jcherrylenc.rr.com

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

Phone: 919-496-8100

SEPTIC PERMIT

Fax: 919-496-8136

Permit Number: 11176 Type: I PIN : 2840-21-2007 Date: 6/21/2019

Applicant: JAMES CHERRY
2704 EAST ST
GOLDSBORO, NC 27534
Telephone: (919) 778-3561

Owner: JAMES CHERRY
103 KIWI LANE
LOUISBURG, NC 27549
Telephone:

Subdivision: LAKE ROYALE Lot Number: 1711C Size: .180

Physical Address/ Location /Directions 103 KIWI LANE LOUISBURG

Description: LifeTime _____ 5 Year ✓

TYPE FACIL Camper # EMPLOY ____ # BEDRMS 2 GPD 240 LTAR .35

TYPE WAT Comm. TYPE SYS A TYPE REP ____ BSMT No BST FX N/A

SIZE TANK 900 SIZE CHB N/A SIZE NITR 3X180' MTD 30"

COMMENTS: Maintain setbacks.

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 7/2/19 EHS Thad Leonard

CONSTRUCTION AUTHORIZATION DATE 7/2/19 EHS Thad Leonard

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

Franklin County Health Department

Name: CHERRY Permit Number 11176

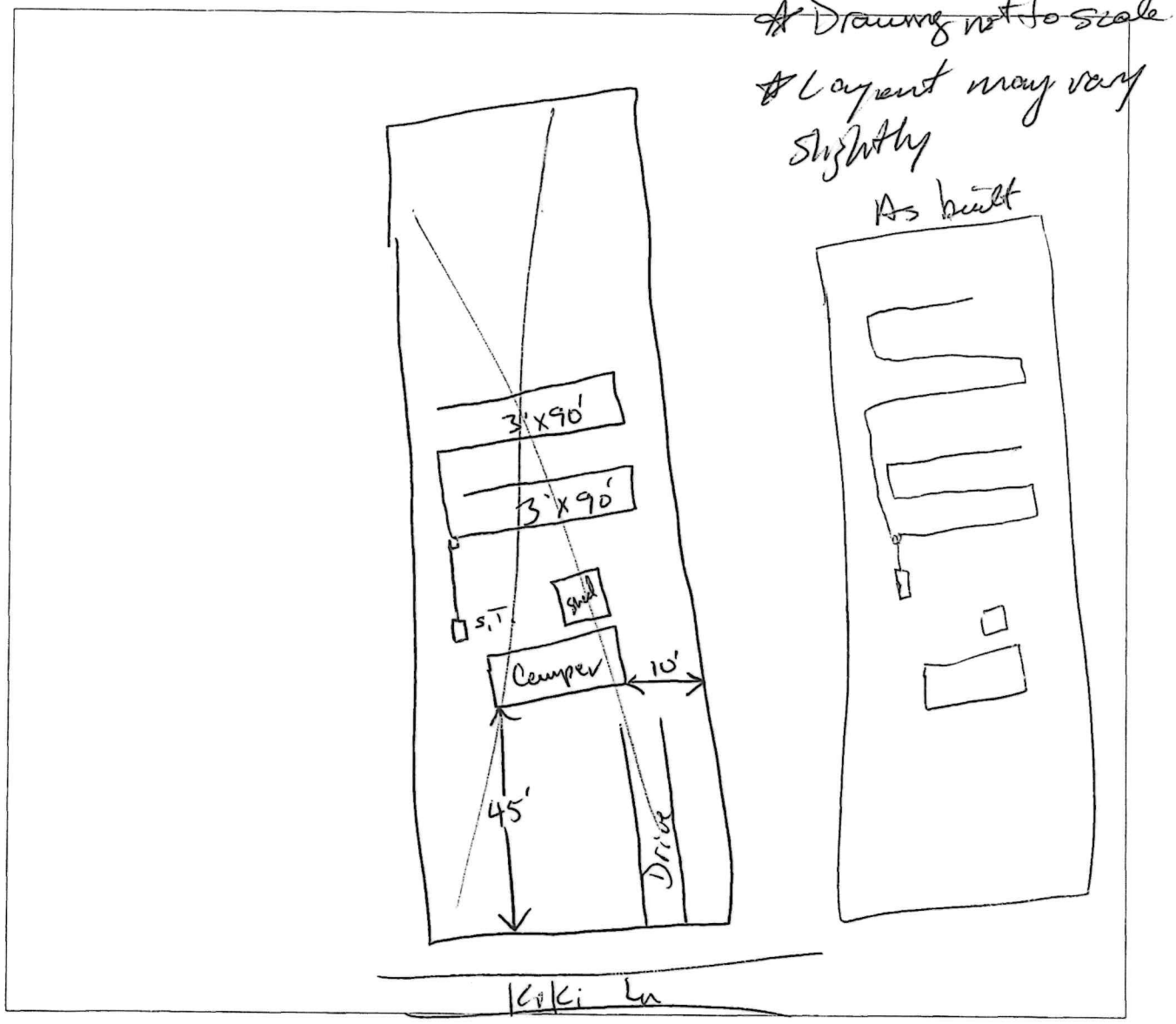
CONTRACTOR DB & Sons TANK MANU Infiltrator MANU DATE N/A

WELL INSTALLED YES _____ NO X SYSTEM CODE E71203-WG

SEPTIC SYSTEM LAYOUT

(SKETCH SYSTEM LAYOUT HERE)

* Drawing not to scale
* Layout may vary slightly



SEPTIC SYSTEM AS-BUILT

(IF DIFFERENT FROM INITIAL LAYOUT)

ON REVERSE

OPERATIONS PERMIT DATE 4-4-19 EHS


CREEK DR
RV
KIKI LN

Franklin County
NORTH CAROLINA

COUNTY OF FRANKLIN
ENVIRONMENT HEALTH APPLICATION (496-8100)

Permit #: **5875** Permit Type: **Septic Permit** Date Issued: **06/21/2019**

Project Address: **103 KIWI LN**

Location: **103 KIWI LN** Size #: **0.180**

Subdivision: **LAKE ROYALE** Lot #: **1711C**

Applicant: **JAMES CHERRY** Phone: **919.778.3561**

2704 EAST ST

GOLDSBORO NC 27534

27940

Owner Name: **JAMES CHERRY** Phone:

Address:

LOUISBURG NC, 27549

Tax record: **21710** Pin #: **LR1402 1711** Parcel #: **2840-21-2007**

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

Proposed Use: # of bedrooms: **2** # of people: **2**

Township: **CYP** Public Water/Sewer: **TESI / NO**

Desc: **[description]** Fees Due: **400.00** Date Paid: **06/21/2019**

*** Please complete all sections below ***

- ☐ Does this site contain any previously identified jurisdictional wetlands?
- ☐ Is any wastewater, other than domestic, going to be generated?
- ☐ 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 visiting the Planning & Inspections Department to obtain a building permit.

I hearby 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 be 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 release information upon public request.

X JAMES CHERRY James Cherry 06/21/2019

Print & Signature of Owner or Owner's Legal Representative

Franklin County Development Permit

Zoning Permit #: 265 **RESIDENTIAL**

Franklin County
NORTH CAROLINA

ADDRESS: **103 KIWI LN , LOUISBURG, NC 27549**
PARCEL NO.: **2840-21-2007** ZONING: **A R**
ISSUED TO: **JAMES CHERRY** LOT: **1711C**
2704 EAST ST SUBDIVISION: **LAKE ROYALE**
GOLDSBORO NC 27534
PHONE NUMBER: **919-778-3561** EMAIL:
CONTRACTOR: ADDRESS:
LICENSE #:
SETBACK:FRONT: **30** **RIGHT: 5** **Left: 5** **Rear: 5**
COUNTY WATER: **TESI** **FLOODPLAIN: No**
PERMIT TYPE: **Residential** PERMIT DATE: **06/21/2019**
TYPE OF CONSTRUCTION: **CAMPER/SEPTIC**
WATER SHED: **No** TOWNSHIP: **CYP** EXPIRE DATE: **12/20/2019**

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: James Cherry

UTILITY COMPANY: **PROGRESS ENERGY** **WAKE ELECTRIC** **OTHER**

NUMBER OF STORIES: _____ # of Bedrooms _____ # of People _____
SQUARE FOOTAGE: HEATED _____ UNHEATED _____ TOTAL _____
BASEMENT: ____ YES _____ NO _____
FIREPLACE: ____ NO _____ MASONARY _____ MANUFACTURED _____
PLAN SETS: ____ MODULAR _____ STICKBUILT _____

SUB CONTRACTOR

ELECTRICAL: _____
MECHANICAL: _____
PLUMBING: _____
COST OF CONSTRUCTION: _____

NO MORE THAN 2 STRUCTURAL DEVIATIONS OR PLANS MUST BE REDRAWN

DEPARTMENTAL USE ONLY

	INITIALS.(IN)	DATE	INITITALS (OUT)	DATE
ZONING	BI	6/21/19		
PLAN REVIEW				
SEPTIC/SEWER				

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

Sheet ___ of ___
PROPERTY ID #: _____
COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM
(Complete all fields in full)

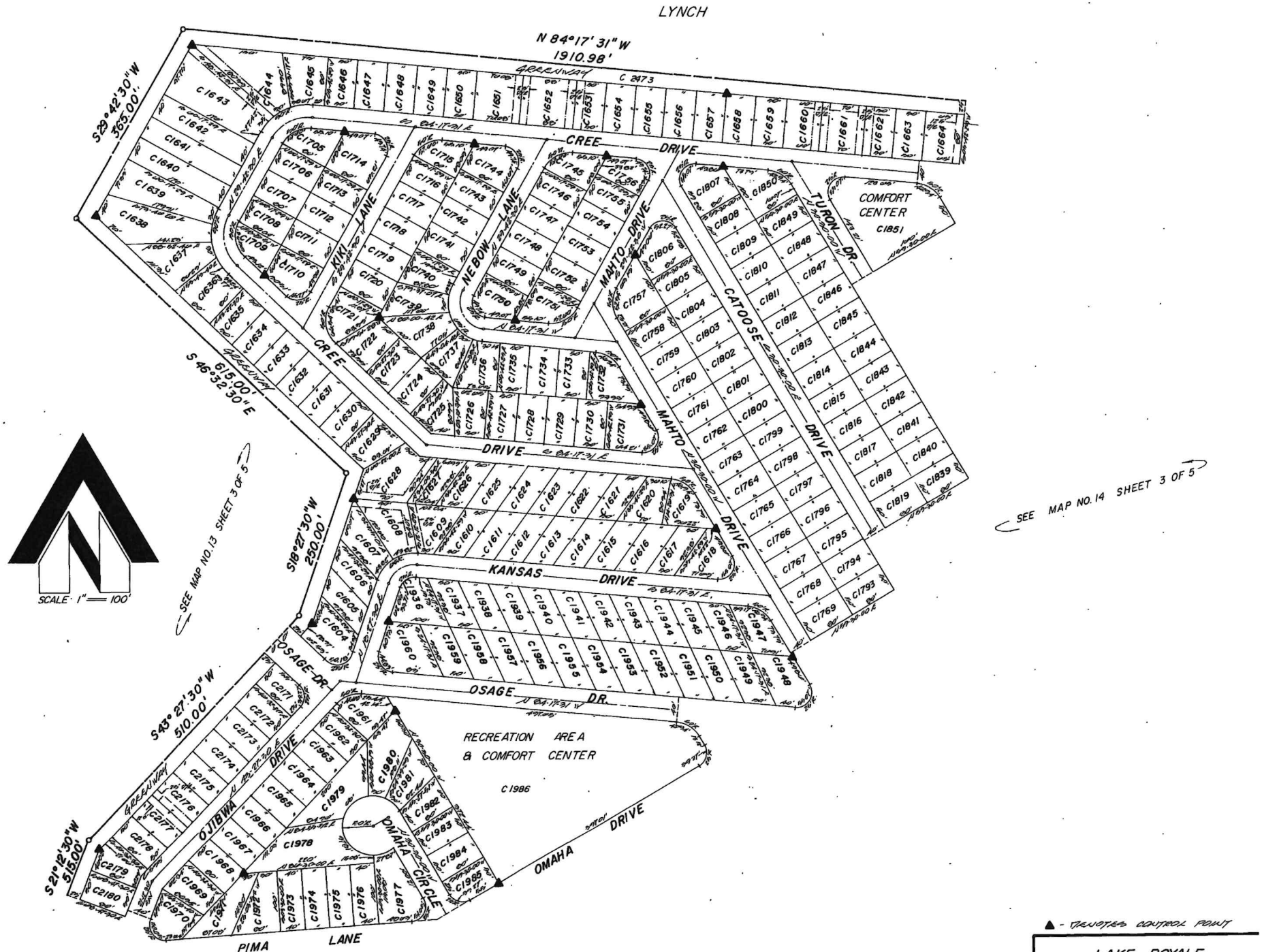
OWNER: James Cherry
ADDRESS: 2704 East St Goldsboro
APPLICATION DATE 6-21-19
DATE EVALUATED: 7-2-19
PROPOSED FACILITY: Camper
PROPOSED DESIGN FLOW (.1949): 240
PROPERTY SIZE: _____
LOCATION OF SITE: 103 Kiwi
PROPERTY RECORDED: _____
WATER SUPPLY: ☐ Private ☒ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☒ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LS 2-4%	0-3	Gr/SL	Fr/SBKP					,35 PS
		3-44	SBK/C	Fr/SBKP					
		44 AR"							
2									
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	N/A
System Type(s)	A	
Site LTAR	,35	

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: S. Cornwell
OTHER(S) PRESENT: None

COMMENTS: _____



▲ - DENOTES CONTROL POINT

LAKE ROYALE
MAP 14 OF 20 SHEET 2 OF