

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

PAGE 1 OF 2

Phone: 919-496-8100

SEPTIC PERMIT

Fax: 919-496-8136

Permit Number: 10268 Type: I PIN : 1845-39-3978 Date: 5/11/2018

Applicant: EMERSON HOMES
3067 SAM MOSS HAYES RD
OXFORD, NC 27565

Owner:

Telephone: (919) 218-8213

Telephone:

Subdivision:

Lot Number: 4

Size: 0.950

Physical Address/ Location /Directions TOM WRIGHT RD

Description: LifeTime _____ 5 Year ✓

TYPE FACIL Res # EMPLOY _____ # BEDRMS 3 GPD 360 LTAR 13

TYPE WAT Private TYPE SYS A TYPE REP A BSMT No BST FX N/A

SIZE TANK 1000 SIZE CHB N/A SIZE NITR 3'x300' MTD 30"

COMMENTS: Maintain proper setbacks, Install drainlines on contour. May
need to clear more for septic.

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 5-24-18 EHS Shad Lowndes

CONSTRUCTION AUTHORIZATION DATE 5-24-18 EHS Shad Lowndes

Visit www.franklincountyenvironmentalhealth.com for permit information and tracking.

Franklin County Health Department

Name: EMERSON HOMES

Permit Number

10268

CONTRACTOR Phillip Blackley TANK MANU Mills-1000 MANU DATE 6-20-18
WELL INSTALLED YES NO ✓ SYSTEM CODE EZ1203-N-G

WELL INSTALLED YES

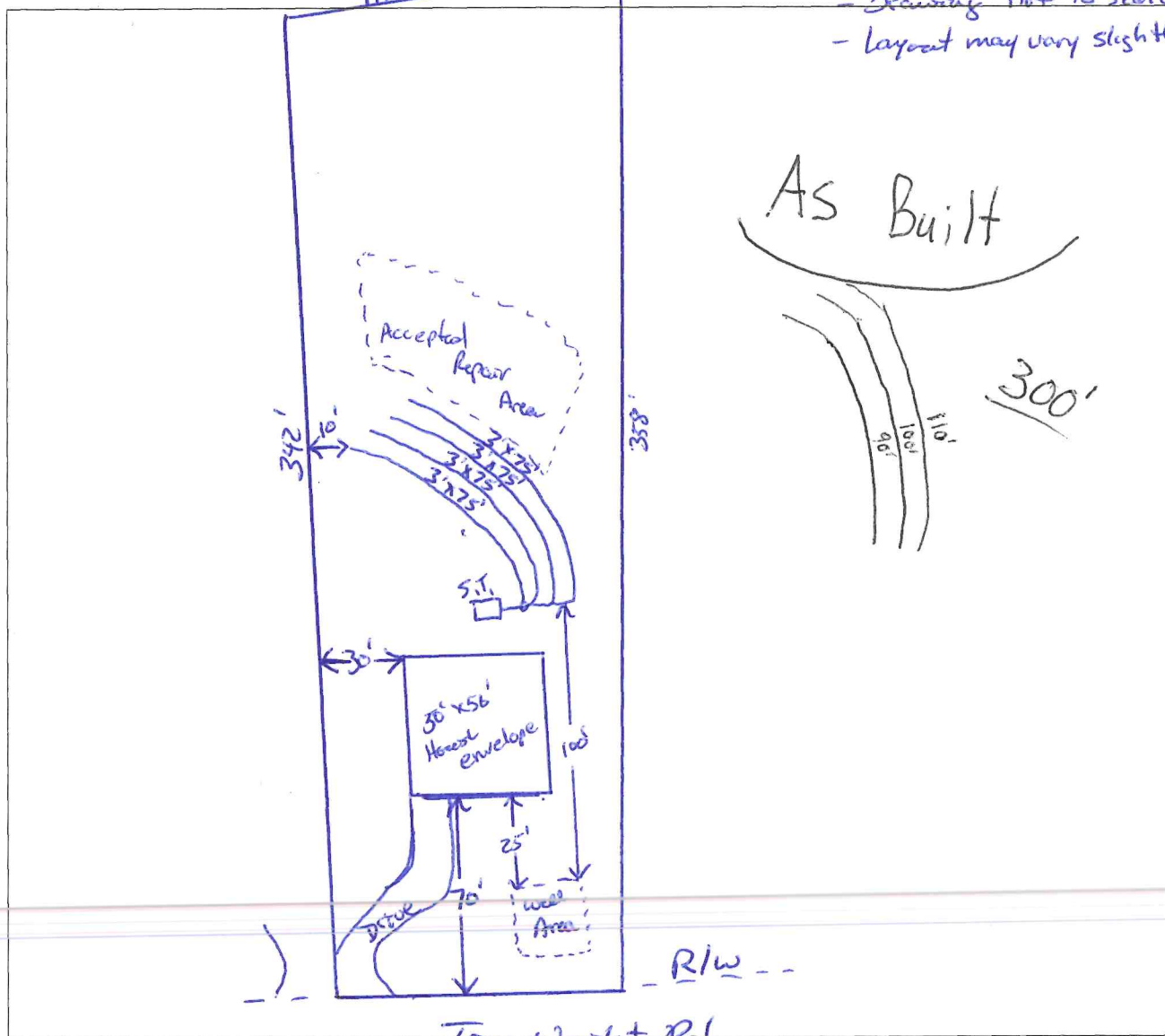
NO ☒

SYSTEM CODE

EZ1203-N-G

SEPTIC SYSTEM LAYOUT

(SKETCH SYSTEM LAYOUT HERE)



SEPTIC SYSTEM AS-BUILT

(IF DIFFERENT FROM INITIAL LAYOUT)

ON REVERSE

OPERATIONS PERMIT

DATE _____

9-24-18

EHS

Joel Berdel



COUNTY OF FRANKLIN

ENVIRONMENT HEALTH APPLICATION (496-8100)

Permit #: 48720

Permit Type: WELL

Date Issued: 05/30/2018

Project Address: 195 TOM WRIGHT RD, FRANKLINTON, NC 27525

Location: 195 TOM WRIGHT RD

Size #: 0.950

Subdivision:

Lot #: 4

Applicant: EMERSON HOMES, LLC
3067 SAM MOSS HAYES RD
OXFORD NC 27565

Phone: 919-218-8213

Owner Name:

Phone:

Address:

Tax record: 43559

Pin #: 1845-39-3978

Parcel #: B03 00 004F

Zoned: AR

Setbacks Front:

Rear:

Side:

Proposed Use: WELL

of bedrooms:

of people:

Township: FRNK

Public Water/Sewer:

Desc:

Fees Due: \$400.00

Date Paid: 05/30/2018

* 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 ☐ Accepted ☐ Modified Conventional ☐ Alternative
☐ 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 and well permit 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.)

Please contact the Environmental Health Department at 919.496.8100 or visit their website at www.franklincountyenvironmentalhealth.com 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.

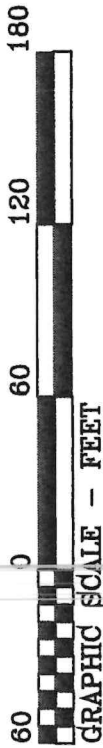
I also certify that all of the statements made in this application and any attached documents are true, complete, and correct, to the best of my knowledge and belief, and are made in good faith. If information in this application for these improvements is falsified, changed or site is altered, then improvement 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 release information upon public request.

X JOKE CURTIS

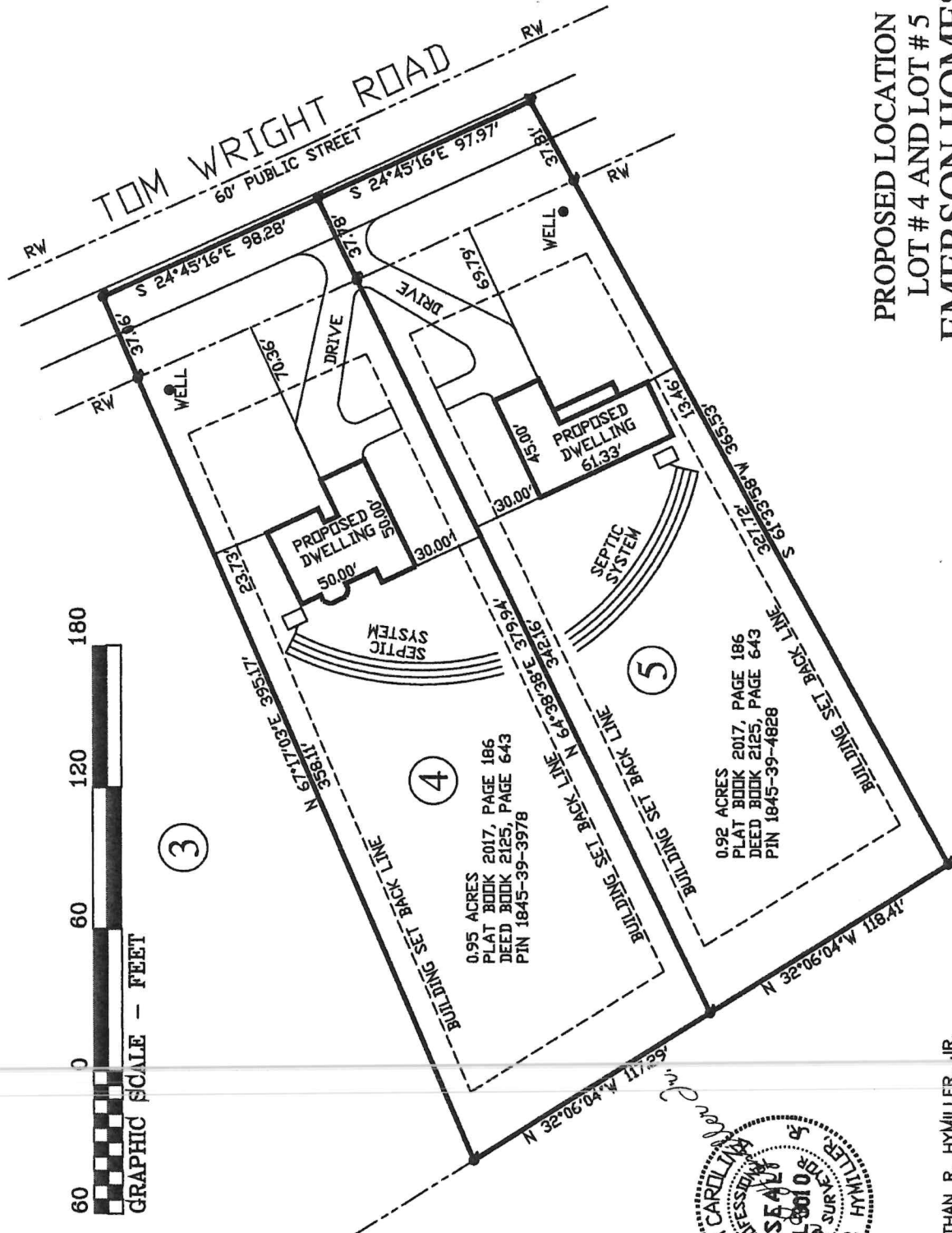
05/30/2018

Print & Signature of Owner or Owner's Legal Representative

NORTH RELATIVE TO PLAT BOOK 2017, PAGE 186



GRAPHIC SCALE - FEET



TOM WRIGHT ROAD
60' PUBLIC STREET

PROPOSED LOCATION
LOT # 4 AND LOT # 5
EMERSON HOMES
FRANKLINTON TOWNSHIP
FRANKLIN COUNTY, NORTH CAROLINA



NATHAN R. HYMILLER, JR.
PROFESSIONAL LAND SURVEYOR
130 WES SANDING ROAD
FRANKLINTON N. C. 27525
919/494-7483

PREPARED BY NRH SCALE ONE INCH = SIXTY FEET
DATE MAY 6, 2018 FILE # LOT 4 AND 5



COUNTY OF FRANKLIN

ENVIRONMENT HEALTH APPLICATION (496-8100)

264420

Permit #: 48514

Permit Type: SEPTIC PERMIT

Date Issued: 05/11/2018

Project Address: TOM WRIGHT RD, FRANKLINTON, NC 27525

Location: TOM WRIGHT RD

Size #: 0.950

Subdivision:

Lot #: 4

Applicant: EMERSON HOMES
3067 SAM MOSS HAYES RD
OXFORD NC 27565

Phone: 919-218-8213

Owner Name:

Phone:

Address:

Tax record: 43559

Pin #: 1845-39-3978

Parcel #: B03 00 004F

Zoned: AR

Setbacks Front: 30

Rear: 25

Side: 10

Proposed Use: SFD

of bedrooms: 3

of people: 3

Township: FRNK

Public Water/Sewer:

Desc: 1845-39-3978

Fees Due: \$400.00

Date Paid: 05/11/2018

* 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 ☐ Accepted ☐ Modified Conventional ☐ Alternative
☐ 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 and well permit 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.)

Please contact the Environmental Health Department at 919.496.8100 or visit their website at www.franklincountyenvironmentalhealth.com 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 release information upon public request.

X

JAKE LUTTS

Print & Signature of Owner or Owner's Legal Representative

05/11/2018



COUNTY OF FRANKLIN
ENVIRONMENT HEALTH APPLICATION (496-8100)

Lot Preparation

The applicant is responsible for preparing for a site evaluation by an Environmental Health Specialist.

The applicant must address EACH of the items listed below prior to the evaluation. (Note: A separate application and site plan must be submitted for each proposed septic system/lot. An individual evaluation may encompass an area up to 3 acres in size.)

1. **Site Plan:** A site plan must be submitted with your application. the site plan must show property dimensions, the desired location and size of proposed structures (including decks, storage buildings, sheds, pools, etc), driveways, and jurisdictional wetlands (if applicable.) A sample site plan is available upon request.
2. **Property Lines:** All property lines and corners within 250 feet of the proposed house site must be clearly marked and readily identifiable. If you are proposing to subdivide property, the proposed property lines must be clearly marked.
3. **Clearing:** In order to conduct a site evaluation, the lot must be easily accessible. If fallen trees, underbrush, or other obstacles prevent free movement across the property, then clearing will be required. Soil disturbance must be minimized during the clearing process in order to avoid removing natural soil and adversely affecting site/soil characteristics.
4. **House/structure:** The proposed location of a house or any other structure must be marked on the property.
5. **Confirmation:** Once all the items listed above have been completed, the applicant may contact Franklin County Environmental Health (919-496-8100) for evaluation. The Environmental Health Specialist assigned to evaluate your lot will give you a time of when your lot evaluation should be completed.

Important:

** If a site plan is incomplete or changes are made after the on-site evaluation, a \$50.00 revisit fee may be assessed.

** If an Environmental Health Specialist arrives at the property and a site evaluation cannot be conducted because the site has not been prepared as required, the applicant will be notified and the application placed in "Inactive" status.

**After the site has been properly prepared, the applicant may contact Environmental Health for the application to become active again.

**A revisit fee (\$50.00) may be assessed prior to scheduling another visit to the property.

If you have any questions regarding the information listed above, please feel free to contact our office at 919-496-8100. Our office hours are Monday - Friday, from 8:00AM to 5:00PM.

My signature below indicates that I have read the information listed above and that the property will be prepared for an evaluation in accordance with these instructions before scheduling an evaluation. I understand that if the conditions outlined above have not been met, the application will be placed on "Inactive" status and a \$50.00 revisit fee may be assessed before rescheduling.

Location: **TOM WRIGHT RD**

X

JAKE CURTIS

05/11/2018

Print & Signature of Owner or Owner's Legal Representative

Franklin County Development Permit

RESIDENTIAL

Zoning Permit #: X1588

ADDRESS: TOM WRIGHT RD

PARCEL NO.: 1845-39-3978

ZONING: AR

SUBDIVISION:

LOT: 4

ISSUED TO: EMERSON HOMES
3067 SAM MOSS HAYES RD
OXFORD, NC 27565

PHONE NUMBER: 919-218-8213

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

COUNTY WATER: NO FLOODPLAIN: NO MISC FEE:

PERMIT TYPE: ZONING PERMIT

TYPE OF CONSTRUCTION: SFD - NEW SEPTIC

PERMIT DATE: 05/11/2018

WATERSHED NO

TOWNSHIP FRNK

EXPIRE DATE: 11/11/2018

3/3

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:

[Signature]

UTILITY COMPANY: PROGRESS ENERGY WAKE ELECTRIC OTHER

NUMBER OF STORIES: 1 1 1/2 2 2 1/2

SQUARE FOOTAGE: HEATED 1580 UNHEATED 506 TOTAL 2086

BASEMENT: YES _____ NO ✓

FIREPLACE: NO _____ MASONRY _____ MANUFACTURED ✓

PLAN SETS: MODULAR _____ STICKBUILT ✓

NAME OF:

ELECTRICIAN: J. CARTER ELECTRIC MECHANICAL: SELECT HVAC

PLUMBING: WATKINS PLUMBING

COST OF CONSTRUCTION: \$150,000.00

NO MORE THAN 2 STRUCTURAL DEVIATIONS OR PLANS MUST BE REDRAWN

DEPARTMENTAL USE ONLY

	INITIALS (IN)	DATE	INITIALS (OUT)	DATE
ZONING	<u>AR</u>	<u>5/11/18</u>	_____	_____
INITIAL PERMITTING	_____	_____	_____	_____
ADDRESSING	_____	_____	_____	_____
PLAN REVIEW	_____	_____	_____	_____
FIRE REVIEW	_____	_____	_____	_____
SEPTIC/SEWER	_____	_____	_____	_____
FINAL PERMITTING	_____	_____	_____	_____

