



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

CDP# 377416

Issued to: **Samuel Faulkner**

Location: **103 HORSE SHOE DR LOUISBURG , NC 27549**

SEPTIC RECHECK APPLICATION

Application Type: SEPTIC RECHECK

Application Number: E-22-573

Date: June 17, 2022

Building Type: PARCEL

Acreage: 0.54

Project Type: Accessory Building (e.g. Detached
Garage, Carport, Storage Building)

Zoning: R 1

of Bedrooms: 0

of People: 0

Parcel ID #: 022889

Subdivision: LOT ROYALE

Applicant Information

Applicant Name: Samuel Faulkner

Address: 597 Lake Royale Louisburg , NC 27549

Phone: 919-514-9758

Email: rainflow2021@gmail.com

Property Owner Information

Owner Name: NORTH CAROLINA EXTERIORS LLC

Address: 6624 OLD WAKE FOREST RD RALEIGH , NC 27616

Phone:

Email:

General Contractor Information

Contractor Name:

Address: ,

Phone:

Email:

Zoning

Zoning Permit #: Z-22-980

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.



Existing System Approval

Franklin County Health Department
Environmental Health Section
107 Industrial Drive
Louisburg, NC 27549
Phone: Fax:

For Office Use Only

*CDP File Number:
377416

County ID Number:

Evaluated For:
EXISTING

Permit Valid Until:

Applicant: SAMUEL FAULKNER
Address: 597 LAKE ROYALE
City: LOUISBURG
State/Zip: NC / 27549
Phone #: _____

Property Owner: NORTH CAROLINA EXTERIORS LI
Address: 6624 OLD WAKE FOREST RD
City: RALEIGH
State/Zip: NC / 27616
Phone #: _____

Property Location & Site Information

Address: 103 HORSE SHOE DR Subdivision: LAKE ROYALE Phase: _____ Lot: _____
Road#: NC Township: _____
*Structure: OTHER
of Bedrooms: 0 # of People: 0 Directions: 103 HORSE SHOE DR
*Water Supply: COMMUNITY Type of business: ACCESSORY BUILDING
Basement: ☐ Yes ☒ No Total sq. Footage: _____ No. Of Employees: _____

*Proposed Improvement:

*Release Conditions: PROPOSED STRUCTURE MEETS 5 FOOT SETBACK FROM SEPTIC SYSTEM

This release in no way expresses or implies that the existing subsurface sewage treatment and disposal system serving the site will continue to function for any period of time.

Applicant/Legal Reps. Signature Required? ☐ Yes ☐ No

Applicant/Legal Reps. Signature: _____ *Date: _____

*Issued By: Bendel, Joel *Date of Issue: 07/05/2022

Authorized State Agent: _____

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

☐ Hand Drawing

☐ Import Drawing

Total Time: (HH:MM)

Hours Minutes

Activity Code: -



File # 254527 PIN# 7830-72-6358

Property Address: 103 Horse Shoe Dr

Applicant or Owner Name: James Smith

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: 10/23/19 EHS: Shad Lowndes

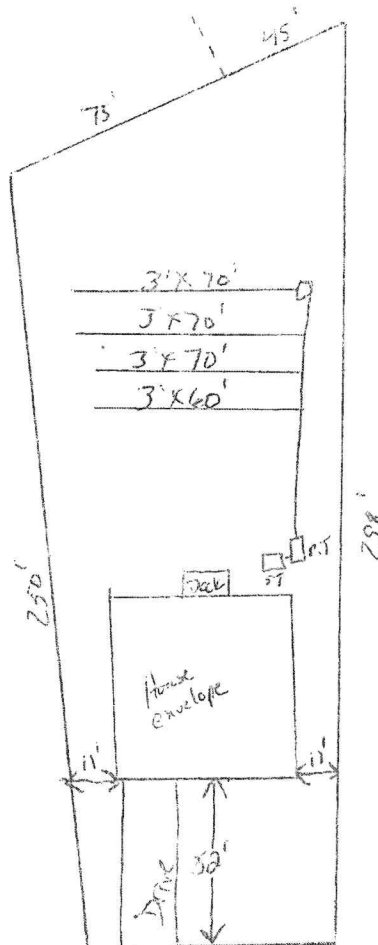
**Any previously dated CA diagram is revoked and/or invalid. Confirm this is the valid diagram for the site before beginning any construction.

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 permit 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 1400 Pump Tank 1000 Drainfield 3'x 270' Type System Pump & Acc Max Trench Depth 30"

Septic Contractor Triworks Septic/Pump tank dates 10-19-19 DB-1000 Pump fee? NO YES pd 11-6-19 PT-1000

Well Contractor _____ Well Grout date: _____



- * Drawing not to scale
- * Pump to D-box
- * Maintain proper setbacks
- * Install drainlines on contour.

