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: 1072 Type: I PIN : 2857-94-3208 Date: 12/22/2004

Applicant: JOSEPH & LISA SCHULER
360 J B LEONARD RD
CASTALIA, NC 27816
Telephone: (919) 853-3990

Owner: WILLIAM JOHN & NADINE LEWIS
360 J B LEONARD RD
CASTALIA, NC 27816
Telephone: (919) 471-1308

Subdivision: Lot Number: Size: 1

Physical Address/ Location /Directions SR 1460 Take Hwy 58 ~~East~~ T/R Fred Parrish T/R JB Leonard ~.5 mile on left off Rd

Description: LifeTime ✓ 5 Year _____

TYPE FACIL RES # EMPLOY____ # BEDRMS 3 GPD 360 LTAR .35

TYPE WAT Priv TYPE SYS Conv TYPE REP Conv BSMT N/A BST FX N/A

SIZE TANK 900 SIZE CHB N/A SIZE NITR 3'X350' MTD 22"

COMMENTS Drawing not to scale, Maintain setbacks, Install drainlines on contour.

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 12/23/04 EHS Thad Leonard

CONSTRUCTION AUTHORIZATION DATE 12/23/04 EHS Thad Leonard

Franklin County Health Department

Name: SCHULER Permit Number 1072

CONTRACTOR Alfred Tyson TANK MANU Mills 1000 MANU DATE 12-15-05

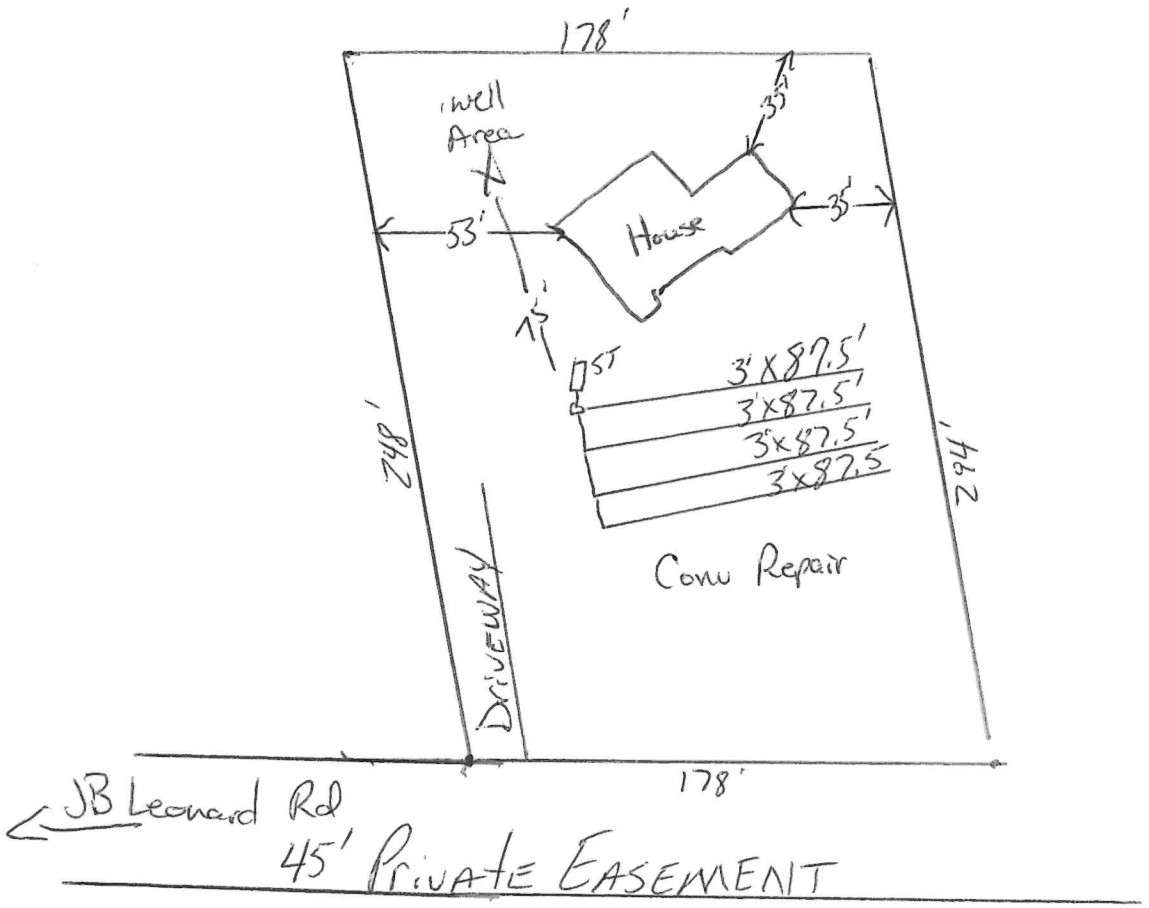
WELL INSTALLED AT TIME OF INSPECTION YES ✓ NO _____

SEPTIC SYSTEM LAYOUT

(SKETCH SYSTEM LAYOUT HERE)

Drawing not to scale

3'x350 GTR



SEPTIC SYSTEM AS-BUILT

(IF DIFFERENT FROM INITIAL LAYOUT)

ON REVERSE

OPERATIONS PERMIT DATE 2-16-06 EHS Alfred Leonard

FRANKLIN COUNTY SOIL/SITE EVALUATION SHEET

APPLICANT Lisa Schuler
WATER SUPPLY Prov
LOCATION/DIRECTIONS JB Leonard Rd

PROPERTY ID
DATE 12/23/04

FACTORS / PROFILES

		1	2	3	4	5	6
LANDSCAPE POSITION	1940	LS	LS				
SLOPE (%)	1940	3%	3%				
HORIZON I DEPTH	1943	0-14"	0-22"				
TEXTURE	1941(a) (1)	SC	SC				
CONSISTENCE	1941	fr, ss, sp	fr, ss, sp				
STRUCTURE	1941(a)(2)	SBK	SBK				
CLAY MINEROLOGY	1941(a)(3)	SEXP	SEXP				
HORIZON II DEPTH	1943	14"-36"	22"-38"				
TEXTURE	1941(a) (1)	C	C				
CONSISTENCE	1941	fr, s, p	fr, s, p				
STRUCTURE	1941(a)(2)	SBK	SBK				
CLAY MINEROLOGY	1941(a)(3)	SEXP	SEXP				
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	>36"	>38"				
RESTRICTIVE HORIZON	1944	>36"	>38"				
SAPROLITE	1943/1956	34"	36"				
CLASSIFICATION	1948	PS	PS				
LTAR (gpd/ft2)	1955	.35	.35				

OTHER FACTORS (1946)

SITE LTAR (gpd/ft2) .35

AVAILABLE SPACE (1945) S

SYSTEM TYPE Conv

CLASSIFICATION (1948) PS

EVALUATED BY: S. Leonard

OTHERS PRESENT

1012

COUNTY OF FRANKLIN

ENVIRONMENT HEALTH APPLICATION (496-8100)

Permit #: **13648** Permit Type: **SEPTIC PERMIT** Date Issued: **12/20/2004**

Project Address: **SR 1460,**

Location: **SR 1460** Size #: **1.000**

Subdivision: Lot #:

Applicant: **SCHULER JOSEPH & LISA**
360 JB LEONARD RD
CASTALIA NC 27816 Phone: **919.853.3990**

Owner: **LEWIS WILLIAM JOHN & NADINE**
360 J B LEONARD ROAD
CASTALIA NC 27816 Phone: **471-1308**

Tax record: **37575** Pin #: **2857-94-3208** Parcel #: **M04 07 011B**

Zoned: **A R** Setbacks Front: **30** Rear: **25** Side: **10**

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

Township: **GOLD SAND** Public Water/Sewer: **PRIVATE** ST Road #:

Desc: Fees Due: **$225.00** Date Paid: **12/20/2004**

*** 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 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 Lisa Schuler 12/20/2004

Signature of Owner or Owner's Legal Representative

Franklin County DRC Application

Zoning Permit #: 8593 **RESIDENTIAL**

ADDRESS: **SR 1460**
PARCEL NO.: **2857-94-3208** ZONING: **A R**
SUBDIVISION:
ISSUED TO: **SCHULER JOSEPH & LISA**
360 J B LEONARD ROAD
CASTALIA NC 27816
PHONE NUMBER: **919-853-3990**
SETBACK: FRONT: **30** RIGHT: **10** LEFT: **10** REAR: **25**
COUNTY WATER: **NO** FLOODPLAIN: **NO**
PERMIT TYPE: **ZONING PERMIT**
TYPE OF CONSTRUCTION: **SFD - NEW SEPTIC**
PERMIT DATE: **12/20/2004** WATERSHED **NO**
TOWNSHIP **GOL** EXPIRE DATE: **06/20/2005**

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: Lisa Schuler

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

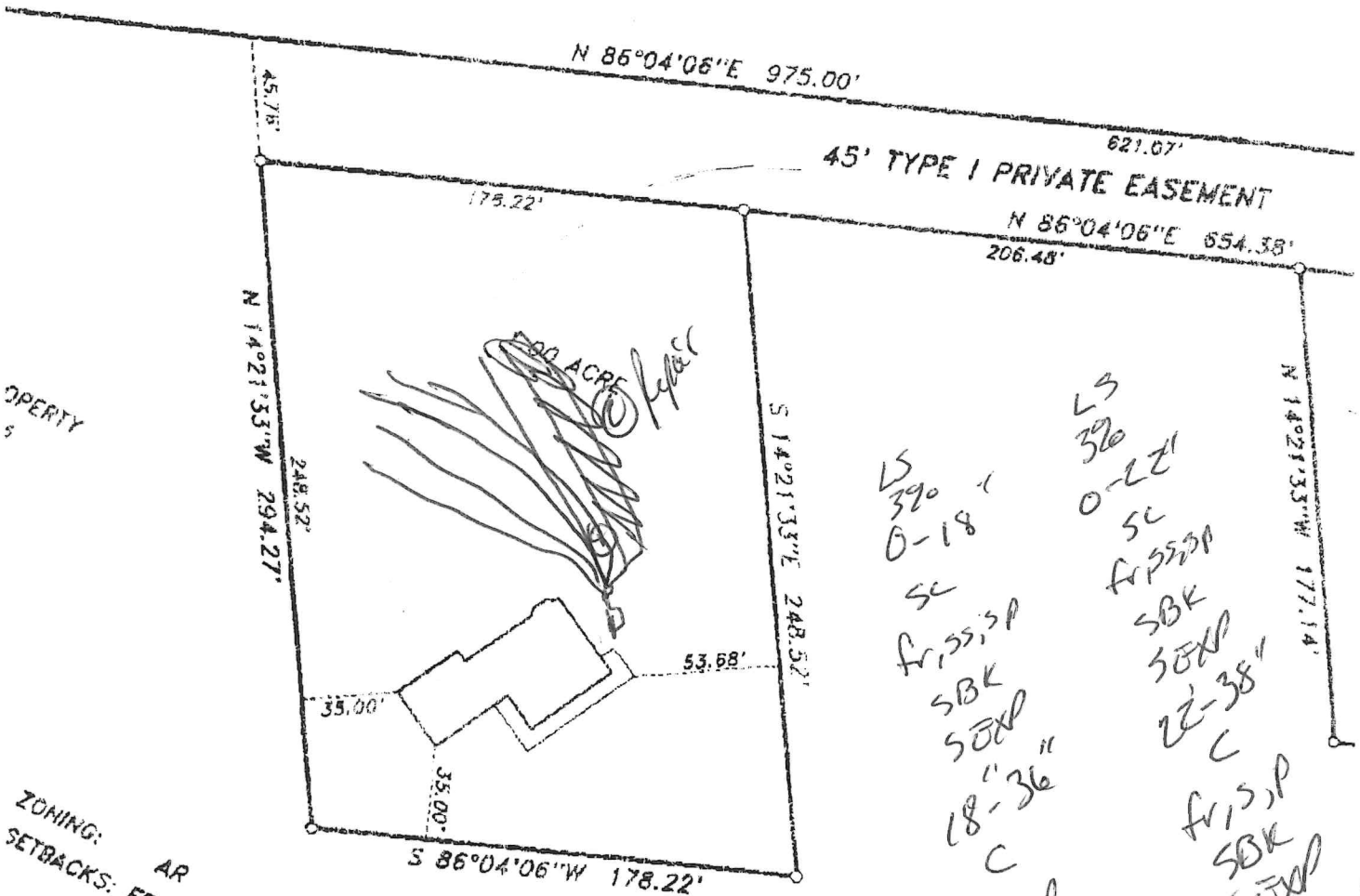
DEPARTMENTAL USE ONLY

	INITIALS (IN)	DATE	INITIALS (OUT)	DATE
ZONING	TWD	12/20/04		
INITIAL PERMITTING				
ADDRESSING				
PLAN REVIEW				
FIRE REVIEW				
SEPTIC/SEWER				
FINAL PERMITTING				

340'

ECORD

ELWOOD LEONARD
DEED BOOK 1038 - PG



OPERTY
S

ZONING: AR
SETBACKS: FRONT - 30 FT.
REAR - 25 FT.
SIDE - 10 FT.

ND
G IRON PIN
PK NAIL
N PIN
NAIL

W PROP

LS 390 0-18 SC fr,ss,sp SBK SExp 18"-36" C fr,s,p SBK SExp sap@34"

LS 390 0-22' SC fr,ss,sp SBK SExp 22'-38" C fr,s,p SBK SExp sap@36"

LTAR, 35

257-94-3208

252-212-5892 Septic attached

Franklin County DRC Application

Zoning Permit #: 8593 **RESIDENTIAL**

13803

ADDRESS: **SR 1460**
PARCEL NO.: **2857-94-3208** ZONING: **A R**
SUBDIVISION:
ISSUED TO: **SCHULER JOSEPH & LISA**
360 J B LEONARD ROAD
CASTALIA NC 27816
PHONE NUMBER: **919-853-3990**
SETBACK: FRONT: **30** RIGHT: **10** LEFT: **10** REAR: **25**
COUNTY WATER: **NO** FLOODPLAIN: **NO**
PERMIT TYPE: **ZONING PERMIT**
TYPE OF CONSTRUCTION: **SFD - ~~NEW SEPTIC~~** Modular
PERMIT DATE: ~~**12/20/2004**~~ 1/3/06 WATERSHED **NO**
TOWNSHIP **GOL** EXPIRE DATE: ~~**06/20/2005**~~ 7/3/06

JTR
1/3/06

Revised site map

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:

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APPLICANTS SIGNATURE:
Lisa Schuler

UTILITY COMPANY : (PROGRESS ENGERY) WAKE ELECTRIC OTHER

NUMBER OF STORIES: 1 _____ 1 1/2 _____ 2 X 2 1/2 _____
SQUARE FOOTAGE: HEATED 2366 UNHEATED 1596 TOTAL 3962
BASEMENT: N/A _____ YES _____ NO X MANUFACTURED _____
FIREPLACE: N/A _____ MASONARY _____ MANUFACTURED X
PLAN SETS: MODULAR _____ SURETY BOND _____ STICKBUILT X
ELECTRICIAN: owner MECHANICAL: owner
PLUMBING: owner
COST OF CONSTRUCTION: $170,000

NO MORE THAN 2 STRUCTURAL DEVIATIONS OR PLANS MUST BE REDRAWN

DEPARTMENTAL USE ONLY

	INITIALS (IN)	DATE	INITIALS (OUT)	DATE
ZONING	TWD	12/20/04	JTR	1/3/06
INITIAL PERMITTING				
ADDRESSING				
PLAN REVIEW	TWD	1/3/05	TWD	1/3/05
FIRE REVIEW				
SEPTIC/SEWER				
FINAL PERMITTING				

N 86°04'06"E 975.00'
45' TYPE I PRIVATE EASEMENT
621.67'
45.75'
N 14°21'33"W 294.27'
248.52'
S 14°21'33"E 248.52'
S 86°04'06"W 178.22'
N 86°04'06"E 654.38'
206.40'
N 14°21'33"W 177.14'
1.00 ACRE
35'
71'
53'
24'
37'

Franklin County Planning
& Inspections Transaction Receipt

Header 147253\B013472 **Location** SR 1460

Permit # 13648 **Entered** 12/20/2004 **Permit Date** 12/20/2004 **Expire Date** / /

Name SCHULER JOSEPH & LISA **Applicant** Other **Phone** 919.853.3990

Contractor **Structure** SFD

Permit Type SEPTIC PERMIT **Project** **Est. Cost**

Total Fee $225.00 **How Paid** Check # 1934 **Date Paid** 12/20/2004 **Received By** KLT

Fee Type	Category	Fee Amount	Surcharge
NEW SEPTIC	103490292	$225.00	
Count 1	**Fee Totals**	$225.00	

12/20/2004

COUNTY OF FRANKLIN

ENV..ONMENT HEALTH APPLICATION (..96-8100)

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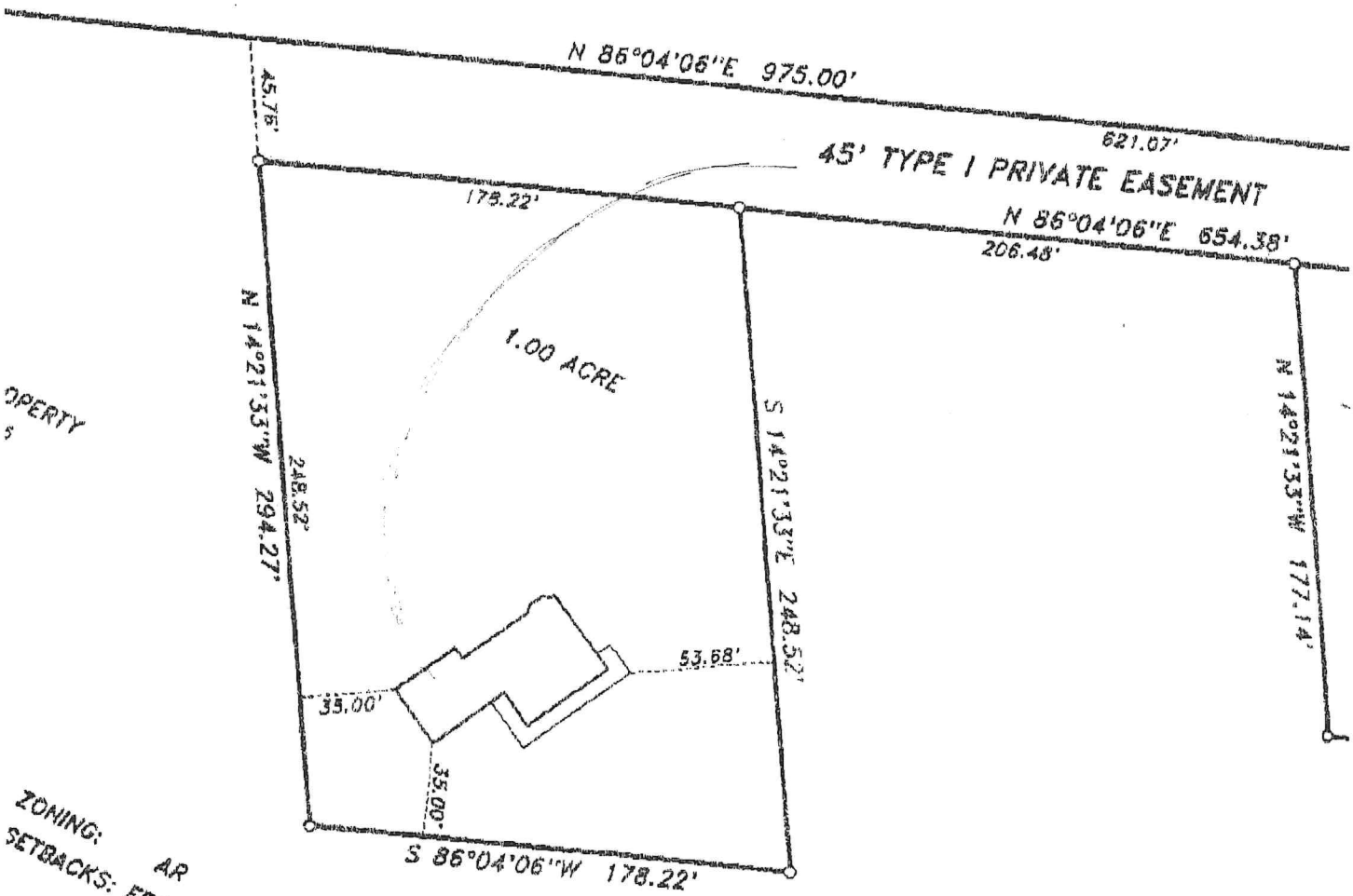
X Lisa Schuler All Fees Are Nonrefundable 12/20/2004

Signature of Owner or Owner's Legal Representative

ECORD.

ELWOOD LEONARD
DEED BOOK 1038 - PA



OPERTY
S

ZONING: AR
SETBACKS: FRONT - 30 FT.
REAR - 25 FT.
SIDE - 10 FT.

ND
G IRON PIN
PK NAIL
N PIN
NAIL

W PROP

257-94-3308

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

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IMPROVEMENT PERMIT DATE 12/23/04 EHS Brad Leonard

CONSTRUCTION AUTHORIZATION DATE 12/23/04 EHS Brad Leonard

Franklin County Health Department

Name: SCHULER

Permit Number 1072

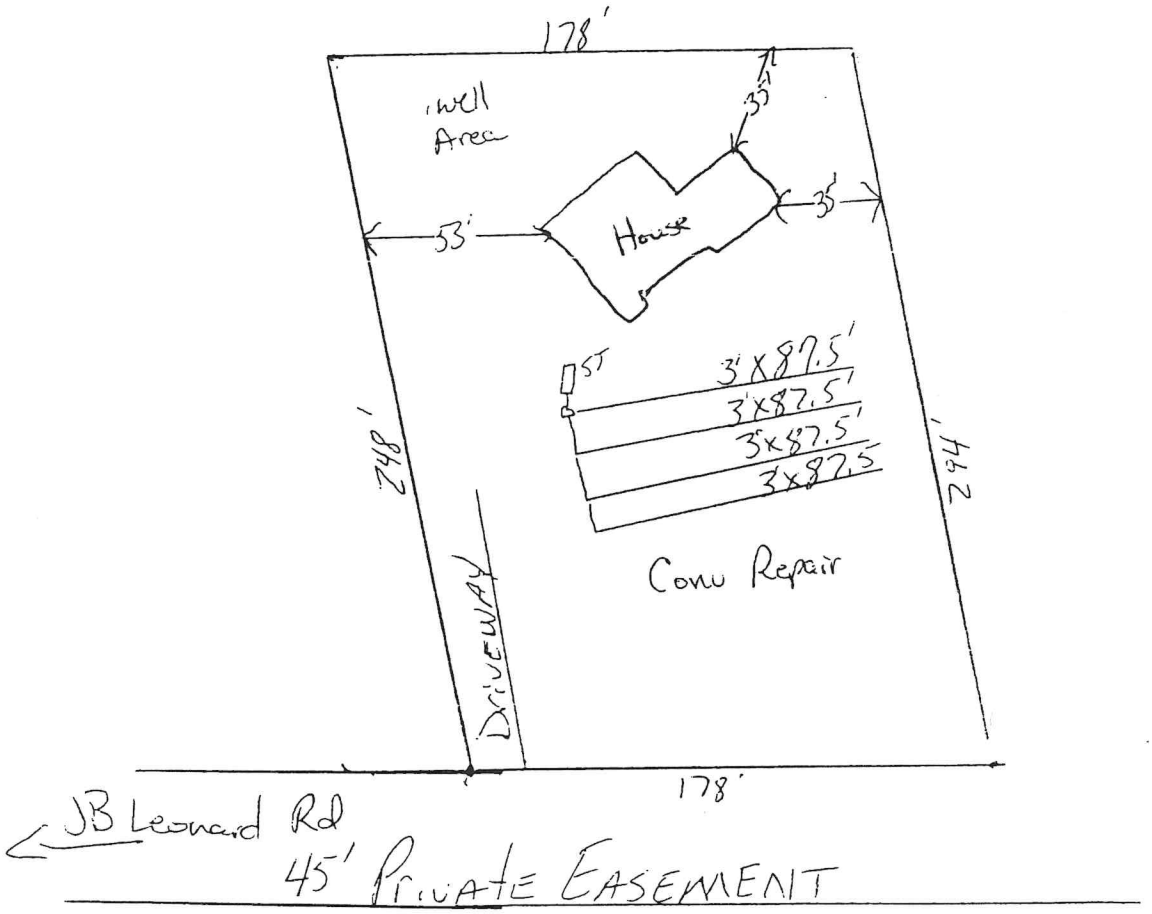
CONTRACTOR _____ TANK MANU _____ MANU DATE _____

WELL INSTALLED AT TIME OF INSPECTION YES _____ NO _____

SEPTIC SYSTEM LAYOUT

(SKETCH SYSTEM LAYOUT HERE)

Drawing not to scale



SEPTIC SYSTEM AS-BUILT

(IF DIFFERENT FROM INITIAL LAYOUT)

ON REVERSE

OPERATIONS PERMIT DATE _____ EHS _____