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

Phone: 919-496-8100 **Fax: 919-496-8136**

Fax Debra Brownsm

SEPTIC PERMIT

Permit Number: 4992 Type: I PIN : 22869-44-349 Date: 6/11/2009

Applicant: MARILYN GARDNER
2741 US HWY 1/HWY 158
HENDERSON, NC 27536
Telephone: (252) 492-5017

Owner: MARILYN GARDNER
2741 US HWY 1/HWY 158
HENDERSON, NC 27536
Telephone: (252) 492-5017

Subdivision: Lot Number: Size: 2.000

Physical Address/ Location /Directions VAIDEN RD

Description: LifeTime _____ 5 Year _____

TYPE FACIL SFD # EMPLOY 1 # BEDRMS 4 GPD 480 LTAR .35 acc

TYPE WAT Priv TYPE SYS I TYPE REP Pot BSMT N BST FX N/A

SIZE TANK 1000 SIZE CHB 1 SIZE NITR 3x350 MTD 30"

COMMENTS 350' Innovative / Accepted

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 6/12/09 EHS _____

CONSTRUCTION AUTHORIZATION DATE 6/12/09 EHS _____

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

Franklin County Health Department

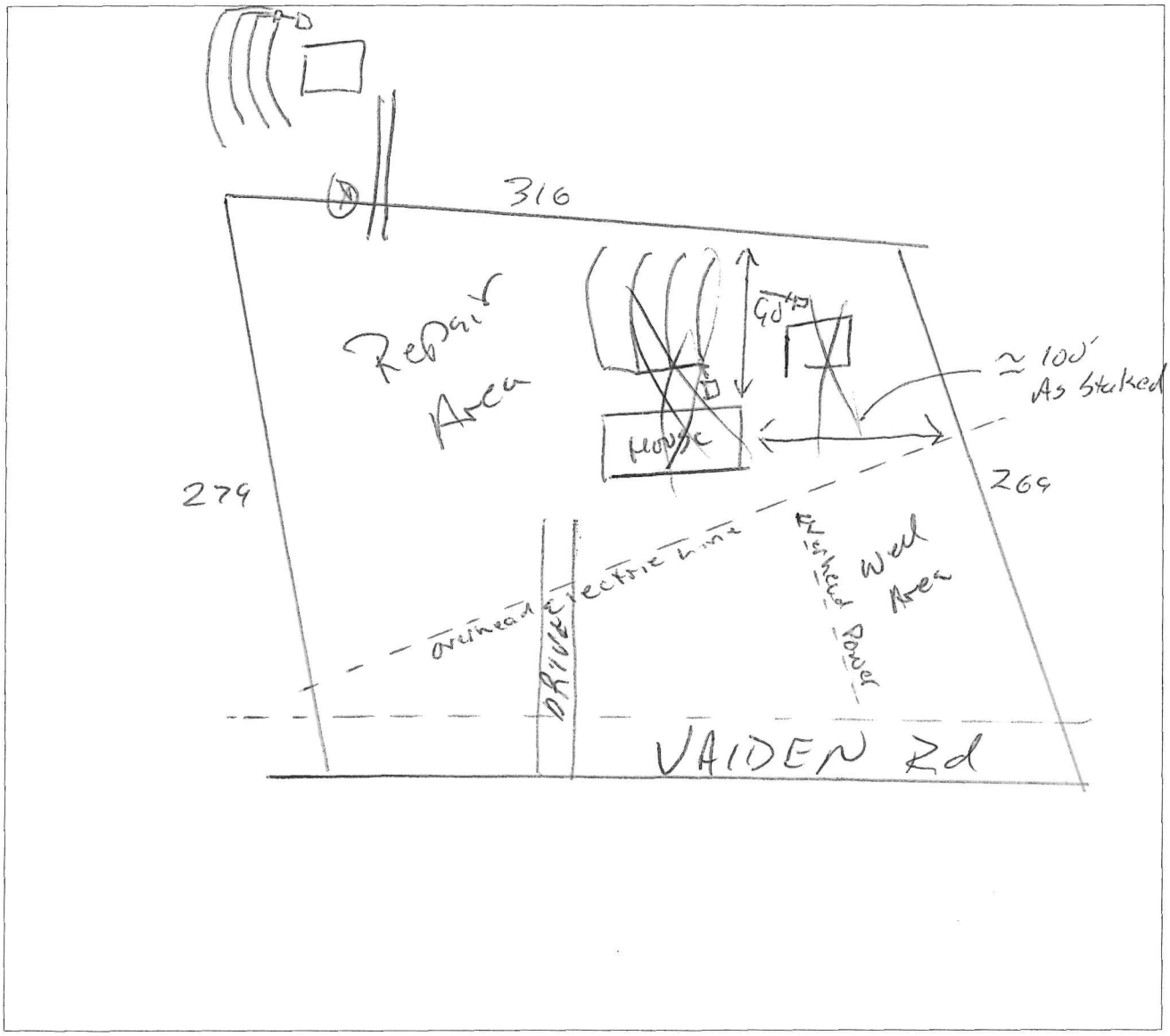
Name: GARDNER Permit Number 4992

CONTRACTOR Lin Cole TANK MANU Ellis 1700 MANU DATE 7/16/9

WELL INSTALLED YES X NO _____ SYSTEM CODE GTR

SEPTIC SYSTEM LAYOUT

(SKETCH SYSTEM LAYOUT HERE)



SEPTIC SYSTEM AS-BUILT

(IF DIFFERENT FROM INITIAL LAYOUT)

ON REVERSE

OPERATIONS PERMIT DATE 3/24/10 EHS _____

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

Phone: 919-496-8100 **Fax: 919-496-8136**

Well Permit

Permit Number: 4992 Type: N PIN : 22869-44-349 Date: 6/11/2009

Applicant: MARILYN GARDNER
2741 US HWY 1/HWY 158
HENDERSON, NC 27536
Telephone: (252) 492-5017

Owner: MARILYN GARDNER
2741 US HWY 1/HWY 158
HENDERSON, NC 27536
Telephone: (252) 492-5017

Subdivision: Lot Number: Size: 2.000

Physical Address/ Location /Directions VAIDEN RD

WELL INFORMATION:

WELL TYPE: Drilled D WELL DEPTH: 125' FT WELL YIELD: 10 GPM

STAT LEVEL: 30 FT CASE TYPE: Ovr (Grout Shoe) P CASE DEPTH: 52' FT

COMMENTS

Well drilling contractors are responsible for notifying the Health Department for grouting inspections. The well driller or pump installer is responsible for requesting the well head inspection. Calls must be made to the Health Department between 8:00-9:00 AM on the day of the inspection, Monday-Friday. Any request for grouting or well head inspections requested afterwards will be scheduled the same day, if possible, or the next workday. Have permit number and owner/applicants 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 as to the quality or quantity of water produced by the well.

A well construction permit or repair permit shall be valid for a period of five years, except that the Health Department may revoke a permit, at any time, if it determines that there has been a material change in any fact or circumstance upon which the permit is issued. The validity of a construction permit or repair permit shall not be affected by a change in ownership of the site on which a private drinking water well is proposed to be located. The Health Department may suspend or revoke any permits issued upon a determination that the provisions of these regulations have been violated.

CONSTRUCTION AUTHORIZATION DATE: 6/12/09 EHS:

GROUT INSPECTION DATE: 3/1/10 EHS:

WELL HEAD INSPECTION DATE: 3/9/10 EHS:

CERTIFICATE OF COMPLETION DATE: 3/9/10 EHS:

Franklin County Health Department

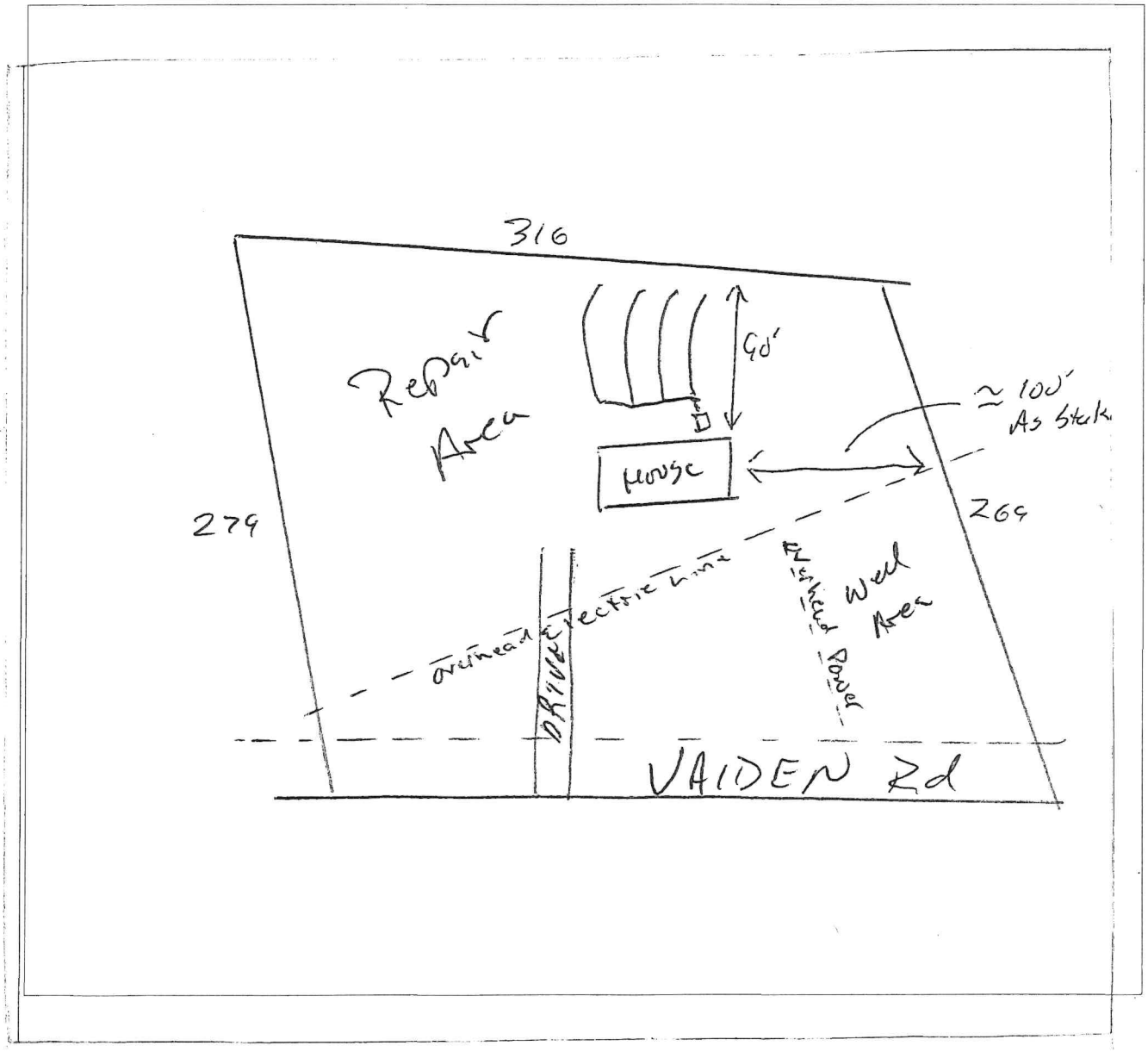
Name: GARDNER Permit Number 4992

LOCATION LAT N 36 ° ' LONG W 78 ° 0 '

WELL DRILLING CONTRACTOR: Stephenson REG #: 4992 0

PUMP INSTALLER: REG #: 0

SEPTIC SYSTEM LAYOUT AND WELL LOCATION



RESIDENTIAL WELL CONSTRUCTION RECORD

North Carolina Department of Environment and Natural Resources- Division of Water Quality

WELL CONTRACTOR CERTIFICATION # 2423-A

1. WELL CONTRACTOR:
James D Stephenson Sr.
Well Contractor (Individual) Name
Stephenson's Well Drilling, Inc.
Well Contractor Company Name
1158 Cash Road
Street Address
Creedmoor NC 27522
City or Town State Zip Code
(919) 528-1679
Area code Phone number

2. WELL INFORMATION:
WELL CONSTRUCTION PERMIT# #4992
OTHER ASSOCIATED PERMIT#(if applicable)
SITE WELL ID #(if applicable)

3. WELL USE (Check Applicable Box): Residential Water Supply ☑
DATE DRILLED 3-1-10
TIME COMPLETED 11 AM ☑ PM ☐

4. WELL LOCATION:
CITY: Louisburg COUNTY FRANKLIN
VAIDEN Rd.
(Street Name, Numbers, Community, Subdivision, Lot No., Parcel, Zip Code)
TOPOGRAPHIC / LAND SETTING: (check appropriate box)
☐Slope ☐Valley ☑Flat ☐Ridge ☐Other
LATITUDE 36 °12.223 " DMS OR 3x.xxxxxxxx DD
LONGITUDE -78°06.224 " DMS OR 7x.xxxxxxxx DD
Latitude/longitude source: ☑GPS ☐Topographic map
(location of well must be shown on a USGS topo map andattached to this form if not using GPS)

5. WELL OWNER
OAKWOOD HOMES
Owner Name
2741 U.S.#1 Hwy. 158
Street Address
Henderson N.C. 27536
City or Town State Zip Code
(252) 492-5017
Area code Phone number

6. WELL DETAILS:
a. TOTAL DEPTH: 125'
b. DOES WELL REPLACE EXISTING WELL? YES ☐ NO ☑
c. WATER LEVEL Below Top of Casing: 30 FT.
(Use "+" if Above Top of Casing)
d. TOP OF CASING IS 1 FT. Above Land Surface*
*Top of casing terminated at/or below land surface may require a variance in accordance with 15A NCAC 2C .0118.
e. YIELD (gpm): 10 METHOD OF TEST Gauge
f. DISINFECTION: Type HTH Amount 1 lbs

g. WATER ZONES (depth):
Top 65 Bottom 65 Top Bottom
Top Bottom Top Bottom
Top Bottom Top Bottom

7. CASING:

Depth		Diameter	Thickness/ Weight	Material
Top 0	Bottom 56 Ft.	6 1/8	SDR21	PVC
Top 56	Bottom 58 Ft.	6 1/8	.188	GALV.
Top	Bottom Ft.			

8. GROUT:

Depth		Material	Method
Top 0	Bottom 20 Ft.	Concrete	Pour
Top	Bottom Ft.		
Top	Bottom Ft.		

9. SCREEN:

Depth		Diameter	Slot Size	Material
Top N/A	Bottom Ft.	in.	in.	
Top	Bottom Ft.	in.	in.	
Top	Bottom Ft.	in.	in.	

10. SAND/GRAVEL PACK:

Depth		Size	Material
Top N/A	Bottom Ft.		
Top	Bottom Ft.		
Top	Bottom Ft.		

11. DRILLING LOG

Top	Bottom	Formation Description
0	1	Top Soil
1	52	Red Soil
52	125	Rock

12. REMARKS:

I DO HEREBY CERTIFY THAT THIS WELL WAS CONSTRUCTED IN ACCORDANCE WITH 15A NCAC 2C, WELL CONSTRUCTION STANDARDS, AND THAT A COPY OF THIS RECORD HAS BEEN PROVIDED TO THE WELL OWNER.

James D Stephenson Sr. 3-1-10
SIGNATURE OF CERTIFIED WELL CONTRACTOR DATE

James D Stephenson Sr.
PRINTED NAME OF PERSON CONSTRUCTING THE WELL

Submit within 30 days of completion to: Division of Water Quality - Information Processing, 1617 Mail Service Center, Raleigh, NC 27699-161, Phone : (919) 807-6300

Form GW-1a
Rev. 2/09

4992

COUNTY OF FRANKLIN

ENVIRONMENT HEALTH APPLICATION (496-8100)

Permit #: **25825** Permit Type: **WELL/SEPTIC** Date Issued: **06/10/2009**

Project Address: **VAIDEN RD,**

Location: **VAIDEN RD** Size #: **2.000**

Subdivision: Lot #:

Applicant: **GARDNER MARILYN**
2741 US HWY 1/HWY 158
HENDERSON NC 27536
Phone: **252.492.5017**

Owner Name: GARDNER MARILYN Phone:
Owners Address:

Tax record: **40970** Pin #: **2869-44-3493** Parcel #: **N01 00 084A**

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

Proposed Use: **DOUBLEWIDE** # of bedrooms: **4** # of people: **3**

Township: **GOLD MINE** Public Water/Sewer: **PRIVATE** ST Road #:

Desc: Fees Due: **$650.00** Date Paid: **06/10/2009**

*** 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 contacting the Planning & Inspections Department.

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 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 Erwin R Faulkner Erwin R Faulkner 06/10/2009

Print & Signature of Owner or Owner's Legal Representative

Franklin County DRC Permit

Zoning Permit #: 14616

RESIDENTIAL

ADDRESS: **VAIDEN RD**

PARCEL NO.: **2869-44-3493** ZONING: **A R**

SUBDIVISION:

ISSUED TO: **GARDNER MARILYN**
2741 US HWY 1/HWY 158
HENDERSON, NC 27536

PHONE NUMBER: **252-492-5017**

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

COUNTY WATER: **NO** FLOODPLAIN: **NO** MISC FEE:

PERMIT TYPE: **ZONING PERMIT**

TYPE OF CONSTRUCTION: **DOUBLEWIDE - NEW SEPTIC**

PERMIT DATE: **06/10/2009** WATERSHED **NO**

TOWNSHIP **GOL** EXPIRE DATE: **12/10/2009**

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 ENERGY WAKE ELECTRIC OTHER

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

SQUARE FOOTAGE: HEATED _____ UNHEATED _____ TOTAL _____

BASEMENT: YES _____ NO _____

FIREPLACE: NO _____ MASONARY _____ MANUFACTURED _____

PLAN SETS: MODULAR _____ STICKBUILT _____

NAME OF:

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	TCOB	6/10/09		
INITIAL PERMITTING				
ADDRESSING				
PLAN REVIEW				
FIRE REVIEW				
SEPTIC/SEWER				
FINAL PERMITTING				

IS RELATIVE TO P.B. 7, PAGE 60
RECORDED SURVEY BY THIS FIRM,
MAY 3rd, 1993, AND BEARING
93-F-M-16-L, AND ENTITLED;
'Y FOR WILBERT G. SOLOMAN"

CES:
' 1137, PAGE 40
P.B. 7, PAGE 60
#013060

SHOWN HEREON IS

S ARE;
RONT SETBACK
DE SETBACK
EAR SETBACK

WILBERT GLENN SOLOMAN &
INA A. SOLOMAN
c/o TONY G. SOLOMAN
D.B. 735, PAGE 323
D.B. 720, PAGE 263
TRACT #6, M.B. 7, PAGE 60
PARCEL ID #013418

"VADEN ROAD"

S.R. 1442

TO S.R. 1407
(SCHLOSS ROAD)

R/W

C/L

EPK

EIP

MNL IN C/L OVER A
ROADWAY CULVERT

MNL

N 40°55'53"W
180.76' (TIE)

29.97'

NIP

3.92'

N 40°55'53"W
216.98' (TOTAL)

213.06'

N 38°19'59"E 279.40' (TOTAL)

249.43'

IDA LOGAN HOWARD & SARA
D.B. 1137, PAGE 40
TRACT #7, M.B. #7, PA
REMAINING AREA OF PARENT PARCEL
PARCEL ID. #013060

P/L+/-

R/W

PP

EPK

30 foot FRONT SETBACK

10 foot SIDE SETBACK

2.00 ACRES

N 40°18'36"W
133.73'

EPK-CONTROL
CORNER

EIP-CONTROL
CORNER

WANDA C. WILLIAMS - IN TRUST FOR SIMONE' BOSS
D.B. 1571, PAGE 687
PARCEL ID #013574

60' PUBLIC R/W

S 40°46'29"E 295.87' (TIE)

31.74'

EIP

237.31'

S 30°08'59"W
(TOTAL) 269.05'

10 foot SIDE SETBACK

25 foot REAR SETBACK

S 37°02'31"E 316.25'

S.R. 1442

NANNIE RICHARDSON
D.B. 933, PAGE 200
SEE PLAT IN D.B. 830, PAGE 564

HERMAN THOMAS, SADIE THOMA
D.B. 1663, PAGE
TRACT #6, P.R.F. #3, SL
PARCEL ID #0133

NOTE:

PER FRANKLIN COUNTY PLANNING AN
THE SUBJECT PARCEL SHOWN "IS NO