@ 11:30 252 478 5569

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**

SEPTIC PERMIT

Permit Number: 8186 Type: I PIN : 2800-75-5000 Date: 6/18/2015

Applicant: RANDALL SHIRLEY BUILDERS
294 TRIPLE CROWN RUN
LOUISBURG, NC 27549
Telephone: (919) 795-7965

Owner: K & H INVESTMENT GROUP
6820 BUCK RD
WENDELL, NC 27591
Telephone:

Subdivision: CHRIS RIDGE Lot Number: 5 Size: 0.740

Physical Address/ Location /Directions 10 CHRIS RIDGE WAY

Description: LifeTime _____ 5 Year X

TYPE FACIL Res # EMPLOY N/A # BEDRMS 3 GPD 360 LTAR .35

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

SIZE TANK 1000 SIZE CHB N/A SIZE NITR 260 MTD 36

COMMENTS: Installed 3'x360' enough for 4 BR

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 3/9/16 EHS Charles Vaughn

CONSTRUCTION AUTHORIZATION DATE 3/9/16 EHS Charles Vaughn

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

Franklin County Health Department

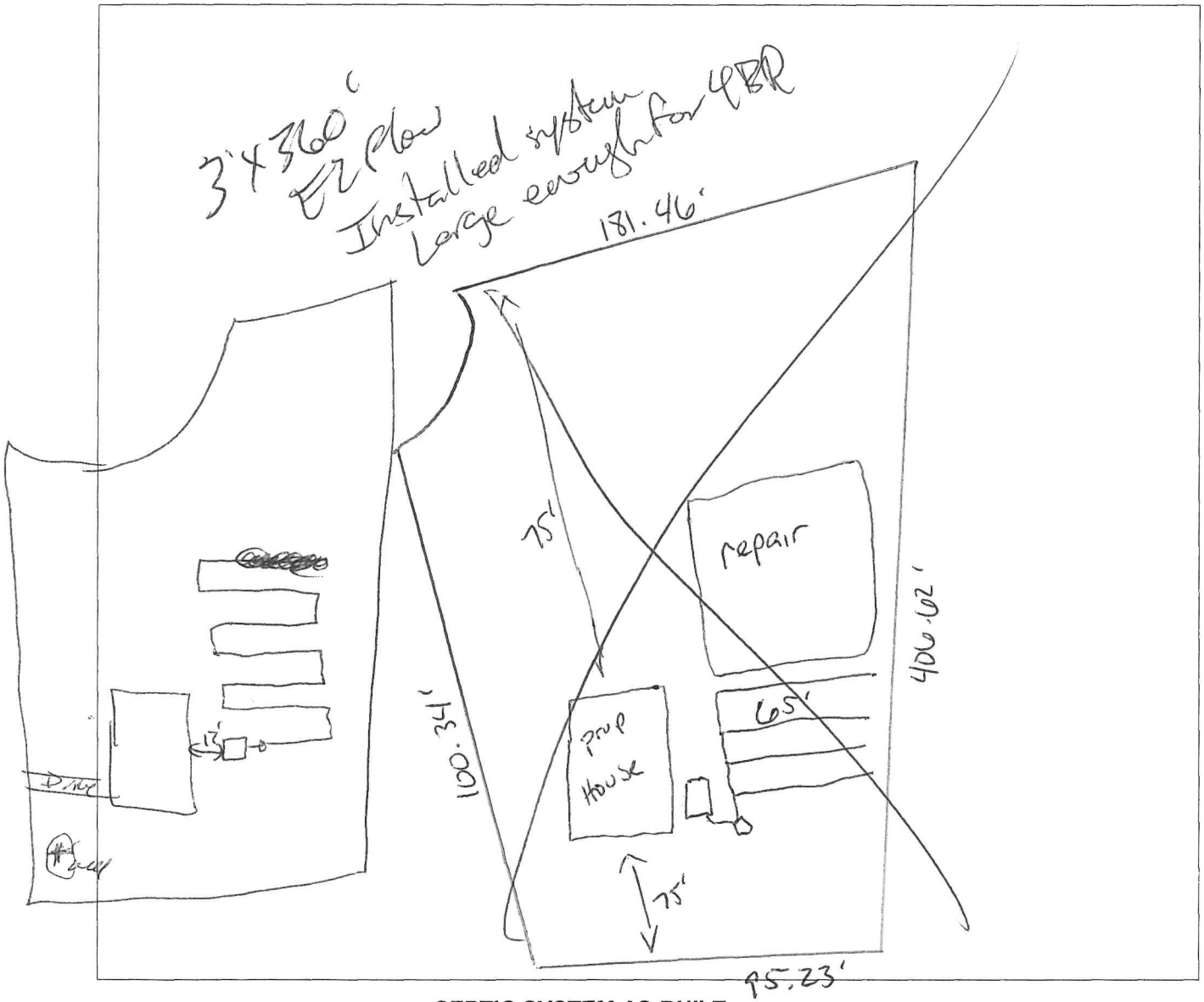
Name: RANDALL SHIRLEY Permit Number 8186

CONTRACTOR Tanner Ks TANK MANU DB 1600 MANU DATE 10-11-16

WELL INSTALLED YES X NO _____ SYSTEM CODE EZ1203-N-6

SEPTIC SYSTEM LAYOUT

(SKETCH SYSTEM LAYOUT HERE)



SEPTIC SYSTEM AS-BUILT

(IF DIFFERENT FROM INITIAL LAYOUT)

ON REVERSE

OPERATIONS PERMIT DATE 2-2-17 EHS Thad Seward

COUNTY OF FRANKLIN

ENVIRONMENT HEALTH APPLICATION (496-8100)

Permit #: **39176** Permit Type: **SEPTIC PERMIT** Date Issued: **06/18/2015**

Project Address: **10 CHRIS RIDGE WAY, LOUISBURG, NC 27549**

Location: **10 CHRIS RIDGE WAY** Size #: **0.740**

Subdivision: **CHRIS RIDGE** Lot #: **5**

Applicant: **RANDALL SHIRLEY BUILDERS LLC**
294 TRIPLE CROWN RUN
LOUISBURG NC 27549
Phone: **919-795-7965**

Owner Name: K & H INVESTMENT GROUP LLC Phone:

Owners Address: 6820 BUCK RD WENDELL, NC 27591

Tax record: **34778** Pin #: **2800-75-5500** Parcel #: **H11 00 023F**

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

Proposed Use: **SFD** # of bedrooms: **3** # of people: **3**

Township: **HARRIS** Public Water/Sewer: **PRIVATE** ST Road #:

Desc: **2800-75-5500** Fees Due: **$400.00** Date Paid: **06/18/2015**

*** 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 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 invalidAuthorized county representatives are granted right of entry to make these evaluations or inspections, and to release information upon public request.

X 06/18/2015

Print & Signature of Owner or Owner's Legal Representative

COUNTY OF FRANKLIN

ENVIRONMENT HEALTH APPLICATION (496-8100)

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

Township: **HARRIS** Public Water/Sewer: **PRIVATE** ST Road #:

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*** Please complete all sections below***

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✓ Conventional ___Accepted ___Modified Conventional ___Alternative
___Other ____ No Preference

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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.

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X Randall Shirley 06/18/2015

Print & Signature of Owner or Owner's Legal Representative

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 Environmenatl 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 revist 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: **10 CHRIS RIDGE WAY**

X Randall Sikes

Print & Signature of Owner or Owner's Legal Representative

06/18/2015

Franklin County Development Permi

Zoning Permit #: 19119 **RESIDENTIAL**

ADDRESS: **10 CHRIS RIDGE WAY**

PARCEL NO.: **2800-75-5500** ZONING: **R-30**

SUBDIVISION: **CHRIS RIDGE** LOT: **5**

ISSUED TO: **RANDALL SHIRLEY BUILDERS LLC**
294 TRIPLE CROWN RUN
LOUISBURG, NC 27549

PHONE NUMBER: **919-795-7965**

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: **06/18/2015** WATERSHED **NO**

TOWNSHIP **HAR** EXPIRE DATE: **12/18/2015**

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: _____

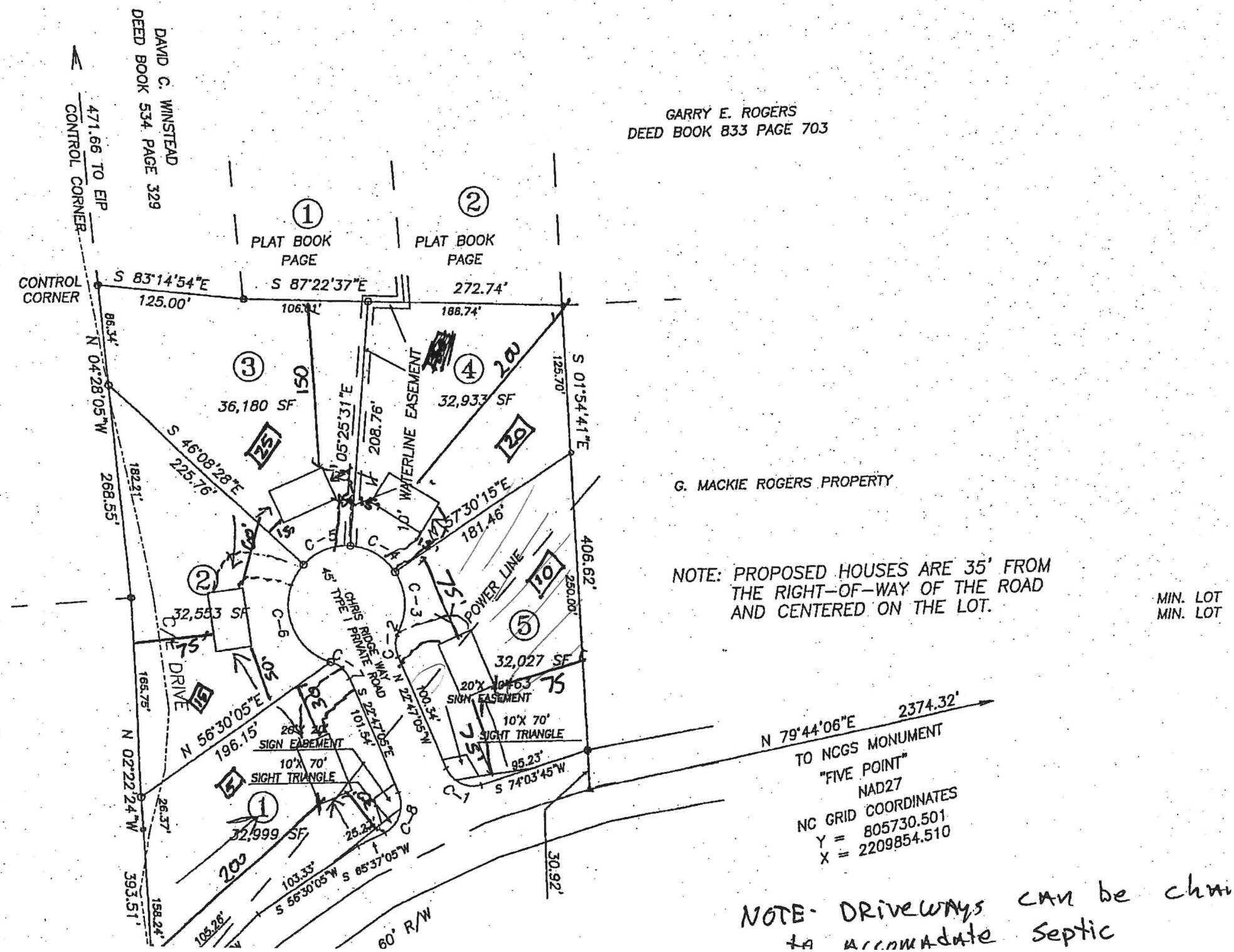
PLUMBING: _____

COST OF CONSTRUCTION: _____

NO MORE THAN 2 STRUCTURAL DEVIATIONS OR PLANS MUST BE REDRAWN

DEPARTMENTAL USE ONLY

	INITIALS (IN)	DATE	INITIALS (OUT)	DATE
ZONING	JTR	6/18/15		
INITIAL PERMITTING				
ADDRESSING				
PLAN REVIEW				
FIRE REVIEW				
SEPTIC/SEWER				
FINAL PERMITTING				


DAVID C. WINSTEAD
DEED BOOK 534 PAGE 329
GARRY E. ROGERS
DEED BOOK 833 PAGE 703
471.66 TO EIP
CONTROL CORNER
CONTROL CORNER
S 83°14'54"E
125.00'
S 87°22'37"E
106.31'
272.74'
186.74'
PLAT BOOK
PAGE
PLAT BOOK
PAGE
N 04°28'05"W
86.34'
268.55'
182.21'
S 46°08'28"E
225.76'
S 05°25'31"E
208.76'
10' WATERLINE EASEMENT
S 01°54'41"E
125.70'
406.62'
S 57°30'15"E
181.46'
250.00'
36,180 SF
32,933 SF
32,553 SF
32,027 SF
32,999 SF
G. MACKIE ROGERS PROPERTY
NOTE: PROPOSED HOUSES ARE 35' FROM THE RIGHT-OF-WAY OF THE ROAD AND CENTERED ON THE LOT.
MIN. LOT
MIN. LOT
45' TYPE I PRIVATE ROAD
CHRIS RIDGE WAY
POWER LINE
DRIVE
N 56°30'05"E
196.15'
165.75'
N 02°22'24"W
393.51'
26.37'
158.24'
105.26'
S 56°30'05"W
103.33'
S 85°37'05"W
25.25'
60' R/W
30.92'
N 22°47'05"W
100.34'
S 22°47'05"E
101.54'
20'X 40' SIGN EASEMENT
10'X 70' SIGHT TRIANGLE
95.23'
S 74°03'45"W
N 79°44'06"E
2374.32'
TO NCGS MONUMENT
"FIVE POINT"
NAD27
NC GRID COORDINATES
Y = 805730.501
X = 2209854.510
NOTE- Driveways can be chan
to accomodate Septic

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**

SEPTIC PERMIT

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Subdivision: CHRIS RIDGE Lot Number: 5 Size: 0.740

Physical Address/ Location /Directions 10 CHRIS RIDGE WAY

Description: LifeTime _____ 5 Year X

TYPE FACIL Res # EMPLOY N/A # BEDRMS 4 GPD 480 LTAR .35

TYPE WAT Private TYPE SYS A TYPE REP A BSMT N/A BST FX N/A

SIZE TANK 1000 SIZE CHB N/A SIZE NITR 3'X36' MTD 36

COMMENTS: W

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FOR THIS TO BE A VALID CONSTRUCTION AUTHORIZATION, A LAYOUT SHEET MUST BE ATTACHED

IMPROVEMENT PERMIT DATE 7-16-15 EHS _____

CONSTRUCTION AUTHORIZATION DATE 7-16-15 EHS _____

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

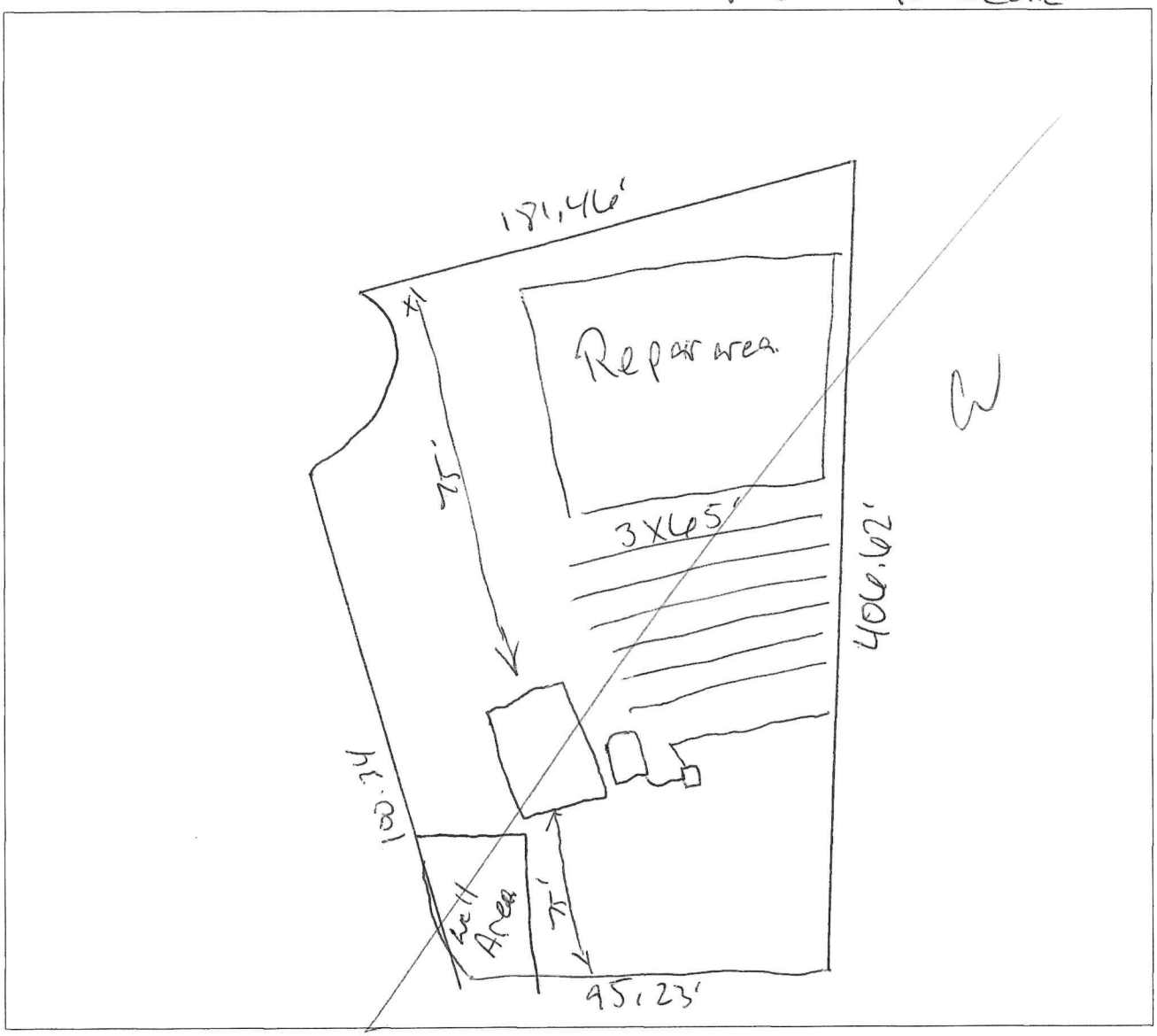
Franklin County Health Department

Name: RANDALL SHIRLEY Permit Number 8186

CONTRACTOR _____ TANK MANU _____ MANU DATE _____

WELL INSTALLED YES _____ NO _____ SYSTEM CODE _____

SEPTIC SYSTEM LAYOUT
(SKETCH SYSTEM LAYOUT HERE) Not to Scale



SEPTIC SYSTEM AS-BUILT
(IF DIFFERENT FROM INITIAL LAYOUT)
ON REVERSE

OPERATIONS PERMIT DATE _____ EHS _____