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: 5329 Type: I PIN : 2840-20-3582 Date: 2/25/2010

Applicant: BRENDA FERRELL
333 LAKE ROYALE
LOUISBURG, NC 27549
Telephone: (919) 995-6281

Owner: KAREN RICHARDSON
, NC
Telephone:

Subdivision: Lot Number: Size: 1.000

Physical Address/ Location /Directions 105 KANSAS DR

Description: LifeTime _____ 5 Year X

TYPE FACIL Camper # EMPLOY 1 # BEDRMS 1 GPD 240 LTAR .49/a

TYPE WAT Com TYPE SYS I TYPE REP N/A BSMT N BST FX N/A

SIZE TANK 900 SIZE CHB 1 SIZE NITR 3X150' MTD 30"

COMMENTS: 150' 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 3/3/10 EHS _____

CONSTRUCTION AUTHORIZATION DATE 3/3/10 EHS _____

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

Franklin County Health Department

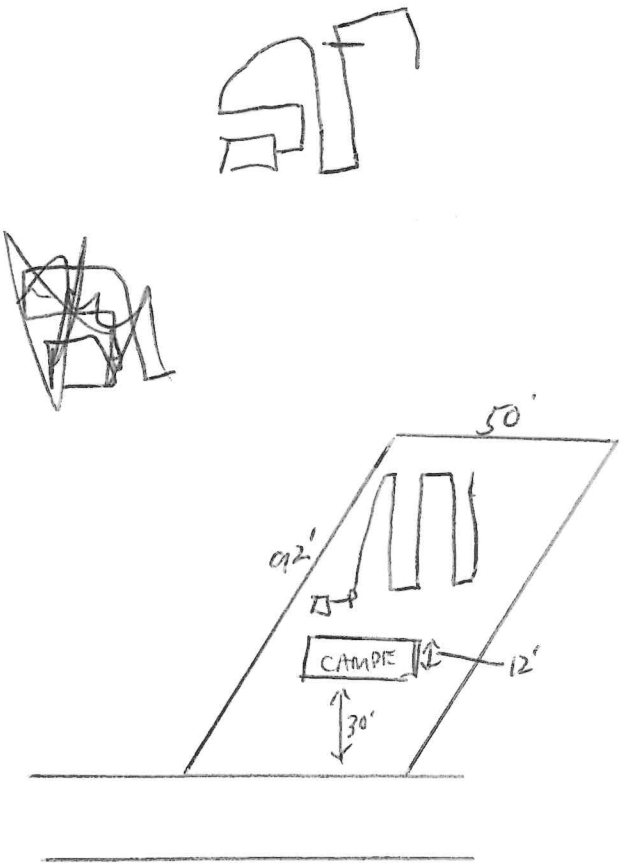
Name: FERRELL Permit Number 5329

CONTRACTOR Daniel Brown TANK MANU Old Castle MANU DATE 5/13/09

WELL INSTALLED YES _____ NO _____ SYSTEM CODE E2.203

SEPTIC SYSTEM LAYOUT

(SKETCH SYSTEM LAYOUT HERE)



SEPTIC SYSTEM AS-BUILT

(IF DIFFERENT FROM INITIAL LAYOUT)

ON REVERSE

OPERATIONS PERMIT DATE 6/2/10 EHS _____

5329

COUNTY OF FRANKLIN

ENVIRONMENT HEALTH APPLICATION (496-8100)

Permit #: **27170** Permit Type: **SEPTIC PERMIT** Date Issued: **02/25/2010**

Project Address: **KANSAS DR,**

Location: **KANSAS DR** Size #: **1.000**

Subdivision: Lot #:

Applicant: **FERRELL BRENDA**
333 LAKE ROYALE
LOUISBURG NC 27549
Phone: **919.995.6281**

Owner Name: RICHARDSON KAREN Phone:

Owners Address:

Tax record: **19866** Pin #: **2840-20-3582** Parcel #: **LR1402 1606**

Zoned: **A R** Setbacks Front: **30** Rear: **5** Side: **5**

Proposed Use: # of bedrooms: # of people:

Township: **CYPRESS** Public Water/Sewer: **TESI (LK ROY)** ST Road #:

Desc: Fees Due: **$325.00** Date Paid: **02/25/2010**

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

X Brenda Ferrell Brenda Ferrell 02/25/2010

Print & Signature of Owner or Owner's Legal Representative

Franklin County DRC Permit

Zoning Permit #: 15091 **RESIDENTIAL**

ADDRESS: **KANSAS DR.**

PARCEL NO.: **2840-20-3582** ZONING: **A R**

SUBDIVISION:

ISSUED TO: **FERRELL, BRENDA**
333 LAKE ROYALE
LOUISBURG, NC 27549

PHONE NUMBER: **919-995-6281**

SETBACK: FRONT: **30** RIGHT: **5** LEFT: **5** REAR: **5**

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

PERMIT TYPE: **ZONING PERMIT**

TYPE OF CONSTRUCTION: **CAMPER LOT-NEW SEPTIC**

PERMIT DATE: **02/25/2010** WATERSHED **NO**

TOWNSHIP **CYP** EXPIRE DATE: **08/25/2010**

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: Brenda Ferrell

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: _____

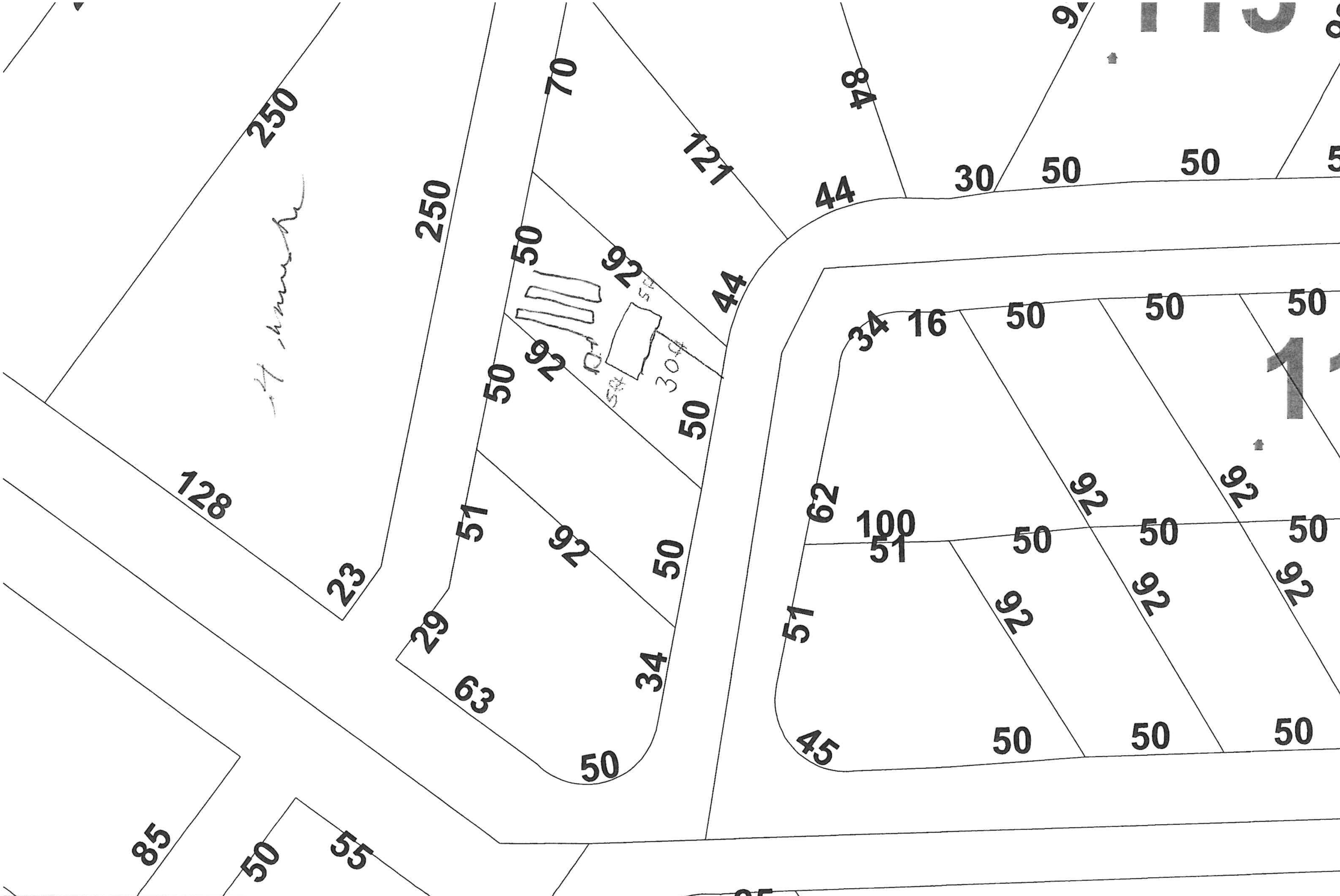
PLUMBING: _____

COST OF CONSTRUCTION: _____

NO MORE THAN 2 STRUCTURAL DEVIATIONS OR PLANS MUST BE REDRAWN

DEPARTMENTAL USE ONLY

	INITIALS (IN)	DATE	INITIALS (OUT)	DATE
ZONING	JJR	2/25/10		
INITIAL PERMITTING				
ADDRESSING				
PLAN REVIEW				
FIRE REVIEW				
SEPTIC/SEWER				
FINAL PERMITTING				



2840-20-3582

1 in. = 44.4 feet