

# FRANKLIN COUNTY HEALTH DEPARTMENT

|                                                                                                     |                   |                                                                          |                                    |
|-----------------------------------------------------------------------------------------------------|-------------------|--------------------------------------------------------------------------|------------------------------------|
| PERMIT NUMBER:<br>86881 IMPROVEMENTS PERMIT                                                         | DATE:<br>09.26.96 | ELEC10024                                                                | SIZE: 10A                          |
| APPLICANT:<br>CHALK JR WILEY<br>108 CEDAR CREEK LANE<br>YOUNGSVILLE NC 27596<br>TELEPHONE: 556-6204 |                   | OWNER:<br>CHALK JR WILEY<br>108 CEDAR CREEK LANE<br>YOUNGSVILLE NC 27596 |                                    |
| COMMENT:<br>MH                                                                                      |                   | DESCRIPTION: 5 YEAR <input type="checkbox"/>                             | LIFETIME: <input type="checkbox"/> |
| LOCATION / DIRECTIONS:<br>DAVIS TR #11                                                              |                   |                                                                          |                                    |
| FEE:<br>50.00 3311                                                                                  |                   | SIGNATURE OR OWNER OR AUTHORIZED AGENT:                                  |                                    |

THE ABOVE SIGNATURE INDICATES THAT I HAVE READ, UNDERSTAND, AND AGREE WITH ALL PROVISIONS AND INFORMATION AS OUTLINED ON THE BACK SIDE OF THIS FORM

|                    |                    |                  |                       |
|--------------------|--------------------|------------------|-----------------------|
| #BEDRMS <u>3</u>   | DISPOSAL <u>N</u>  | OTHER <u>—</u>   | TYPE. SYS <u>CONV</u> |
| SZ. TANK <u>—</u>  | SZ. CHAMB <u>—</u> | NITRIFI <u>—</u> | OPER. REQ <u>N</u>    |
| SITE. LOC <u>—</u> |                    |                  |                       |

REMARKS: Add 100' to EXISTING system. TIE IN to EXISTING LINE OR INSTALL ANOTHER LINE. Follow CONTOUR.



DATE. ISSUED 10-3-96

EH SPECIALIST [Signature]

DATE. APPROVED 5-13-97

EH SPECIALIST [Signature]

# FRANKLIN COUNTY HEALTH DEPARTMENT

|                                                                                                     |  |                                                                          |           |                                    |
|-----------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------|-----------|------------------------------------|
| PERMIT NUMBER: 86881 IMPROVEMENTS PERMIT                                                            |  | DATE: 09.26.96                                                           | ELEC10024 | SIZE: 10A                          |
| APPLICANT:<br>CHALK JR WILEY<br>108 CEDAR CREEK LANE<br>YOUNGSVILLE NC 27596<br>TELEPHONE: 556-6204 |  | OWNER:<br>CHALK JR WILEY<br>108 CEDAR CREEK LANE<br>YOUNGSVILLE NC 27596 |           |                                    |
| COMMENT:                                                                                            |  | DESCRIPTION: 5 YEAR <input type="checkbox"/>                             |           | LIFETIME: <input type="checkbox"/> |
| LOCATION / DIRECTIONS:<br>DAVIS TR #11                                                              |  |                                                                          |           |                                    |
| FEE:<br>50.00      3311                                                                             |  | SIGNATURE OR OWNER OR AUTHORIZED AGENT:                                  |           |                                    |

THE ABOVE SIGNATURE INDICATES THAT I HAVE READ, UNDERSTAND, AND AGREE WITH ALL PROVISIONS AND INFORMATION AS OUTLINED ON THE BACK SIDE OF THIS FORM

|                    |                    |                  |                       |
|--------------------|--------------------|------------------|-----------------------|
| #BEDRMS <u>3</u>   | DISPOSAL <u>N</u>  | OTHER <u>—</u>   | TYPE. SYS <u>CONV</u> |
| SZ. TANK <u>—</u>  | SZ. CHAMB <u>—</u> | NITRIFI <u>—</u> | OPER. REQ <u>N</u>    |
| SITE. LOC <u>—</u> |                    |                  |                       |

REMARKS: Add 100' to EXISTING system. Tie IN to EXISTING LINE OR INSTALL ANOTHER LINE. Follow CONTOUR.



DATE. ISSUED 10-3-96

EH SPECIALIST [Signature]

DATE. APPROVED 5-13-97

EH SPECIALIST [Signature]

SEPTIC PERMIT APPLICATION  
Franklin County Health Department  
Phone 496-8100

TxREC#: 10024  
PIN#:

SPermit#: 0  
BPermit#: 7677  
TMAP: 00400041

8666I

Township: Franklinton  
Subdivision: Davis Tr  
Prop.Address:

Zone: AR  
Lot: 11 Lot Size: 10A  
St.Road: 1125

Applicant: Chalk, Jr, Wiley  
Address: 108 Cedar Creek Lane  
C/S/Z: Youngsville, nC 27596  
Phone: (919) 556-6204  
SF/Building Permit: Y  
Bedroom#: 3  
Commercial:  
Public Sewer:  
Public Water:  
Type Facility:  
SPermit \$: 50.00  
Notes: Removing MH building DWG with 1 addi  
B/R P#2614

Owner: Chalk, Jr, Wiley  
Address:  
C/S/Z:  
Mobile Home Permit:  
Bath#: 2.0  
Industrial:  
Town:  
Est.Daily Waste Flow:  
Date: 09/26/96 Rec#: 3311

ZONING PERMIT  
Department of Planning & Development

Use of Property: SFD  
Zoning District: AR  
Setback Required: Front:30

Rear: 25 Side: 10

*James M. ...*  
Zoning Administrator

I certify that all 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. I understand that false information may be grounds for rejection of this application. Authorized County representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

*Wiley ...*

26 Sept 1996

Signature of Owner/Authorized Agent

Date

Call the Health Department (496-8100) between 8:00 AM and 9:00 AM on Monday-Friday to schedule an appointment with an environmental health specialist to evaluate your lot. He/she will show you where to locate the well and septic system, in relation to the desired dwelling location and any property lines. If approved, an improvements permit will be issued. After the septic tank has been installed and approved, the Sanitarian will issue a certification of completion.

PER005B



# FRANKLIN COUNTY HEALTH DEPARTMENT IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

No 2614

Owner Tom Turner

Date 11/30/84

Location East side of SR 1125 - Lot # 11

☒ Septic Tank ☐ Repair ☐ Home ☐ New  
☐ Privy ☐ Electric Svc. ☒ Mobile Home ☐ Business

☒ Garbage Disposal No. Bedrooms 2  
☒ Dishwasher No. Bathrooms 2  
☐ Washing Machine No. Persons 2

Size of Tank 900 Area of Nit. Field 600

Total Length of Lines 200 No. of Lines 2

Trench Width 36" Depth of Stone 12"

Water Supply: ☒ Private ☐ Community

☐ FMHA ☐ FHA ☐ VA

Comments \_\_\_\_\_

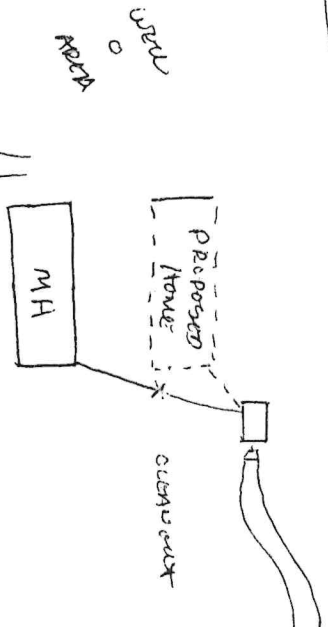
Imp. Permit DL Peoples

Cert. of Comp. \_\_\_\_\_

Contractor \_\_\_\_\_ Date \_\_\_\_\_

Lot Size: 10 Acres Township: Franklin

Layout: 6' to 8' cover separately on center



Fee \$30.00 Paid in Full MP

APRIL 1, 1996

200 100 0 200 400

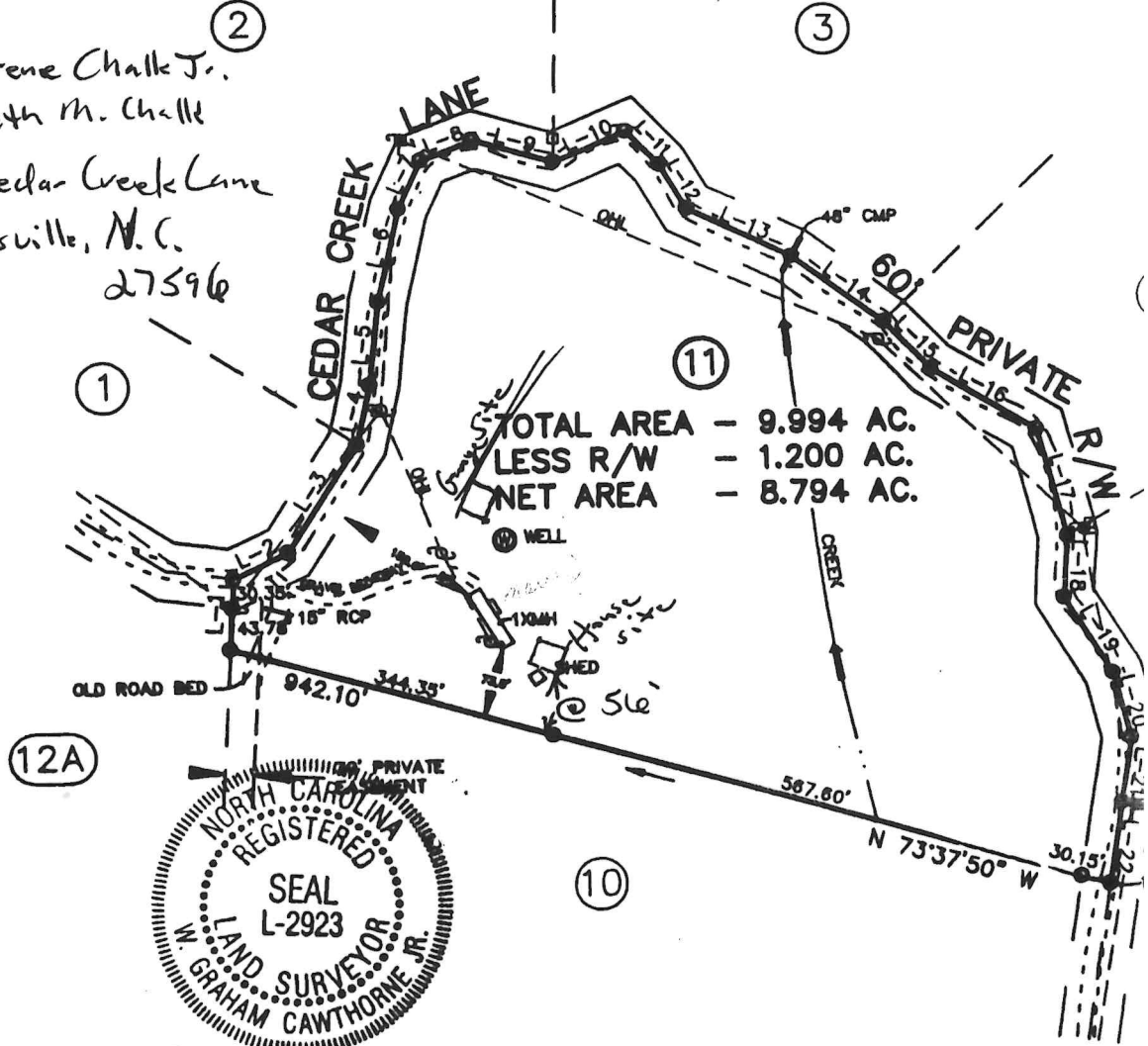
SCALE 1"=200'

LEGEND

○ - E)  
□ - TE  
⊙ - P  
OHL -  
R/W -

ADOPTED FROM P.R.F.

Wiley Gene Chalk Jr.  
Elizabeth M. Chalk  
108 Cedar Creek Lane  
Youngsville, N.C.  
27596



TOTAL AREA - 9.994 AC.  
LESS R/W - 1.200 AC.  
NET AREA - 8.794 AC.

LINE TABLE

| LINE | DIRECTION     | DISTANCE |
|------|---------------|----------|
| L-1  | N 03°55'00" E | 74.13'   |
| L-2  | N 65°08'20" E | 62.64'   |
| L-3  | N 33°35'48" E | 132.31'  |
| L-4  | N 13°14'07" E | 63.39'   |
| L-5  | N 06°36'46" E | 90.47'   |
| L-6  | N 13°23'52" E | 101.12'  |
| L-7  | N 25°07'08" E | 57.40'   |
| L-8  | N 69°31'05" E | 58.30'   |
| L-9  | S 73°02'56" E | 86.16'   |
| L-10 | N 67°15'57" E | 81.56'   |
| L-11 | S 42°33'02" E | 49.86'   |

| LINE | DIRECTION     |
|------|---------------|
| L-12 | S 29°15'30" E |
| L-13 | S 64°02'08" E |
| L-14 | S 52°33'26" E |
| L-15 | S 43°49'55" E |
| L-16 | S 58°53'43" E |
| L-17 | S 14°56'47" E |
| L-18 | S 03°51'05" W |
| L-19 | S 29°42'56" E |
| L-20 | S 14°00'06" E |
| L-21 | S 08°48'31" W |
| L-22 | S 08°48'43" W |

W. GRAHAM CAWTHORNE JR.

Registered Land Surveyor

239 E. Owen St.  
Post Office Box 1253

I DECLARE THAT THIS SURVEY CAROLINA STANDARDS OF PRA (SECTION 1800) FOR CLASS A CALCULATED RATIO OF PRECIS IS 1:10,000+. FURTHERMORE, ARE PRIMARY CONTROL MONU ESTABLISHMENT OF PROPERTY OF GRID MONUMENTS AND OTI CORNERS. THIS SURVEY IS NC OUT THE WRITTEN AUTHORIZA

7-96

