478-5569
252-478-6083

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: 1342 Type: I PIN : 2831-34-8761 Date: 4/1/2005

Applicant: BEARHARP PROPERTIES
1344 S OLD CARRIAGE RD
ROCKY MOUNT, NC 27884
Telephone: (252) 883-9551

Owner: JOHN D & TAMMY GAYLE MARQUES
605 RASPBERRY CT
, 28539
Telephone:

Subdivision: LAKE ROYALE Lot Number: 530 Size: 1

Physical Address/ Location /Directions SAGAMORE DR T/L Shawnee TR Oklahoma T/L Sagamore on L

Description: LifeTime _____ 5 Year _____

TYPE FACIL Cottage/Res # EMPLOY____ # BEDRMS ____ GPD 240 LTAR .35%d

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

SIZE TANK 600 SIZE CHB 1 SIZE NITR 3x235 MTD 30"

COMMENTS _____

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 4/6/05 EHS _____

CONSTRUCTION AUTHORIZATION DATE 4/6/05 EHS _____

Franklin County Health Department

Name: BEARHARP PROPE Permit Number 1342

CONTRACTOR Jam TANK MANU ARF 1000 MANU DATE 7/6/05

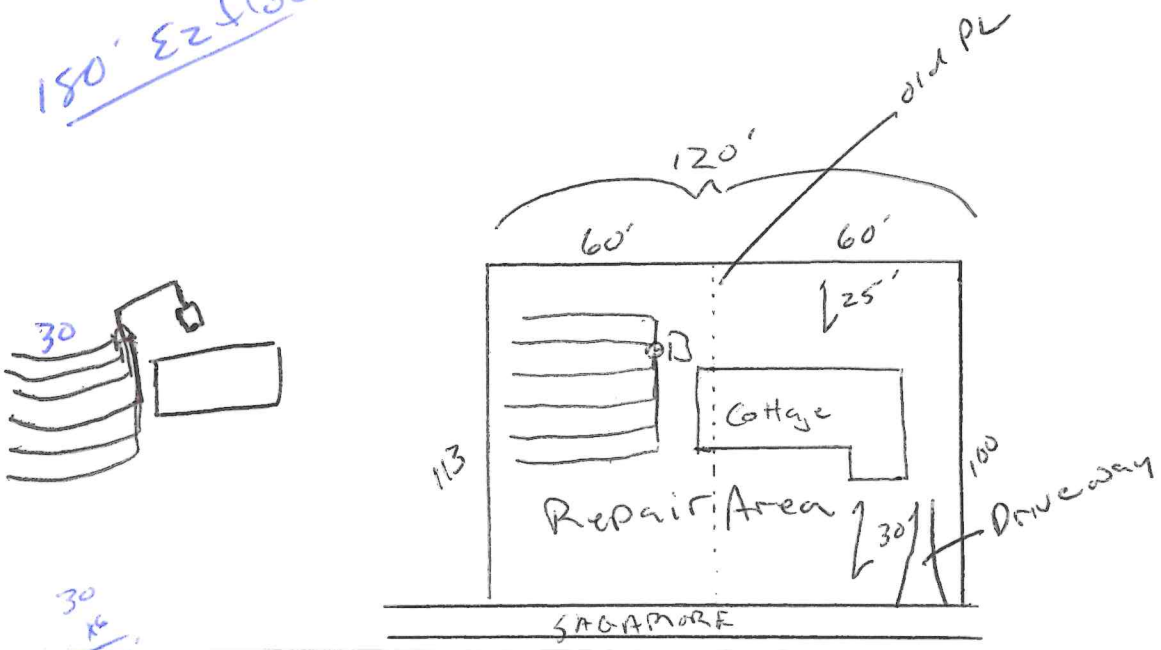
WELL INSTALLED AT TIME OF INSPECTION YES _____ NO _____

SEPTIC SYSTEM LAYOUT

(SKETCH SYSTEM LAYOUT HERE)

Stay 10' from property lines & water lines, 100% Repair area is required

180' EZflow



30 x 6 = 180'

SEPTIC SYSTEM AS-BUILT

(IF DIFFERENT FROM INITIAL LAYOUT)

ON REVERSE

OPERATIONS PERMIT DATE 10/18/05 EHS _____

1342

COUNTY OF FRANKLIN

ENVIRONMENT HEALTH APPLICATION (496-8100)

Permit #: **14390** Permit Type: **SEPTIC PERMIT** Date Issued: **03/30/2005**

Project Address: ,

Location: Size #: **1.000**

Subdivision: **LAKE ROYALE** Lot #: **530C**

Applicant: **BEARHARP PROPERTIES**
1344 S OLD CARRIAGE RD
ROCKY MOUNT NC 27884 Phone: **252.883.9551**

Owner: **MARQUESS JOHN D & TAMMY GAYLE**
605 RASPBERRY CT
28539 Phone:

Tax record: **22906** Pin #: **2831-34-8761** Parcel #: **LR0502 0530**

Zoned: **A R** Setbacks Front: **30** Rear: **25** Side: **10**

Proposed Use: **COTTAGE** # of bedrooms: # of people:

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

Desc: Fees Due: **$225.00** Date Paid: **03/30/2005**

*** 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 All Fees Are Nonrefundable 03/30/2005

Signature of Owner or Owner's Legal Representative

Franklin County DRC Application

Zoning Permit #: 8955 **RESIDENTIAL**

ADDRESS:
PARCEL NO.: **2831-34-8761** ZONING: **A R**
SUBDIVISION: **LAKE ROYALE** LOT: **530C**
ISSUED TO: **BEARHARP PROPERTIES**
1344 S. OLD CARRIAGE RD
ROCKY MOUNT NC 27884
PHONE NUMBER: **252-883-9551**
SETBACK: FRONT: **30** RIGHT: **10** LEFT: **10** REAR: **25**
COUNTY WATER: **COUNTY** FLOODPLAIN: **NO**
PERMIT TYPE: **ZONING PERMIT**
TYPE OF CONSTRUCTION: **COTTAGE**
PERMIT DATE: **03/30/2005** WATERSHED **NO**
TOWNSHIP **CYP** EXPIRE DATE: **09/30/2005**

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: _____

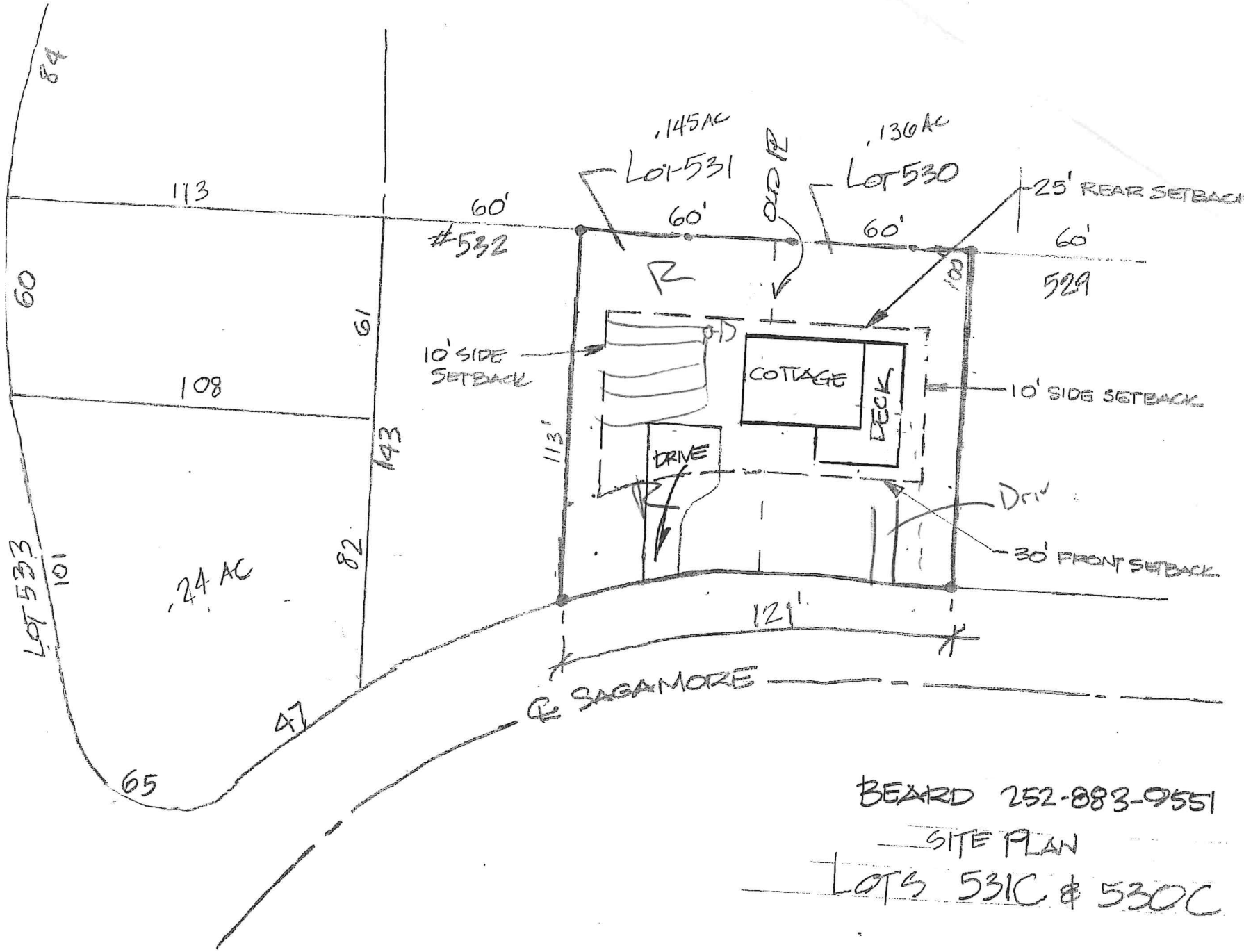
UTILITY COMPANY : PROGRESS ENGERY WAKE ELECTRIC OTHER

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	[illegible]	5/30/05		
INITIAL PERMITTING				
ADDRESSING				
PLAN REVIEW				
FIRE REVIEW				
SEPTIC/SEWER				
FINAL PERMITTING				



BEARD 252-883-9551

SITE PLAN

LOTS 531C & 530C

2931-34-8675

2931-34-8761

FRANKLIN COUNTY SOIL/SITE EVALUATION SHEET

APPLICANT Bearhaap Prop
WATER SUPPLY Com
LOCATION/DIRECTIONS LR 530 C

PROPERTY ID
DATE 4/15/05

FACTORS

PROFILES

		1	2	3	4	5	6
LANDSCAPE POSITION	1940						
SLOPE (%)	1940						
HORIZON I DEPTH	1943	0-6					
TEXTURE	1941(a) (1)	SiC					
CONSISTENCE	1941						
STRUCTURE	1941(a)(2)						
CLAY MINEROLOGY	1941(a)(3)						
HORIZON II DEPTH	1943	6-44					
TEXTURE	1941(a) (1)	C					
CONSISTENCE	1941	F SP					
STRUCTURE	1941(a)(2)	5Bk					
CLAY MINEROLOGY	1941(a)(3)	5&K?					
HORIZON III DEPTH	1943						
TEXTURE	1941(a) (1)						
CONSISTENCE	1941						
STRUCTURE	1941(a)(2)						
CLAY MINEROLOGY	1941(a)(3)						
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	1943/1955	-					
CLASSIFICATION	1948	PS					
LTAR (gpd/ft2)	1955	.35%c					

OTHER FACTORS (1946) 1945, 1951

SITE LTAR (gpd/ft2) .35%c

AVAILABLE SPACE (1946)

SYSTEM TYPE Conv/ Innov

CLASSIFICATION (1948) PS

EVALUATED BY: JW

OTHERS PRESENT ~~Mr~~ Mark Beard

Mr Hartz