Fax 252-492-6820 919-341-6917



# 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: 1469 Type: I PIN : 2830-64-2683 Date: 5/6/2005

Applicant: STEVEN BELCH
PO BOX 748
ROCKY MOUNT, NC 27802
Telephone: (800) 284-6445

Owner: R F BELCH
605 HALL ST
TARBORO, NC 27886
Telephone:

Subdivision: LAKE ROYALE Lot Number: 290 Size: 1

Physical Address/ Location /Directions YUMA DRIVE - T/R Shawee McLemore R

Description: LifeTime _____ 5 Year X

TYPE FACIL Res # EMPLOY - # BEDRMS 4 GPD 480 LTAR .35 g/d

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

SIZE TANK 1000 SIZE CHB - SIZE NITR 3X350* MTD 38"

COMMENTS 350' Innovative System Required.

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 5/23/05 EHS _____

CONSTRUCTION AUTHORIZATION DATE 5/23/05 EHS _____

# Franklin County Health Department

Name: BELCH Permit Number 1469

CONTRACTOR PAT Sandels TANK MANU DOB 1000 MANU DATE 7/5/05

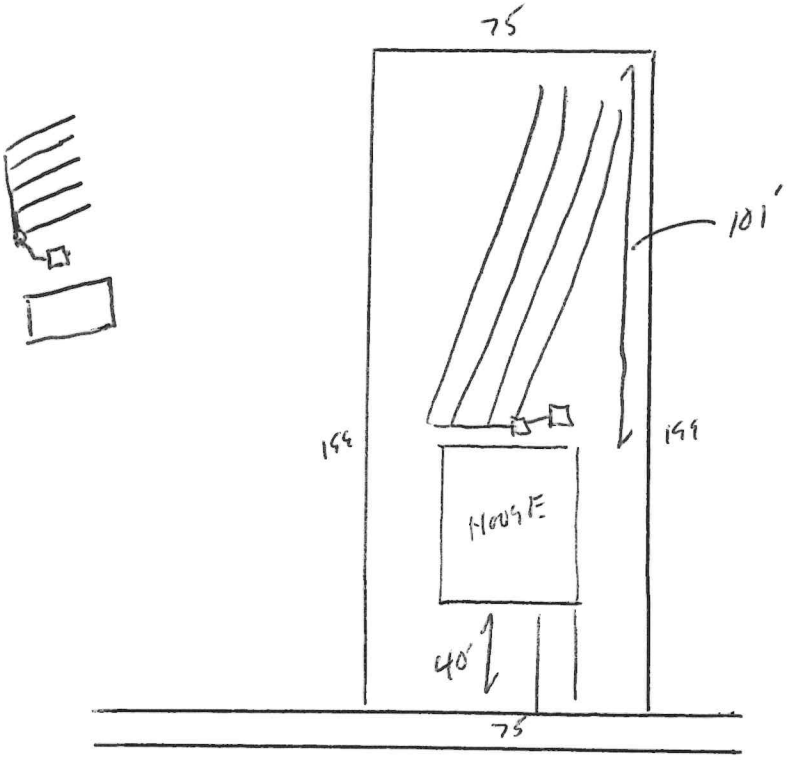
WELL INSTALLED AT TIME OF INSPECTION YES _____ NO _____

## SEPTIC SYSTEM LAYOUT

(SKETCH SYSTEM LAYOUT HERE)

Must use innovative system w/ 25% reduction due to useable space limitations.

EZ1203




## SEPTIC SYSTEM AS-BUILT

(IF DIFFERENT FROM INITIAL LAYOUT)

ON REVERSE

OPERATIONS PERMIT DATE 1/12/16 EHS _____

1469

COUNTY OF FRANKLIN

ENVIRONMENT HEALTH APPLICATION (496-8100)

Permit #: **14740** Permit Type: **SEPTIC PERMIT** Date Issued: **05/05/2005**

Project Address: ,

Location: Size #: **1.000**

Subdivision: **LAKE ROYALE** Lot #: **290**

Applicant: **BELCH STEVEN**
**PO BOX 748**
**ROCKY MOUNT NC 27802** Phone: **800.284.6445**

Owner: **BELCH R F**
**605 HALL ST**
**TARBORO NC 27886** Phone:

Tax record: **19396** Pin #: **2830-64-2683** Parcel #: **LR0113 0290**

Zoned: **R-1** Setbacks Front: **30** Rear: **25** Side: **10**

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

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

Desc: Fees Due: **$225.00** Date Paid: **05/05/2005**

*** 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 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.

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 Valarie Walker 05/05/2005

Signature of Owner or Owner's Legal Representative

# Franklin County DRC Application

**Zoning Permit #: 9129** **RESIDENTIAL**

ADDRESS:
PARCEL NO.: **2830-64-2683** ZONING: **R-1**
SUBDIVISION: **LAKE ROYALE** LOT: **290**
ISSUED TO: **BELCH, STEVEN**
**P O BOX 748**
**ROCKY MOUNT, NC 27802**
PHONE NUMBER: **800-284-6445**
SETBACK: FRONT: **30** RIGHT: **10** LEFT: **10** REAR: **25**
COUNTY WATER: **COUNTY** FLOODPLAIN: **NO**
PERMIT TYPE: **ZONING PERMIT**
TYPE OF CONSTRUCTION: **SFD**
PERMIT DATE: **05/05/2005** WATERSHED **NO**
TOWNSHIP **CYP** EXPIRE DATE: **11/05/2005**

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:

X Calvin Walker

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 _____ SURETY BOND _____ STICKBUILT _____

ELECTRICIAN: _____ MECHANICAL: _____

PLUMBING: _____

COST OF CONSTRUCTION: _____

**NO MORE THAN 2 STRUCTURAL DEVIATIONS OR PLANS MUST BE REDRAWN**

*DEPARTMENTAL USE ONLY*

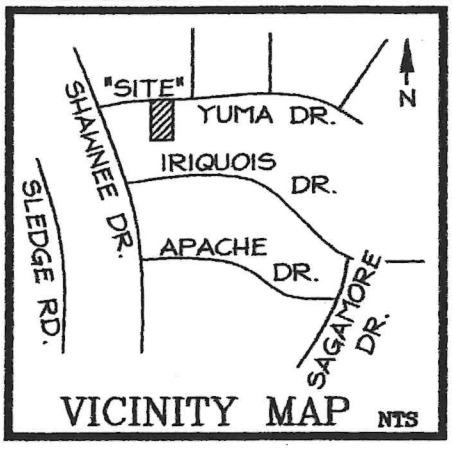
| | INITIALS (IN) | DATE | INITIALS (OUT) | DATE |
|---|---|---|---|---|
| *ZONING* | | 5/05/05 | | |
| *INITIAL PERMITTING* | | | | |
| *ADDRESSING* | | | | |
| *PLAN REVIEW* | | | | |
| *FIRE REVIEW* | | | | |
| *SEPTIC/SEWER* | | | | |
| *FINAL PERMITTING* | | | | |

BELCH.ASC


**Civiltek East**
Surveying Planning Subdivision Design
602 EAST NASH STREET
SPRING HOPE, N.C. 27882 (252) 478-5005
E-Mail: tedsters@worldnet.att.net


I, TED S. HOPKINS CERTIFY THAT THIS MAP IS A TRUE REPRESENTATION OF ALL THE PROPERTY DESCRIBED IN DEED BOOK 1230 PAGE 237 AND ALSO SHOWN IN MAP BOOK 12 PAGE 13 FRANKLIN COUNTY REGISTER OF DEEDS. AND THAT ENCROACHMENTS, IF ANY AT THE TIME OF THE SURVEY ARE SHOWN.

TED S. HOPKINS, PROFESSIONAL LAND SURVEYOR L-3976



VICINITY MAP NTS

OWNER: STEPHEN & NATASHA BELCH
PIN # 2830-64-2683
ZONED R-1
SETBACKS:
FRONT 30'
REAR 25'
SIDE 15'

NOTES:
1. THIS PROPERTY IS NOT LOCATED IN A LOCAL WATERSHED ACCORDING TO THE FRANKLIN COUNTY PLANNING DEPARTMENT.

2. THIS PROPERTY IS NOT LOCATED IN A FEMA FLOOD HAZARD ACCORDING TOT HE FRANKLIN COUNTY PLANNING DEPARTMENT.

LOT 345
P.B. 12 PG. 13

LOT 346
P.B. 12 PG. 13

S83°52'12"W
74.95'

IRON FOUND

IRON FOUND CONTROL CORNER

P.B. 12 PG. 13

74.39'

25' SB

LOT 290
TOTAL AREA
14,957 sq. ft.
0.34 acres

10' SB

10' SB

11.91'

S06°18'13"E
199.88'

PROPOSED HOME

N06°13'52"W
199.96'

LOT 291
P.B. 12 PG. 13

LOT 289
P.B. 12 PG. 13

11.93'

30' SB

67.87'

IRON FOUND CONTROL CORNER

R/W

IRON FOUND

N83°55'29"E
74.69'

R/W

OHE

PP

TIE LINE
N64°48'04"E
85.89'

EPK

CL

CL

YUMA DRIVE
60' R/W

OHE

R/W

R/W

R/W

CL

WAGON WHEEL CR.
60' R/W

R/W

* LEGEND
ISS ○ IRON STAKE SET
EIS ● EXISTING IRON PIPE
PKS △ PK NAIL SET
EPK ▲ EXISTING PK NAIL

AREA COMPUTED BY COORDINATE METHOD
ALL DISTANCES SHOWN ARE HORIZONTAL

# LOT SURVEY
# OF
# LOT 290

# FRANKLIN COUNTY SOIL/SITE EVALUATION SHEET

APPLICANT Steven Beleh
WATER SUPPLY Com
LOCATION/DIRECTIONS LR 290

PROPERTY ID
DATE 3/12/05

FACTORS

PROFILES

| | | 1 | 2 | 3 | 4 | 5 | 6 |
|---|---|---|---|---|---|---|---|
| LANDSCAPE POSITION | 1940 | SS | | | | | |
| SLOPE (%) | 1940 | 8% | | | | | |
| HORIZON I DEPTH | 1943 | 0-8 | | | | | |
| TEXTURE | 1941(a) (1) | SL | | | | | |
| CONSISTENCE | 1941 | | | | | | |
| STRUCTURE | 1941(a)(2) | | | | | | |
| CLAY MINEROLOGY | 1941(a)(3) | | | | | | |
| | | | | | | | |
| HORIZON II DEPTH | 1943 | 8-44 | | | | | |
| TEXTURE | 1941(a) (1) | C | | | | | |
| CONSISTENCE | 1941 | F, S, P | | | | | |
| STRUCTURE | 1941(a)(2) | 3EKD | | | | | |
| CLAY MINEROLOGY | 1941(a)(3) | 3DK | | | | | |
| | | | | | | | |
| HORIZON III DEPTH | 1943 | | | | | | |
| TEXTURE | 1941(a) (1) | | | | | | |
| CONSISTENCE | 1941 | | | | | | |
| STRUCTURE | 1941(a)(2) | | | | | | |
| CLAY MINEROLOGY | 1941(a)(3) | | | | | | |
| | | | | | | | |
| HORIZON IV DEPTH | 1943 | | | | | | |
| TEXTURE | 1941(a) (1) | | | | | | |
| CONSISTENCE | 1941 | | | | | | |
| STRUCTURE | 1941(a)(2) | | | | | | |
| CLAY MINEROLOGY | 1941(a)(3) | | | | | | |
| | | | | | | | |
| SOIL WETNESS | 1941 | - | | | | | |
| RESTRICTIVE HORIZON | 1944 | - | | | | | |
| SAPROLITE | 1943/1956 | - | | | | | |
| CLASSIFICATION | 1948 | PS | | | | | |
| LTAR (gpd/ft2) | 1955 | .35% | | | | | |

| | |
|---|---|
| OTHER FACTORS (1946) | SITE LTAR (gpd/ft2) .35% |
| | |
| AVAILABLE SPACE (1945) 1951 | SYSTEM TYPE @ Inno |
| CLASSIFICATION (1948) PS | |
| EVALUATED BY: JW | OTHERS PRESENT None |