	
TELEPHONE: 570-6201		
COMMENT: HH	DESCRIPTION: 5 YEAR ☒	LIFETIME: ☐
LOCATION / DIRECTIONS: Poplar Creek #5 (off mt. Street Church Rd.)		
FEE: 175.00	SIGNATURE OR OWNER OR AUTHORIZED AGENT:	

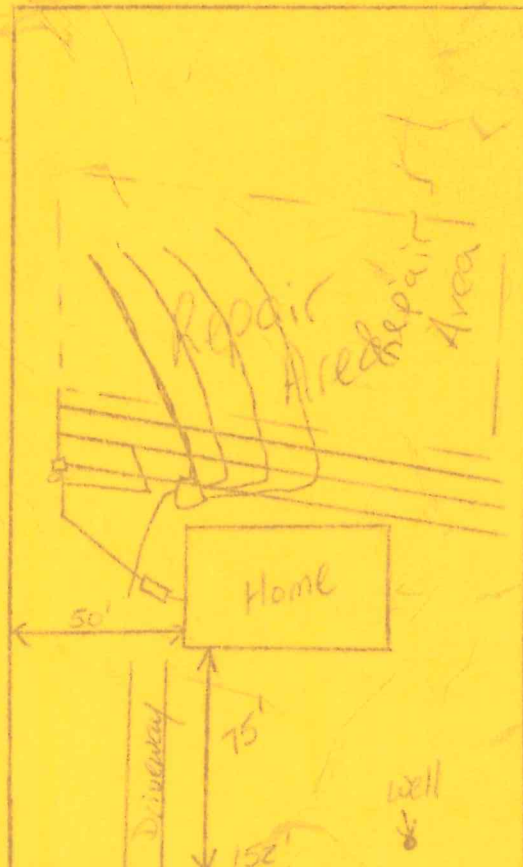
THE ABOVE SIGNATURE INDICATES THAT I HAVE READ, UNDERSTAND, AND AGREE WITH ALL PROVISIONS AND INFORMATION AS OUTLINED ON THE BACK SIDE OF THIS FORM

TOPO <u>5</u>	TEXTURE <u>PS</u>	STRUCTURE <u>PS</u>	DEPTH <u>PS</u>
R. HOR <u>5</u>	SOIL. WET <u>5</u>	AVAIL. SP <u>5</u>	OTHER <u>5</u>
MINRL <u>5</u>	OVERALL <u>PS</u>	LTAR <u>40</u>	
#BEDRMS <u>3</u>	GPD <u>360</u>	DISPOSAL <u>360</u>	TYPE. SYS <u>Conv</u>
SZ. TANK <u>900</u>	SZ. CHAMB <u>360</u>	NITRIFI <u>360</u>	TYPE. WAT <u>Well</u>
SITE. LOC <u>5</u>	MAX TRENCH DEP <u>24"</u>	TYP. FAC <u>SED</u>	

REMARKS: Stay 100' from well, 10' from property lines, 5' from foundation
Run drainlines with contour.

CONTRACTOR: Cole's Building Service
TANK MANUF: GCR-1000gals
MANUF DATE: 8-10-01

*Not to scale.



IMPROVEMENT PERMIT DATE: 6/5/01 ENV HEALTH SPEC: Andy Smith
CONSTRUCTION AUTHORIZATION DATE: 6/5/01 ENV HEALTH SPEC: Andy Smith
OPERATION PERMIT DATE: 10-16-01 ENV HEALTH SPEC: Andy Smith

COUNTY OF FRANKLIN

ENVIRONMENT HEALTH APPLICATION (496-8100)

Permit #: **3988**

Permit Type: **SEPTIC PERMIT**

Date Issued: **05/15/2001**

Project Address: ,

Location:

Subdivision:

Lot #:

Size #: **1.000**

Applicant: **CARTER, BEVERLY**
512 US HWY 1 NORTH
YOUNGSVILLE, NC 27596

Phone: **570-6201**

Contractor:

Phone:

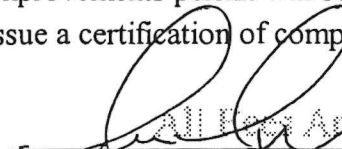
Proposed Use: **DOUBLEWIDE**

Work:

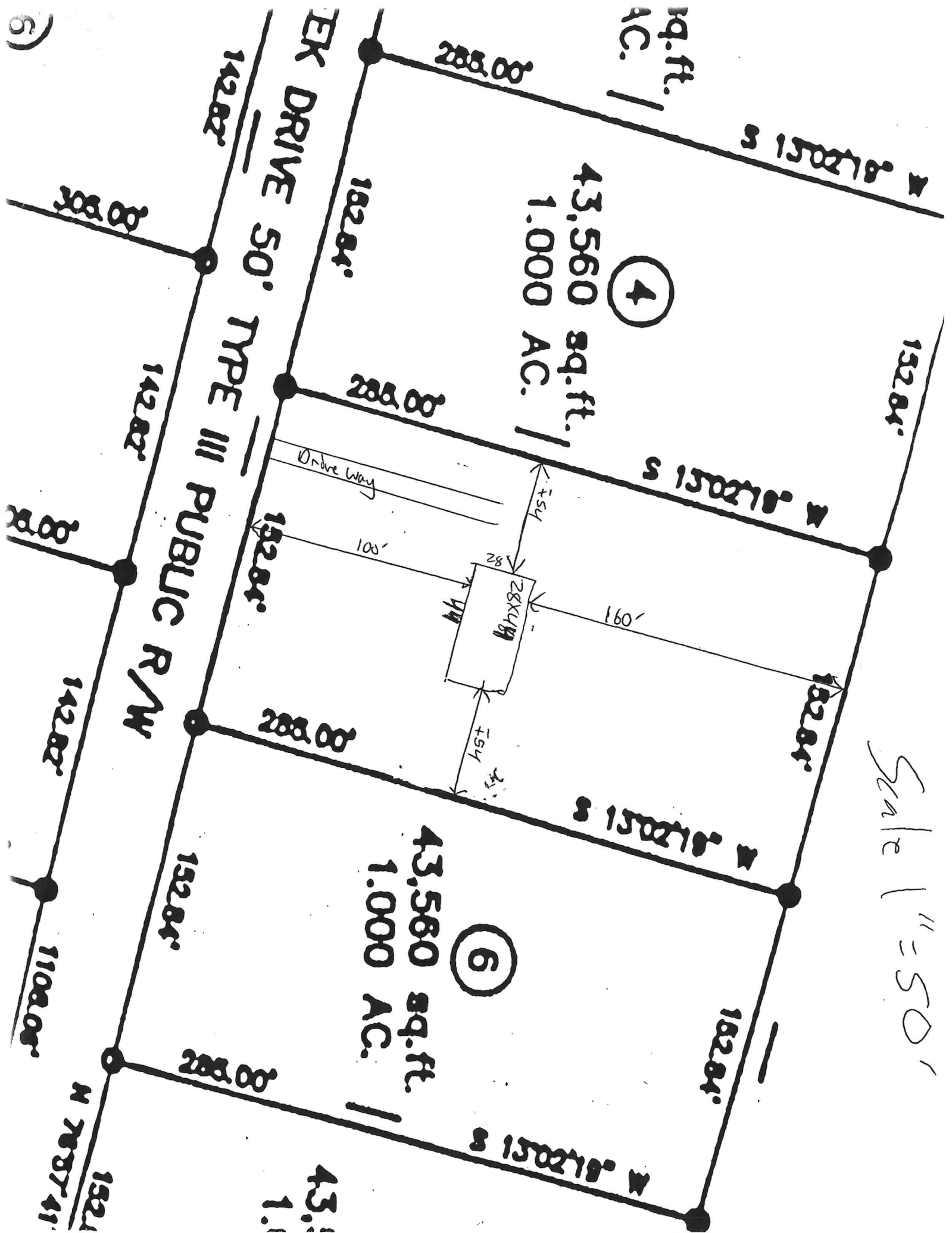
Desc: **1846-97-7249**

Bldg Cost: \$0	Fees Due: \$175.00	Date Paid: 05/15/2001
Zoned: A R	Setbacks Front: 30	Rear 25 Side 10
Tax record: 32846	Pin #: 1846-97-7249	Parcel #: C03A00 005
Township: FRANKLINTO	Public Water/Sewer:	ST Road #:
Special Conditions/Property Owner: FOOD CORNER INC		
# of bedrooms: 3	# of people: 2	Approved for Issuance by:
I certify that all 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. I understand that false information may be grounds for rejection of this application. Authorized county representatives are granted right of entry to make evaluations or inspections and to release information upon public request.		

Call Environment Health (496-8100) between 8:00 AM and 9:00 AM Monday thru Friday to schedule an appointment with the environment health specialist to evaluate your lot. He/She will show you where to locate the well and septic system, in relation to the desired dwelling location and any property lines. If approved, an improvements permit will be issued. After the septic tank has been installed and approved, the Sanitarian will issue a certification of completion.


 (Signature of Contractor, Authorized Agent or Owner)

5/15/01
 Date



5)

DEPARTMENT OF ENVIRONMENT,
HEALTH & NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH

COUNTY: _____ SHEET _____ OF _____
PROPERTY I.D. # _____
TAX #: _____
DATE: _____

OWNER: Beverly Carter
WATER SUPPLY: _____
LOCATION: Poplar Creek #5

PROFILES		1	2	3	4	5	6	7	8	9	10
LANDSCAPE POSITION	.1940	SS	SS								
PERCENT (%)	.1940	6%	6%								
HORIZON 1 DEPTH	.1943		0-18"								
TEXTURE	.1941 (a)(1)		CL								
PERSISTENCE	.1941		FR								
STRUCTURE	.1941 (a)(2)		SBK								
DAY MINERALOGY	.1941 (a)(3)		SEXP								
HORIZON 2 DEPTH	.1943		18"-36"								
TEXTURE	.1941 (a)(1)		C								
PERSISTENCE	.1941		FR								
STRUCTURE	.1941 (a)(2)		SBK								
DAY MINERALOGY	.1941 (a)(3)		SEXP								
HORIZON 3 DEPTH	.1943										
TEXTURE	.1941 (a)(1)										
PERSISTENCE	.1941										
STRUCTURE	.1941 (a)(2)										
DAY MINERALOGY	.1941 (a)(3)										
HORIZON 4 DEPTH	.1943										
TEXTURE	.1941 (a)(1)										
PERSISTENCE	.1941										
STRUCTURE	.1941 (a)(2)										
DAY MINERALOGY	.1941 (a)(3)										
WETNESS	.1942										
ACTIVE HORIZON	.1944										
OLITE	.1943/.1956										
IFICATION	.1948										
R. (gpd/ft2)	.1955		PS								
			40								

RA FACTORS (.1946):	SITE LTAR (gpd/ft2):
ABLE SPACE (.1945):	
CLASSIFICATION (.1948):	SYSTEM TYPE:
DATED BY:	OTHERS PRESENT:
MENTS:	