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

Phone: 919-496-8100

Fax: 919-496-8136

Permit Number: 3708 Type: E PIN : 1882-69-8112 Date: 6/6/2007

Applicant: CLYDE BOYD
554 COOKE RD
LOUISBURG, NC 27549

Owner: CLYDE BOYD
554 COOKE RD
LOUISBURG, NC 27549

Telephone: 18(82-) 69--811

Telephone: 18(82-) 69--811

Subdivision:

Lot Number:

Size: 1.000

Physical Address/ Location /Directions 874 COOKE RD

Description: LifeTime _____ 5 Year ✓

TYPE FACIL RES # EMPLOY _____ # BEDRMS 3 GPD 360 LTAR _____

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

SIZE TANK Existing SIZE CHB _____ SIZE NITR _____ MTD _____

COMMENTS Approved for 3BR

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 _____

Franklin County Health Department

Name: BOYD

Permit Number

3708

CONTRACTOR _____ TANK MANU _____ MANU DATE _____

WELL INSTALLED YES _____ NO _____ SYSTEM CODE _____

SEPTIC SYSTEM LAYOUT

(SKETCH SYSTEM LAYOUT HERE)

★ Approved for 3BR
★ Maintain a min. of 5' separation between
house foundation and any part of septic system.

SEPTIC SYSTEM AS-BUILT

(IF DIFFERENT FROM INITIAL LAYOUT)

ON REVERSE

OPERATIONS PERMIT

DATE

6-7-07

EHS



3708

COUNTY OF FRANKLIN

ENVIRONMENT HEALTH APPLICATION (496-8100)

Permit #: 21362

Permit Type: SEPTIC PERMIT

Date Issued: 06/05/2007

Project Address: 874 COOKE RD,

Location: 874 COOKE RD

Size #: 1.000

Subdivision:

Lot #:

Applicant: BOYD CLYDE

Phone: 919-427-7705

554 COOKE RD

LOUISBURG, NC 27549

Owner Name: BOYD CLYDE

Phone: 919-427-7705

Owners Address: 554 COOKE RD

LOUISBURG, NC 27549

Tax record: 2902

Pin #: 1882-69-8112

Parcel #: F08 00 013G

Zoned: R-1

Setbacks Front: 30

Rear: 25

Side: 10

Proposed Use: SFD

of bedrooms: 3

of people: 1

Township: HARRIS

Public Water/Sewer: COUNTY

ST Road #:

Desc:

Fees Due: \$140.00

Date Paid: 06/05/2007

* 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 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 CLYDE BOYD
Print & Signature of Owner or Owner's Legal Representative

06/05/2007

Franklin County DRC Application

RESIDENTIAL

Zoning Permit #: 12656



ADDRESS: 874 COOKE RD

PARCEL NO.: 1882-69-8112

ZONING: R-1

SUBDIVISION:

ISSUED TO: **BOYD CLYDE**
554 COOKE RD
LOUISBURG, NC 27549

PHONE NUMBER: 919-427-7705

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

COUNTY WATER: YES FLOODPLAIN: NO MISC FEE:

PERMIT TYPE: ZONING PERMIT

TYPE OF CONSTRUCTION: SFD - EXISTING SEPTIC

PERMIT DATE: 06/05/2007

WATERSHED NO

TOWNSHIP HAR

EXPIRE DATE: 12/05/2007

3/1

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:

Clyde Boyd

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>Tw</i>	<i>6/5/07</i>	_____	_____
INITIAL PERMITTING	_____	_____	_____	_____
ADDRESSING	_____	_____	_____	_____
PLAN REVIEW	_____	_____	_____	_____
FIRE REVIEW	_____	_____	_____	_____
SEPTIC/SEWER	_____	_____	_____	_____
FINAL PERMITTING	_____	_____	_____	_____

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