

Fax 478-5569

**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: 3065 Type: I PIN: 2831-64-3310 Date: 10/27/2006
 Applicant: JOEL & SHIRLEY DAY Owner: ANDREW D & GWENDOLYN H LOVE
 1875 FLOCK CT 4055 VILLAGAE PLACE
 MIDDLEBURG, FL 32068 WINSTON SALEM, NC 27127
 Telephone: (252) 478-5608 Telephone:
 Subdivision: LAKE ROYALE Lot Number: 1201C Size: 1

Physical Address/ Location /Directions 108 LIGHTFOOT DR

Description: LifeTime _____ 5 Year X

TYPE FACIL Compt IRU # EMPLOY 1 # BEDRMS 1 GPD 240 LTAR .35^{1/2}
 TYPE WAT Com TYPE SYS I TYPE REP N/A BSMT N BST FX N/A
 SIZE TANK 900 SIZE CHB 1 SIZE NITR 3'x180 MTD 30"

COMMENTS * Note location of Compt/septic system on permit

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 11/15/06 EHS

CONSTRUCTION AUTHORIZATION

DATE 11/15/06 EHS

Franklin County Health Department

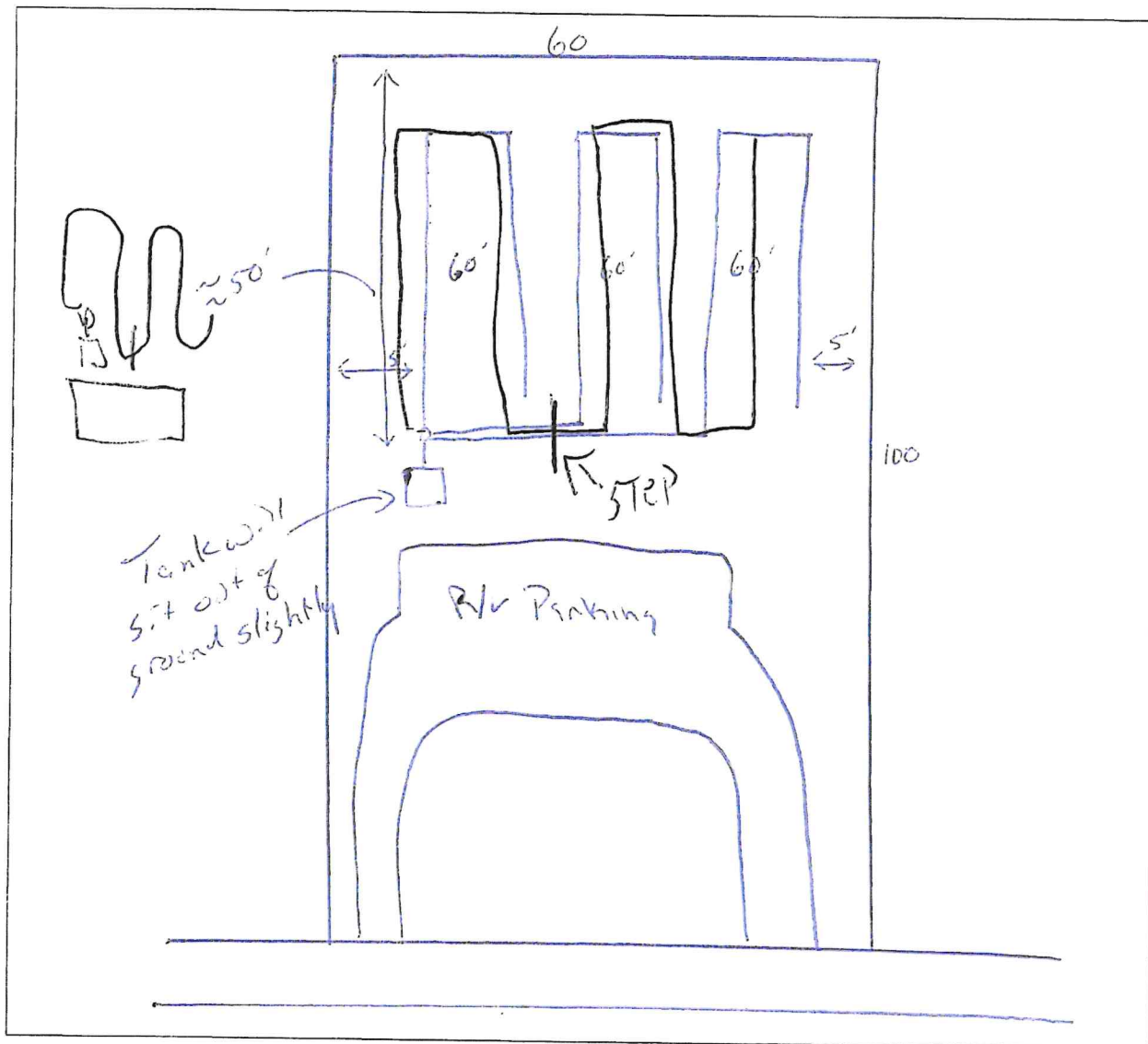
Name: DAY

Permit Number

3065

CONTRACTOR Dave B. Willey TANK MANU DOB1000 MANU DATE 8/25/04
 WELL INSTALLED YES NO SYSTEM CODE EZ 1203-N-G

SEPTIC SYSTEM LAYOUT (SKETCH SYSTEM LAYOUT HERE)



SEPTIC SYSTEM AS-BUILT

(IF DIFFERENT FROM INITIAL LAYOUT)

ON REVERSE

OPERATIONS PERMIT

DATE

2/9/07

EHS

[Signature]

ENVIRONMENT HEALTH APPLICATION (496-8100)

Permit #: 19299

Permit Type: SEPTIC PERMIT

Date Issued: 10/26/2006

Project Address: 108 LIGHTFOOT DR, LOUISBURG, NC 27549

Location: 108 LIGHTFOOT DR

Subdivision: LAKE ROYALE

Size #: 1.000

Lot #: 1201C

Applicant: DAY JOEL & SHIRLEY
1875 FLOCK CT
MIDDLEBURG FL 32068

Phone: 252-478-5608

Owner: LOVE ANDREW D & GWENDOLYN H
4055 VILLAGAE PLACE
WINSTON SALEM, NC 27127

Phone:

Tax record: 21612

Pin #: 2831-64-3310

Parcel #: LR0707 1201

Zoned: A R Setbacks Front: 30

Rear: 5

Side: 5

Proposed Use: CAMPER

of bedrooms:

of people:

Township: CYPRESS

Public Water/Sewer: TESI (LK ROY)

ST Road #:

Desc:

Fees Due: \$275.00

Date Paid: 10/26/2006

* 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 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.

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 MICIA Wilson Micia Wilson
 Print & Signature of Owner or Owner's Legal Representative

10/26/2006

Franklin County DRC Application

RESIDENTIAL

Zoning Permit #: 11614



ADDRESS: **108 LIGHTFOOT DR**
 PARCEL NO.: **2831-64-3310** ZONING: **A R**
 SUBDIVISION: **LAKE ROYALE** LOT: **1201C**
 ISSUED TO: **DAY JOEL & SHIRLEY**
1875 FLOCK CT
MIDDLEBURG, FL 32068
 PHONE NUMBER: **252-478-5608**
 SETBACK: FRONT: **30** RIGHT: **5** LEFT: **5** REAR: **5**
 COUNTY WATER: **TESI** FLOODPLAIN: **NO** MISC FEE:
 PERMIT TYPE: **ZONING PERMIT**
 TYPE OF CONSTRUCTION: **CAMPER - NEW SEPTIC**
 PERMIT DATE: **10/26/2006** WATERSHED **NO**
 TOWNSHIP **CYP** EXPIRE DATE: **04/26/2007**

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:

[Handwritten 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 _____ MASONRY _____ MANUFACTURED _____
 PLAN SETS: MODULAR _____ STICKBUILT _____

NAME OF:

ELECTRICIAN: _____ MECHANICAL: _____

PLUMBING: _____

COST OF CONSTRUCTION: _____

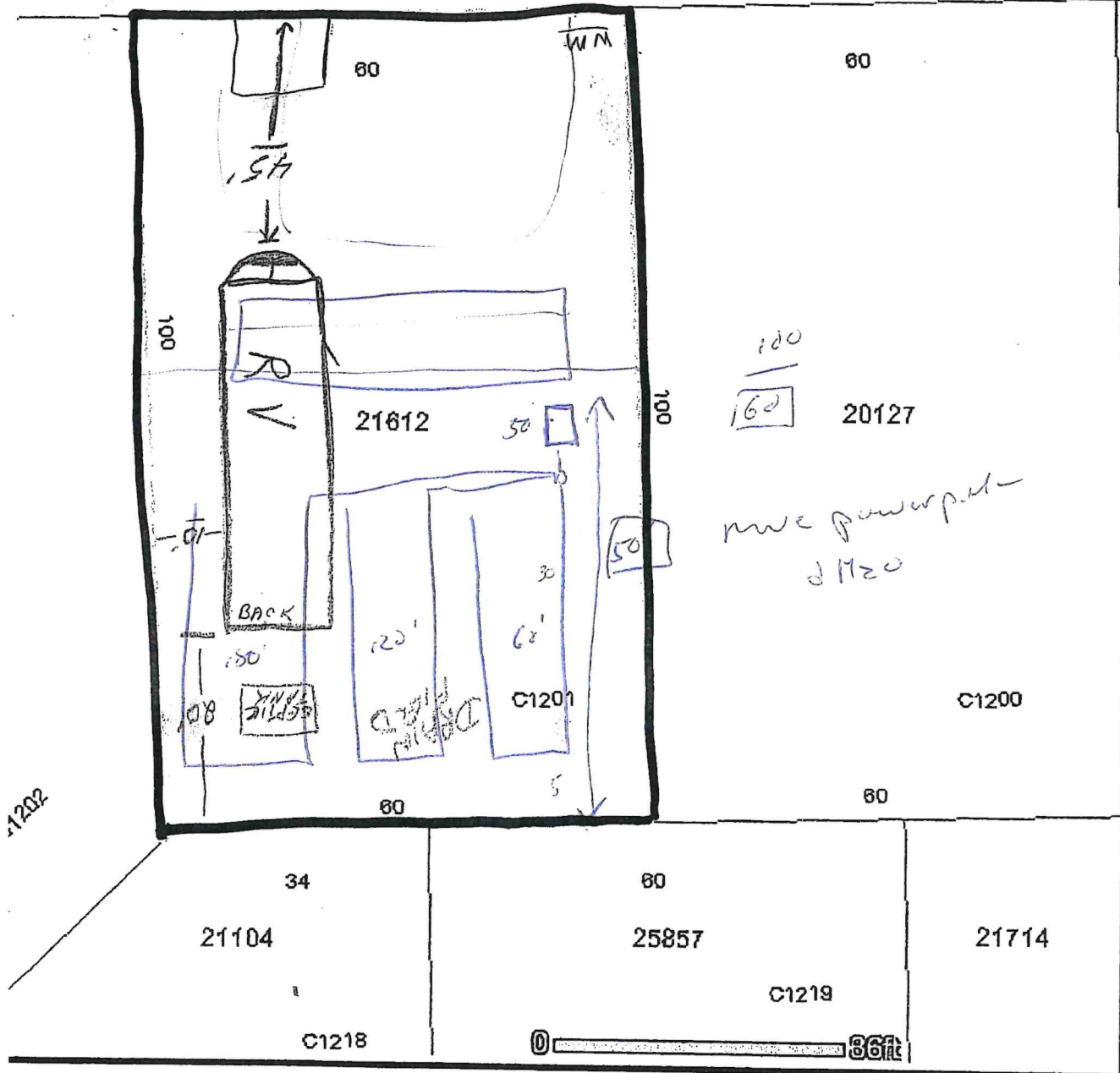
NO MORE THAN 2 STRUCTURAL DEVIATIONS OR PLANS MUST BE REDRAWN

DEPARTMENTAL USE ONLY

	INITIALS (IN)	DATE	INITIALS (OUT)	DATE
ZONING	<i>TWD</i>	<i>10/26/06</i>	_____	_____
INITIAL PERMITTING	_____	_____	_____	_____
ADDRESSING	_____	_____	_____	_____
PLAN REVIEW	_____	_____	_____	_____
FIRE REVIEW	_____	_____	_____	_____
SEPTIC/SEWER	_____	_____	_____	_____
FINAL PERMITTING	_____	_____	_____	_____

Street
Lightfoot

- Legend:
- Select
 - Address
 - Roads
 - Parcel
 - Volunt
 - Citylim
 - County



APPLICANT Joel Day
WATER SUPPLY Cmn
LOCATION/DIRECTIONS LR 120.

FACTORS

PROFILES							
		1	2	3	4	5	6
LANDSCAPE POSITION	1940	SS					
SLOPE (%)	1940						
HORIZON I DEPTH	1943	0-2	0-28				
TEXTURE	1941(a) (1)	s.c.	c				
CONSISTENCE	1941	Vf/r	F/S/P				
STRUCTURE	1941(a)(2)	Cr	SBK				
CLAY MINEROLOGY	1941(a)(3)	NXP	SLXP				
HORIZON II DEPTH	1943	2-36	28-44				
TEXTURE	1941(a) (1)	C	s.c.				
CONSISTENCE	1941	P/S/P	VF/F/S/P				
STRUCTURE	1941(a)(2)	SBK	SBK/Cr				
CLAY MINEROLOGY	1941(a)(3)	SLXP	SLXP				
HORIZON III DEPTH	1943	36-46					
TEXTURE	1941(a) (1)	s.c./BAP					
CONSISTENCE	1941	F/Fr					
STRUCTURE	1941(a)(2)	SBK/Cr					
CLAY MINEROLOGY	1941(a)(3)	SLXD					
HORIZON IV DEPTH	1943						
TEXTURE	1941(a) (1)						
CONSISTENCE	1941						
STRUCTURE	1941(a)(2)						
CLAY MINEROLOGY	1941(a)(3)						
WETNESS	1941						
RESTRICTIVE HORIZON	1944	/	/				
ROCK TYPE	1943/1956						
CLASSIFICATION	1948	P ₁	P ₂				
R (gpd/ft ²)	1955	135	135				
PERMEABILITY FACTORS (1946)	1951	Avg. available space		SITE LTAR (gpd/ft ²)	35		
AVAILABLE SPACE (1945)	1951			SYSTEM TYPE	INCON		
CLASSIFICATION (1948)	PS			OTHERS PRESENT			
ESTIMATED BY:							

AVAILABLE SPACE (1945)

CLASSIFICATION (1948)

EVALUATED BY:

SITE LTAR (gpd/ft²)

SYSTEM TYPE

OTHERS PRESENT

TRANSACTION REPORT

NOV-16-2006 THU 09:50 AM

TX (MEMORY)

#	DATE	START TM	RECEIVER	COM TIME	PGS	TYPE/NOTE	DEPT	FILE
1	NOV-16	09:49 AM	92524785569	0:00:30	2	SG3 OK		345
TOTAL				0:00:30	2			

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