

Franklin County Zoning Permit	
Issued to: SHONTA WILLIAMS	Location: 0 NO STREET LOUISBURG, NC 27549
	Franklin County 215 E. Nash St. Louisburg, NC 27549 Phone (919) 496-2909 www.franklincountync.us
Expiration Date: April 13, 2022	
Residential	
Permit Type: Single Family Dwelling Parcel ID #: 023414 County Water: TESI Subdivision: LOT ROYALE	Permit #: <u>Z-21-1690</u> Location: 0 NO STREET LOUISBURG, NC 27549 County Sewer: No Acreage: 0.49
APPLICANT INFORMATION	
Applicant: WILLIAMS, SHONTA Phone: 2026965270	Address: 621 Quackenbos St NW Washington, DC 20011 Email: sn731w@gmail.com
PROPERTY OWNER INFORMATION	
Owner: WILLIAMS SHONTA NATASHA Phone: 202-696-5270	Address: 621 QUACKENBOS ST NW WASHINGTON, DC 20011 Email: sn731w@gmail.com
CONTRACTOR INFORMATION	
Name: Address: Phone:	License #: Email:
ZONING	
Zoning: R-30 Front Setback: 15 Left Setback: 5	
Rear Setback: 5 Right Setback: 5	
It is hereby certified that the above use as shown on the plats and plans submitted with this application conforms	



Construction Authorization

Franklin County Health Department
107 Industrial Drive
Louisburg, NC 27549
Phone: _____

For Office Use Only

*CDP File Number: 377713 - 1

County ID Number: _____

Evaluated For: NEW

PERMIT VALID UNTIL: 08/04/2027

☐ Open Pump System Sheet

Applicant: SHONTA WILLIAMS

Address: 621 QUACKENBOS ST NW

City: WASHINGTON

State/Zip: DC 20011

Phone #: _____

Property Owner: SHONTA WILLIAMS

Address: 621 QUACKENBOS ST NW

City: WASHINGTON

State/Zip: DC. 20011

Phone #: _____

Property Location & Site Information

Address/Road #: 131 MOHAWK DR
LOUISBURG, NC 27549

Subdivision: LAKE ROYALE Phase: NEW Lot: _____

Directions:

Structure: SINGLE FAMILY 131 MOHAWK DR

of Bedrooms: 3

of People: 3

*Water Supply: _____

System Specifications

*Site Classification: _____

Design Flow: 360

Soil Application Rate: 0.3000

Minimum Trench Depth: _____ Inches

Maximum Trench Depth: 25 Inches

Minimum Soil Cover: _____ Inches

*System Classification/Description:

TYPE II A. CONV SYSTEM (SINGLE-FAMILY OR 480 GPD OR LESS)

Maximum Soil Cover: _____ Inches

*Proposed System:

25% REDUCTION

*Distribution Type: GRAVITY - PARALLEL (eq. d-box)

Nitrification Field: _____ Sq. ft.

No. Drain Lines: _____

Total Trench Length: 300 ft.

Trench Spacing: _____ - 9

Trench Width: _____ - 3

Aggregate Depth: _____ inches

☐ Inches O.C.

☒ Feet O.C.

☐ Inches

☒ Feet

Pump Required: ☐ Yes ☒ No ☐ May Be Required

Pump Tank: _____ Gallons

Grease Trap: _____ Gallons

Septic Tank Installer

Grade Level Required: ☐ I ☐ II ☐ III ☐ IV

The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements.

*Permit Conditions:

The Authorization for Wastewater System Construction shall be valid for a period equal to the period of validity of the Improvement Permit and may be issued at the same time the Improvement Permit issued (NCGS 130A-336(b)). If the installation has not been completed during the period of validity of the Construction Permit, the information submitted in the application for a permit or Construction Authorization shall become invalid, and may be suspended or revoked (.1937(g)). The person owning or controlling the system shall be responsible for assuring compliance with the laws, rules, and permit conditions regarding system location, installation, operation, maintenance, monitoring, reporting

Authorized State Agent: Bendel, Joel

Date of Issue: 08/04/2022

☐ Hand Drawing

☐ Import Drawing

****Site Plan/Drawing attached.****

Total Time : (HH:MM) _____

131 MOHAWK DRIVE

JOEL



Franklin County
 215 E. Nash St. Louisburg, NC 27549
 Phone (919) 496-2281
 www.franklincountync.us

CDP# 377713

Issued to: SHONTA WILLIAMS

Location: 131 MOHAWK DR LOUISBURG, NC 27549

NEW SEPTIC APPLICATIONApplication Type: NEW SEPTICApplication Number: **E-22-599**

Date: June 22, 2022

Building Type:

Acreage: 0.49

Project Type: Single Family Dwelling

Zoning: R-30

of Bedrooms: 3

of People: 3

Parcel ID #: 023414

Subdivision: LOT ROYALE

Applicant Information

Applicant Name: SHONTA WILLIAMS

Address: 621 Quackenbos St NW Washington, DC 20011

Phone: 2026965270

Email: sn731w@gmail.com

Property Owner Information

Owner Name: WILLIAMS SHONTA NATASHA

Address: 621 QUACKENBOS ST NW WASHINGTON, DC 20011

Phone:

Email:

General Contractor Information

Contractor Name:

Address: ,

Phone:

Email:

Zoning

Zoning Permit #: Z-22-970

County Water: TESI

Front Setback: 15

Right Setback: 5

Left Setback: 5

Rear Setback: 5

Call Environmental Health (919-496-8100) between 8:00 - 9:00 a.m. 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, and building permits. It will be necessary to meet all guidelines for zoning, septic, and building permits prior to construction. The application is valid for either 12 months or without expiration, depending upon documentation submitted.

Please contact the Environmental Health Department at 919-496-8100 to determine the status of your application prior to visiting the Planning & Inspections Department to obtain a building permit.

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

June 22, 2022

SITE PLAN WORKSHEET

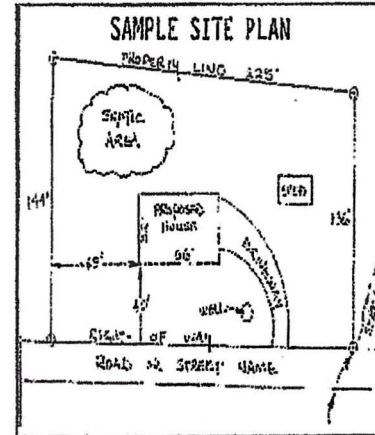
SEE THE "SAMPLE SITE PLAN" BELOW. INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM OR WELL PERMIT!!!

Place an (X) beside each item as you complete the site plan:

- () Property Line measurements are clearly identified
- () All proposed structures are indicated
- () Front and side setbacks from property line
- () Preferred driveway location
- () Preferred well location
- () Preferred septic system location
- () North arrow, or other sufficient indicator of direction

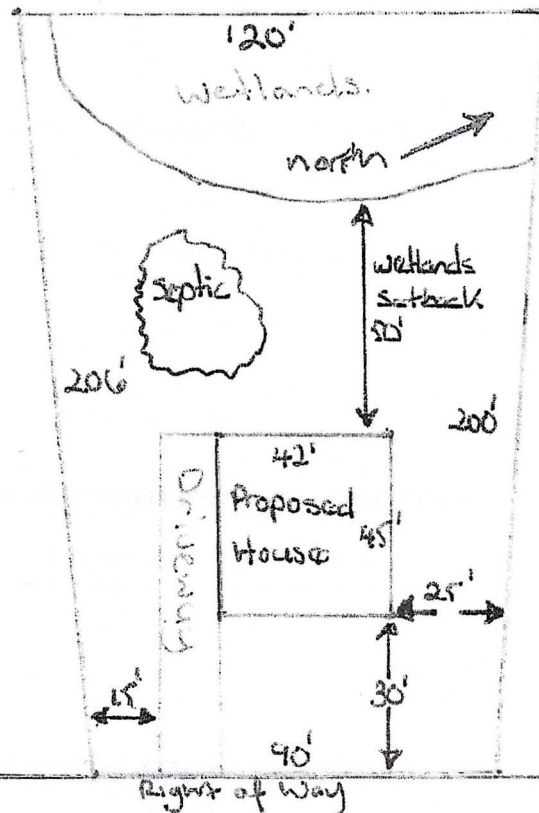
Circle N/A on the following if appropriate:

- Location of septic systems and wells within 100' of your property **N/A**
- Location of easements and rights of ways on your property **N/A**
- Location of any designated wetlands on the property **N/A**



USE THIS SPACE TO DRAW YOUR SITE PLAN

Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site



Mohawk Drive



File # 377713 PIN# _____

Property Address: 131 Mohawk Dr.

Applicant or Owner Name: Shonta Williams

Environmental Health Septic/Well Permit Diagram

Building permits cannot be issued nor should construction begin without Construction Authorization issuance.

☒ Septic Improvement Permit ☒ Septic Construction Authorization (CA) ☐ CA Reissue** ☐ As Built
☐ Well Construction Authorization ☐ Additional Diagram/Specifications Attached

Diagram Date**: 8-4-22 EHS: Joel Bendel

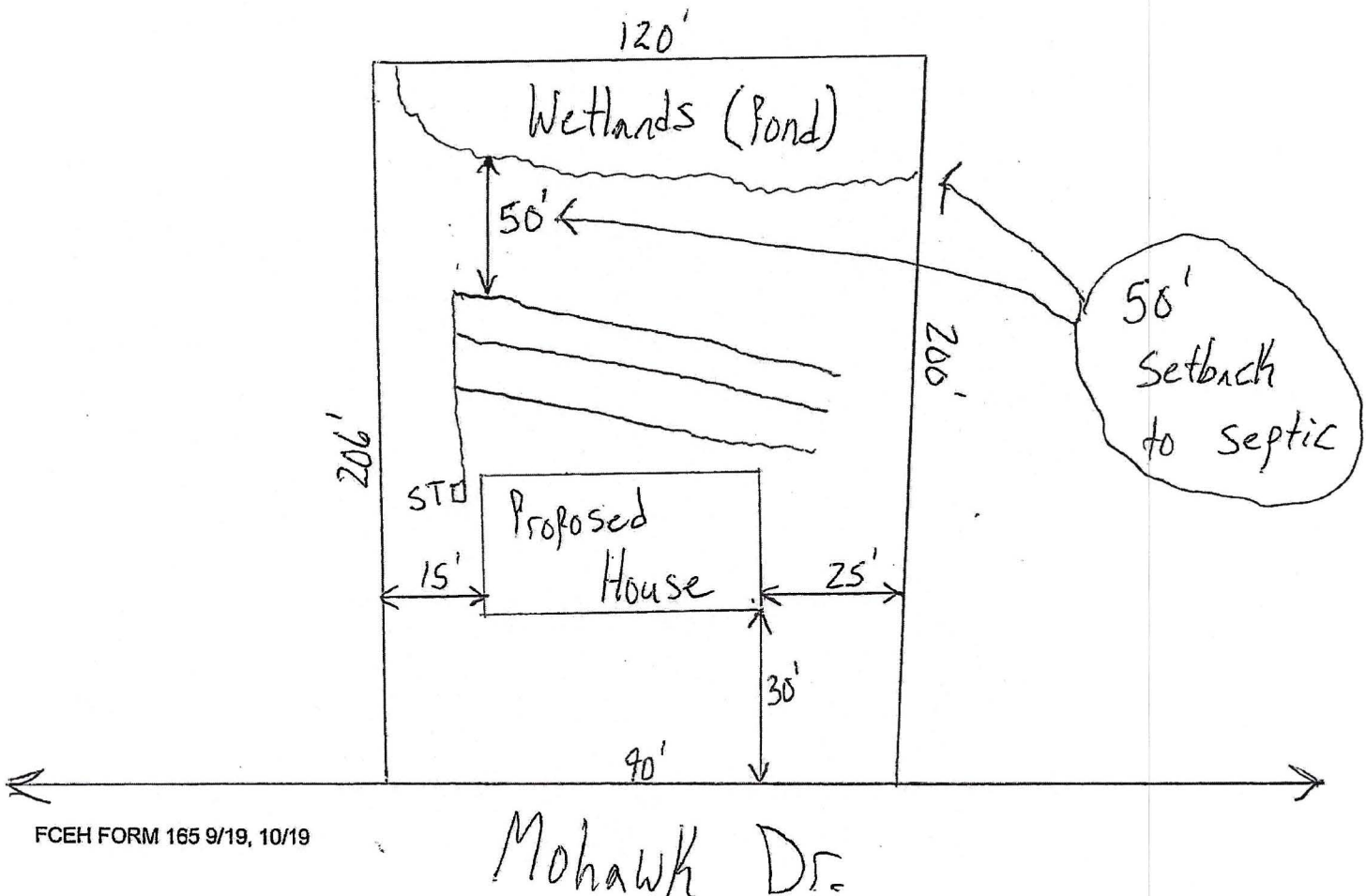
**Any previously dated CA diagram is revoked and/or invalid. Confirm this is the valid diagram for the site before beginning any construction.

Installation/grouting inspections may be scheduled the day before, or, the day of installation until 9am by contacting the Environmental Health office at 919 496 8100. A revisit fee may apply if installation is not ready for inspection at the time requested. Septic Operations Permits will be issued after installation is approved, all permits conditions are met, and any outstanding fees are paid. Well Certificate of Completion will be issued after well head approval, all permit conditions are met, and any outstanding fees are paid.

Septic Tank 1000 Pump Tank N/A Drainfield 3' x 300' Type System ACC Max Trench Depth 25"

Septic Contractor _____ Septic/Pump tank dates _____ Pump fee? ☒ YES ☐ NO

Well Contractor _____ Well Grout date: _____



Mohawk Dr.