

FRANKLIN COUNTY HEALTH DEPARTMENT

PERMIT NUMBER <u>14245C</u>	DATE <u>20000804</u>	OWNER <u>WRIGHT CHERYL B</u>
CONSTRUCTION IMPROVE PERMIT		
APPLICANT <u>WRIGHT CHERYL B</u> <u>404 STRICKLAND RD</u> <u>LOUISBURG NC 27549</u>		<u>WRIGHT CHERYL B</u> <u>404 STRICKLAND RD</u> <u>LOUISBURG NC 27549</u>
TELEPHONE <u>496-7909</u>		
COMMENT	DESCRIPTION: 5 YEAR ☒ LIFETIME ☐	
LOCATION/DIRECTIONS <u>SR 1710</u> <u>4015 1/2 S 1/2 T12</u> <u>1/2 R Strickland Rd (just past Floyd's)</u> <u>1/4 corner Floyd</u>	SIGNATURE OF OWNER OR AUTHORIZED AGENT <u>Rd - on R 1 mi</u>	
FEE <u>175.00</u>		

THE ABOVE SIGNATURE INDICATES THAT I HAVE READ, UNDERSTAND, AND AGREE WITH ALL PROVISIONS AND INFORMATION AS OUTLINED ON THE BACK SIDE OF THIS FORM

TOPO <u>12</u>	TEXTURE <u>12</u>	STRUCTURE <u>12</u>	DEPTH <u>12</u>
R. HON <u>1</u>	SOIL. WET <u>34"</u>	AVAIL. SP <u>1</u>	OTHER <u>1</u>
MINRL <u>1542</u>	OVERALL <u>12</u>	LTAR <u>1</u>	
#BEDRMS <u>3</u>	GPD <u>360</u>	DISPOSAL <u>1</u>	TYPE. SYS <u>1</u>
SZ. TANK <u>600</u>	SZ. CHAM <u>1</u>	NITRIFI <u>3600</u>	TYPE. WAT <u>1</u>
SITE. LOC <u>1</u>	MAX TRENCH DEP <u>20"</u>	TYP. FAC <u>1</u>	
REMARKS:			

Install berm between house & septic field to prevent runoff from home and carry away from drain field.

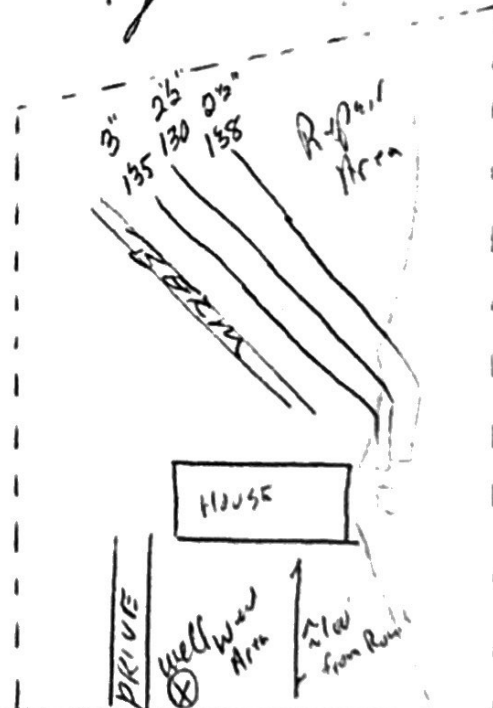
CONTRACTOR: Thurman Johnson

TANK MANUF: Mills 900 gal

MANUF DATE: 07-10-00

Conventional gravel system

- stay 10' from property lines
- 5' from building foundation
- and 100' from wells.



IMPROVEMENT PERMIT DATE: 8/7/2000

ENV HEALTH SPEC: [Signature]

CONSTRUCTION AUTHORIZATION DATE: 8/4/2000

ENV HEALTH SPEC: [Signature]

OPERATION PERMIT DATE: 08/04/00

ENV HEALTH SPEC: [Signature]

FRANKLIN COUNTY HEALTH DEPARTMENT

PERMIT NUMBER: 14345C	DATE: 20000804	3542	SIZE: 1.354
APPLICANT: WRIGHT CHERYL S 404 STRICKLAND RD LOUISBURG NC 27549		OWNER: WRIGHT CHERYL S 404 STRICKLAND RD LOUISBURG NC 27549	
TELEPHONE: 436-7989			
COMMENT: NH		DESCRIPTION: 5 YEAR ☒ LIFETIME ☐	
LOCATION / DIRECTIONS: SR 1710 <i>NH 1.5 mi W of T/R</i> <i>T/R Strickland Rd (just past Floyd's)</i> <i>T/L enters Floyd Rd - on R 1 mi</i>			
FEE: 175.00		SIGNATURE OF OWNER OR AUTHORIZED AGENT:	

THE ABOVE SIGNATURE INDICATES THAT I HAVE READ, UNDERSTAND, AND AGREE WITH ALL PROVISIONS AND INFORMATION AS OUTLINED ON THE BACK SIDE OF THIS FORM

TOPO <u>1.2</u> R. HOR <u>1.2</u> MINRL <u>1.2</u> # BEDRMS <u>3</u> C. TANK <u>100</u> SITE LOC <u>100</u> REMARKS:	TEXTURE <u>1.2</u> SOIL. WET <u>2.4"</u> OVERALL <u>1.2</u> GPD <u>1.0</u> MAX TRENCH DEP <u>20"</u>	STRUCTURE <u>1.2</u> AVAIL. SP <u>1</u> LTAR <u>1</u> DISPOSAL <u>1</u> NITRIFI <u>1</u> TYP. FAC <u>1</u>	DEPTH <u>1.2</u> OTHER <u>1</u> TYPE. SYS <u>1</u> TYPE. WAT <u>1</u>
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Installed berm between house & septic field to protect from runoff from home and away from Main Rd

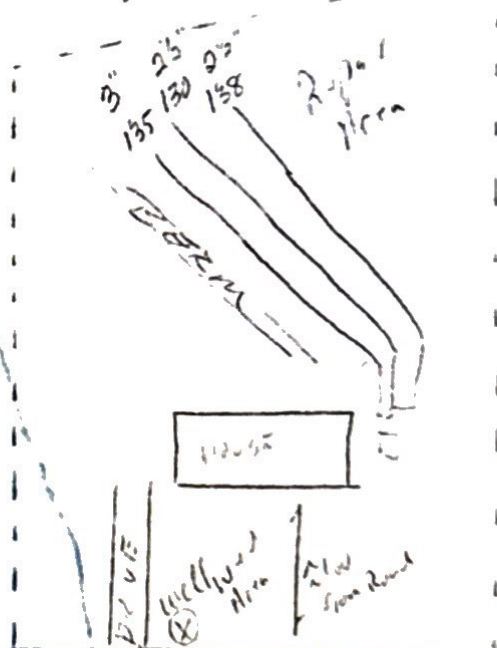
CONTRACTOR: Thurman Johnson

TANK MANUF: Mills 90 gal

MANUF DATE: 07-10-00

Conventional gravel system

*- stay 10' from property line
5' from building foundation
and 100' from wells.*



IMPROVEMENT PERMIT DATE: 8/7/2000

CONSTRUCTION AUTHORIZATION DATE: 8/4/2000

OPERATION PERMIT DATE: 08/24/00

ENV HEALTH SPEC: [Signature]

ENV HEALTH SPEC: [Signature]

ENV HEALTH SPEC: [Signature]

COUNTY OF FRANKLIN
ENVIRONMENTAL HEALTH APPLICATION (496-8100)

Permit #: 00-15015

Permit Type: EH

14345C

Date Issued: 01/03/00

Project Address: SR 1710

Location: SR 1710

Subdivision:

Lot #:

Size: 1.16

Owner Name: WRIGHT, CHERYL S.

Address: 404 STECKLAND RD

City: LOUISBURG

Phone: (919) 496-2000

State: NC

Zip: 27549

Contractor: BIG COUNTRY HOMES, INC

Address: 14114 CAPITAL BLVD

City: YOUNGSVILLE

Phone: (919) 596-6436

State: NC

Zip: 27595

Proposed Use: WRIGHT, CHERYL S.

No. of Units:

35C:

Valuation: 84585.00	Fees due: \$ 175.00	Fees Paid: \$ 175.00
Zoned: AR	Setbacks Front: 30	Rear: 25
Tax Rec #: 3547	Pin #: 610 00 1128	Sides: 10
Township: HARRIS	Public Water/Sewer:	ST Road #: 1710
Special conditions:		
# of bedrooms: 3		
# of bathrooms: 2		
Approved for Issuance by: <i>DU</i>		
I certify that all 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. I understand that false information may be grounds for rejection of this application. Authorized county representatives are granted right of entry to make evaluations or inspections and to release information upon public request.		

Call Environment Health (496-8100) between 8:00 AM and 9:00 AM Monday thru Friday to schedule an appointment with the environment health specialist to evaluate your lot. He/She will show you where to locate the well and septic system, in relation to the desired dwelling location and any property lines. If approved, an improvements permit will be issued. After the septic tank has been installed and approved, the Sanitarian will issue a certification of completion.

Cheryl S. Wright
(Signature) of Contractor or Authorized Agent

8.3.00
Date

Cheryl Wright
26

I, William T. Dement, Jr. certify that this map was drawn from an actual field survey by me; that the error of closure as calculated by latitudes and departures is $\frac{1}{29,000}$; that this map was prepared in accordance with G.S. 47-30 as amended. Witness my hand and seal this 29th day of March, 19 02.

William T. Dement Jr.
Surveyor

Sworn to and subscribed before me this 29th day of March, 19 02. My commission expires July 13, 19 02.

Lou P. Dement
Notary Public

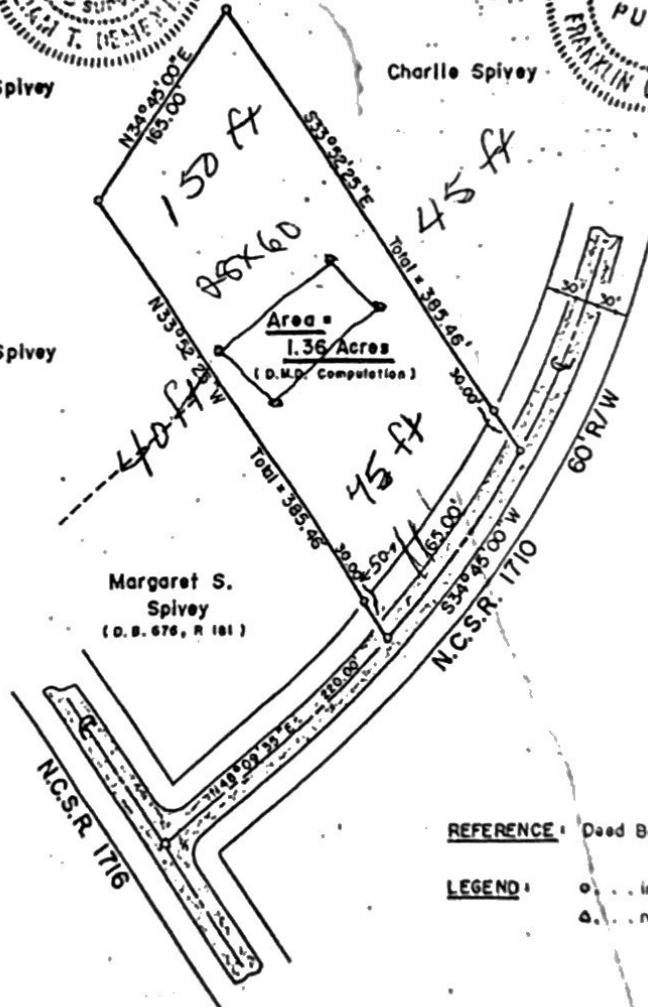


Charlie Spivey

Charlie Spivey

Charlie Spivey

Margaret S. Spivey
(D.B. 676, R 181)



REFERENCE: Deed Book 381, Page 76

LEGEND:
○ . . . iron pipe set
△ . . . nail set



Morgan

SOIL/SITE EVALUATION SHEET

	Profile 1	Profile 2	Profile 3	Profile 4	Profile 5	Profile 6
Landscape Position	SS					
Slope	SW					
Horizon I Depth	0-10					
Texture Group	SL					
Consistence	-					
Structure	-					
Mineralogy	-					
Horizon II Depth	10-18"					
Texture Group	SLC					
Consistence	Fi, M, NP					
Structure	SLT					
Mineralogy	MLP					
Horizon III Depth	18"-40"					
Texture Group	SL					
Consistence	F, S, P					
Structure	MSB					
Mineralogy	SLP					
Horizon IV Depth						
Texture Group						
Consistence						
Structure						
Mineralogy						
Soil Wetness	3H					
Restrictive Horizon	-					
Saprolite	-					
Classification	PS					
Long-Term Acceptance Rate	34%					

Site Classification: 17
 Evaluated By: TW
 Remarks:

Site Long-Term Acceptance Rate: 3
 Other(s) Present: CH

22" Max depth

Landscape Position

R-Ridge
 S-Shoulder slope
 L-Linear slope
 FS-Foot slope
 N-nose slope
 H-Head slope
 Cc-Concave slope
 Cv-Convex slope
 T-terrace
 FP-Flood plain

Structures

sg-single grain
 m-massive
 cr-crumb
 gr-grainular
 sbk-sub-angular blocky
 abk-angular blocky
 pl-play
 nr-normative

Texture

s-sand
 ls-loamy sand
 sl-sandy loam
 l-loam
 si-silt
 sil-silt loam
 sil-cl-silty clay loam
 cl-clay loam
 scl-sandy clay loam
 sc-sandy clay
 sic-silty clay
 c-clay

Mineralogy

1:1
 2:1
 mixed
 Saprolite
 s-suitable
 u-unsuitable

Moist Consistence

vfr-very friable
 fr-friable
 fi-firm
 vfi-very firm
 efi-extremely firm

Wet Consistence

ns-non-sticky
 ss-slightly sticky
 s-sticky
 vs-very sticky
 np-non-plastic
 sp-slightly plastic
 p-plastic

Classification

vp-very plastic
 s-suitable
 u-unsuitable
 ps-provisionally suitable
 Long-Term Acceptance Rate
 gallons/day/ft.³

Franklin County Health Department

Name: WRIGHT

Permit Number

585

CONTRACTOR _____ TANK MANU _____ MANU DATE _____

WELL INSTALLED AT TIME OF INSPECTION YES _____ NO _____

SEPTIC SYSTEM LAYOUT (SKETCH SYSTEM LAYOUT HERE)



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

OPERATIONS PERMIT

DATE 6/17/04 EHS

[Handwritten signature]

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: 585 Type: E PIN: 1890-95-4059 Date: 6/4/04

Applicant: CHERYL SPIVEY WRIGHT
404 STRICKLAND RD
LOUISBURG, NC 27549

Owner: CHERYL SPIVEY WRIGHT
404 STRICKLAND RD
LOUISBURG, NC 27549

Telephone: (919) 496-7989

Telephone: (919) 496-7989

Subdivision:

Lot Number:

Size: 1,360

Physical Address/ Location /Directions

Description: LifeTime _____ 5 Year X

TYPE FACIL _____ # EMPLOY _____ # BEDRMS 3 GPD _____ LTAR _____

TYPE WAT _____ TYPE SYS _____ TYPE REP _____ BSMT _____ BST FX _____

SIZE TANK _____ SIZE CHB _____ SIZE NITR _____ MTD _____

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 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 _____ EHS _____

CONSTRUCTION AUTHORIZATION DATE _____ EHS _____

ENVIRONMENT HEALTH APPLICATION (496-8100)

Permit #: 12085

Permit Type: SEPTIC PERMIT

Date Issued: 06/03/2004

Project Address: ,

Location:

Size #: 1.360

Subdivision:

Lot #:

Applicant: WRIGHT CHERYL SPIVEY
404 STRICKLAND RD
LOUISBURG NC 27549

Phone: 496-7989

Owner: WRIGHT CHERYL SPIVEY
404 STRICKLAND RD
LOUISBURG NC 27549

Phone:

Tax record: 3547

Pin #: 1890-95-4059

Parcel #: G10 00 112E

Zoned: R-30

Setbacks Front: 30

Rear: 25

Side: 10

Proposed Use: DOUBLEWIDE

of bedrooms: 3

of people: 2

Township: HARRIS

Public Water/Sewer: PRIVATE

ST Road #:

Desc:

Fees Due: \$115.00

Date Paid: 06/03/2004

* 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.

Cheryl Wright

Signature of Owner or Owner's Legal Representative

06/03/04

Date

Zoning Permit #: 7896

Franklin County DRC Application RESIDENTIAL



ADDRESS:

PARCEL NO.: 1890-95-4059

ZONING: R-30

SUBDIVISION:

ISSUED TO: WRIGHT CHERYL SPIVEY

404 STRICKLAND RD

LOUISBURG NC 27549

PHONE NUMBER: 919-496-7989

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

COUNTY WATER: NO FLOODPLAIN: NO

PERMIT TYPE: ZONING PERMIT

TYPE OF CONSTRUCTION: DOUBLE WIDE MOBILE HOME

PERMIT DATE: 06/03/2004 WATERSHED NO

TOWNSHIP HAR EXPIRE DATE: 12/03/2004

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:

Cheryl Wright

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 MASONRY MANUFACTURED
PLAN SETS: MODULAR STICKBUILT
ELECTRICIAN: MECHANICAL:
PLUMBING:
MULTI USE PLAN #
COST OF CONSTRUCTION:

NO MORE THAN 2 STRUCTURAL DEVIATIONS OR PLANS MUST BE REDRAWN

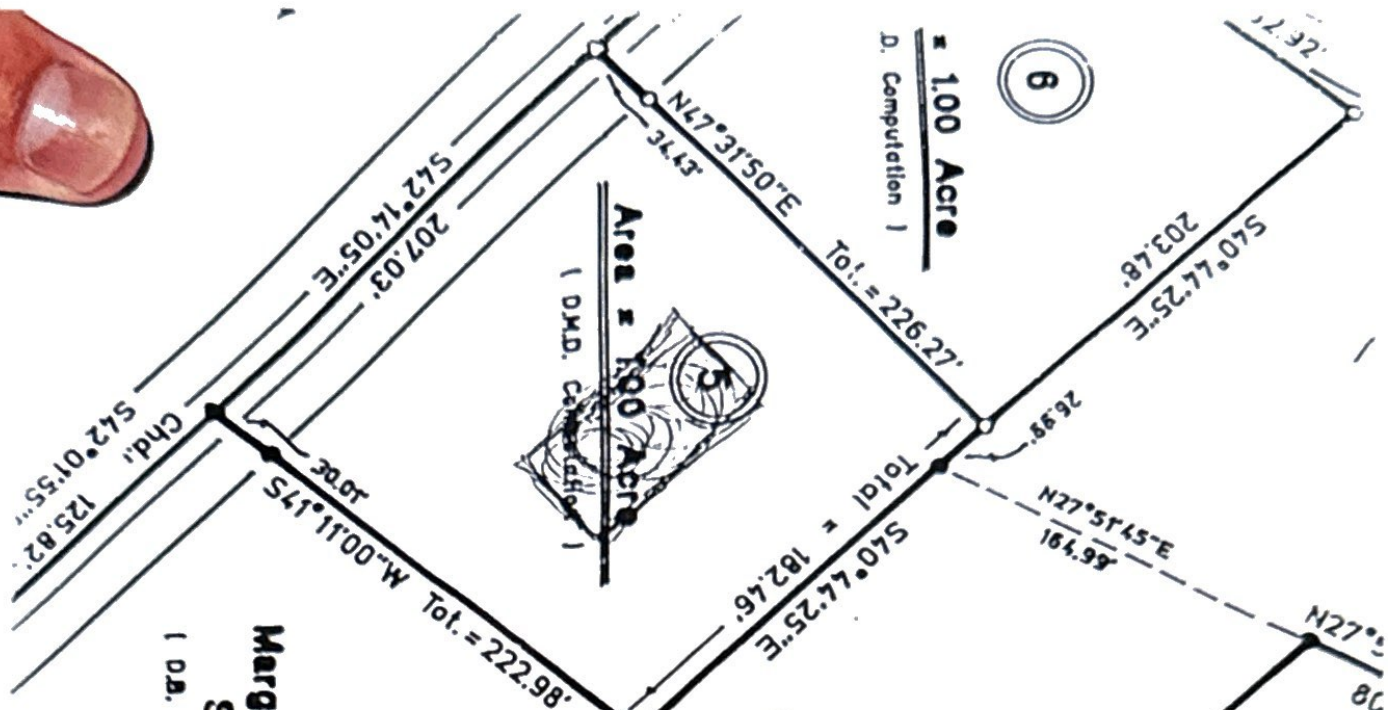
DEPARTMENTAL USE ONLY

	INITIALS (IN)	DATE	INITIALS (OUT)	DATE
ZONING	<i>KE</i>	<i>6/3/04</i>		
INITIAL PERMITTING				
ADDRESSING				
PLAN REVIEW				
FIRE REVIEW				
SEPTIC/SEWER				
FINAL PERMITTING				



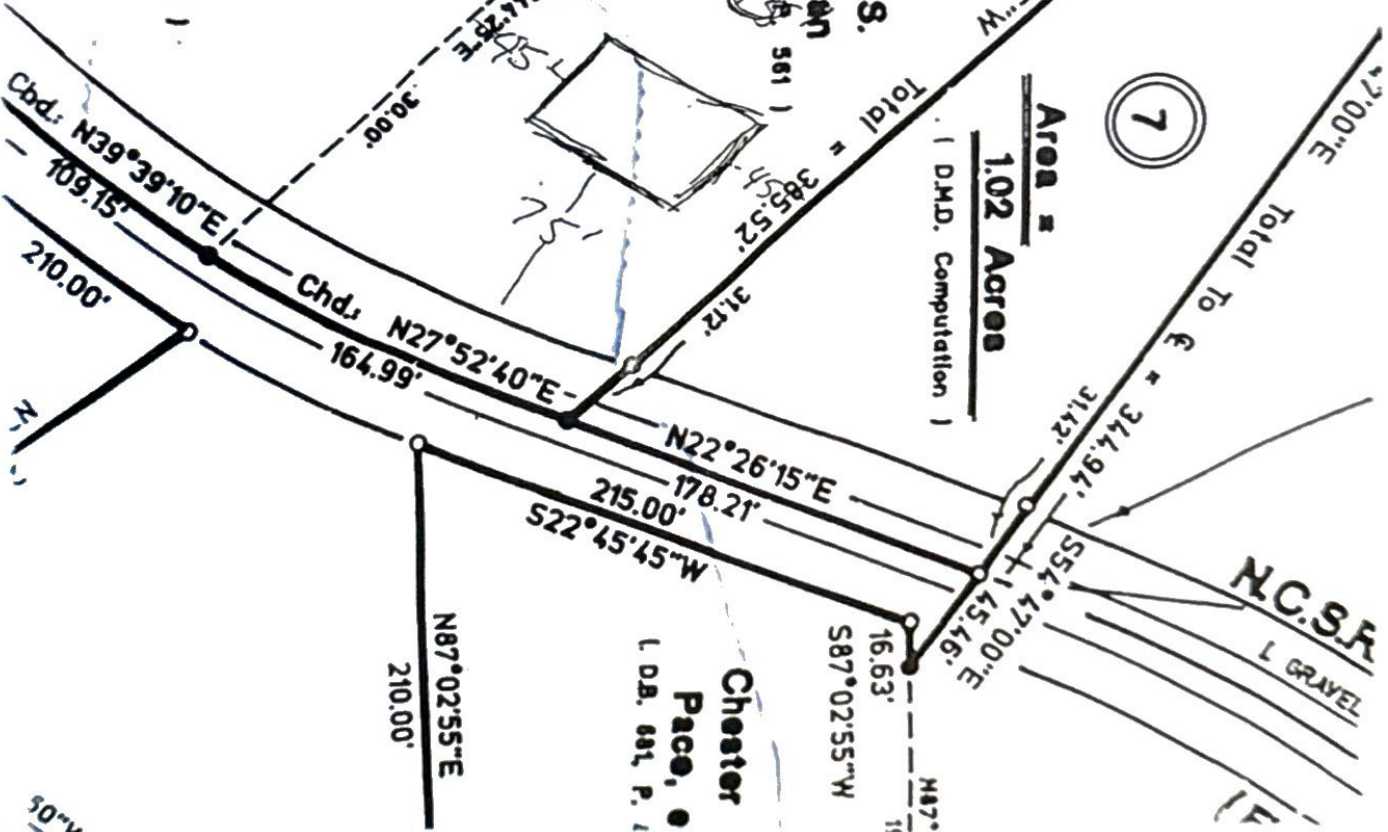
6

Area = 1.00 Acre
(D.M.D. Computation)



7

Area = 1.02 Acres
(D.M.D. Computation)



N.C.S.R.
L GRAVEL

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

PAGE 1 OF 3

Phone: 919-496-8100

Fax: 919-496-8136

Permit Number: 585 Type: E PIN: 1890-95-4059 Date: 6/4/04

Applicant: CHERYL SPIVEY WRIGHT
404 STRICKLAND RD
LOUISBURG, NC 27549

Owner: CHERYL SPIVEY WRIGHT
404 STRICKLAND RD
LOUISBURG, NC 27549

Telephone: (919) 496-7989

Telephone: (919) 496-7989

Subdivision:

Lot Number:

Size: 1,360

Physical Address/ Location /Directions

Description: LifeTime _____ 5 Year X

TYPE FACIL _____ # EMPLOY _____ # BEDRMS 3 GPD _____ LTAR _____

TYPE WAT _____ TYPE SYS _____ TYPE REP _____ BSMT _____ BST FX _____

SIZE TANK _____ SIZE CHB _____ SIZE NITR _____ MTD _____

COMMENTS: _____

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IMPROVEMENT PERMIT DATE _____ EHS _____
CONSTRUCTION AUTHORIZATION DATE _____ EHS _____

ENVIRONMENT HEALTH APPLICATION (496-8100)

Permit #: 12085

Permit Type: SEPTIC PERMIT

Date Issued: 06/03/2004

Project Address:

Location:

Subdivision:

Size #: 1.360

Lot #:

Applicant: WRIGHT CHERYL SPIVEY
404 STRICKLAND RD
LOUISBURG NC 27549

Phone: 496-7989

Owner: WRIGHT CHERYL SPIVEY
404 STRICKLAND RD
LOUISBURG NC 27549

Phone:

Tax record: 3547

Pin #: 1890-95-4059

Parcel #: G10 00 112E

Zoned: R-30

Setbacks Front: 30

Rear: 25

Side: 10

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of people: 2

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Public Water/Sewer: PRIVATE

ST Road #:

Desc:

Fees Due: \$115.00

Date Paid: 06/03/2004

* Please complete all sections below *

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☐ 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.

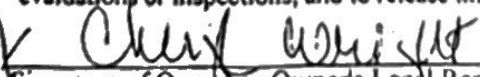
Please indicate desired system type(s). Systems can be ranked in order of preference.

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☐ Other ☐ No Preference

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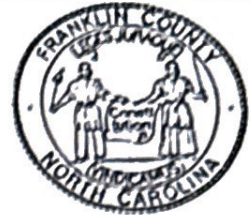
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 Signature of Owner or Owner's Legal Representative

6/03/04
 Date

Franklin County DRC Application RESIDENTIAL

Zoning Permit #: 7896



ADDRESS:

PARCEL NO.: 1890-95-4059

ZONING: R-30

SUBDIVISION:

ISSUED TO: WRIGHT CHERYL SPIVEY

404 STRICKLAND RD

LOUISBURG NC 27549

PHONE NUMBER: 919-496-7989

SETBACK: FRONT: 30

RIGHT: 10

LEFT: 10

REAR: 25

COUNTY WATER: NO

FLOODPLAIN: NO

PERMIT TYPE: ZONING PERMIT

TYPE OF CONSTRUCTION: DOUBLE WIDE MOBILE HOME

PERMIT DATE: 06/03/2004

WATERSHED NO

TOWNSHIP HAR

EXPIRE DATE: 12/03/2004

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NOTES:

I hereby certify that all information I have provided to the Planning Department is true and accurate.

APPLICANTS SIGNATURE:

Cheryl Wright

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

STICKBUILT

ELECTRICIAN:

MECHANICAL:

PLUMBING:

MULTI USE PLAN #

COST OF CONSTRUCTION:

NO MORE THAN 2 STRUCTURAL DEVIATIONS OR PLANS MUST BE REDRAWN

DEPARTMENTAL USE ONLY

	INITIALS (IN)	DATE	INITIALS (OUT)	DATE
ZONING	<u>KE</u>	<u>6/3/04</u>		
INITIAL PERMITTING				
ADDRESSING				
PLAN REVIEW				
FIRE REVIEW				
SEPTIC/SEWER				
FINAL PERMITTING				

