Fax 919-266-7302

FRANKLIN COUNTY HEALTH DEPARTMENT

PERMIT NUMBER:	DATE:		
7771C			

APPLICANT: CONST IMPROVE PERMIT 20031203

ROYALE REALTY
128 LAKE ROYALE
LOUISBURG NC 27549

TELEPHONE: 478-5608

OWNER: 252-560-4806 SIZE: 1A

KIM WILLIAM NC &
1317 MEDICAL DR STE
FAYETTEVILLE NC 28304

COMMENT: SFD

DESCRIPTION: 5 YEAR [X] LIFETIME: [ ]

LOCATION / DIRECTIONS:
LAKE ROYALE #2795

FEE: 225.00

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

TOPO	=PS	TEXTURE	PS	STRUCTURE	PS	DEPTH	PS
R. HOR	PS	SOIL. WET	PS	AVAIL. SP	=PS	OTHER	
MINRL	PS	OVERALL	PS	LTAR	0.36		
#BEDRMS	3	GPD	360	DISPOSAL		TYPE. SYS	Pressure MANIF
SZ. TANK	1000	SZ. CHAMB	1000	NITRIFI	3' X 250' Innov.	TYPE. WAT	Public
SITE. LOC		MAX TRENCH DEP	30"	TYP. FAC	SFD		

REMARKS: [redacted] * DRAWING Not to Scale

* Permit Calls For Use OF Pressure MANIFold to Innov. SYSTEM!

CONTRACTOR: David Beasley

TANK MANUF: PT D13 1000 4/2/04

MANUF DATE: PT D13 1000 3/9/04

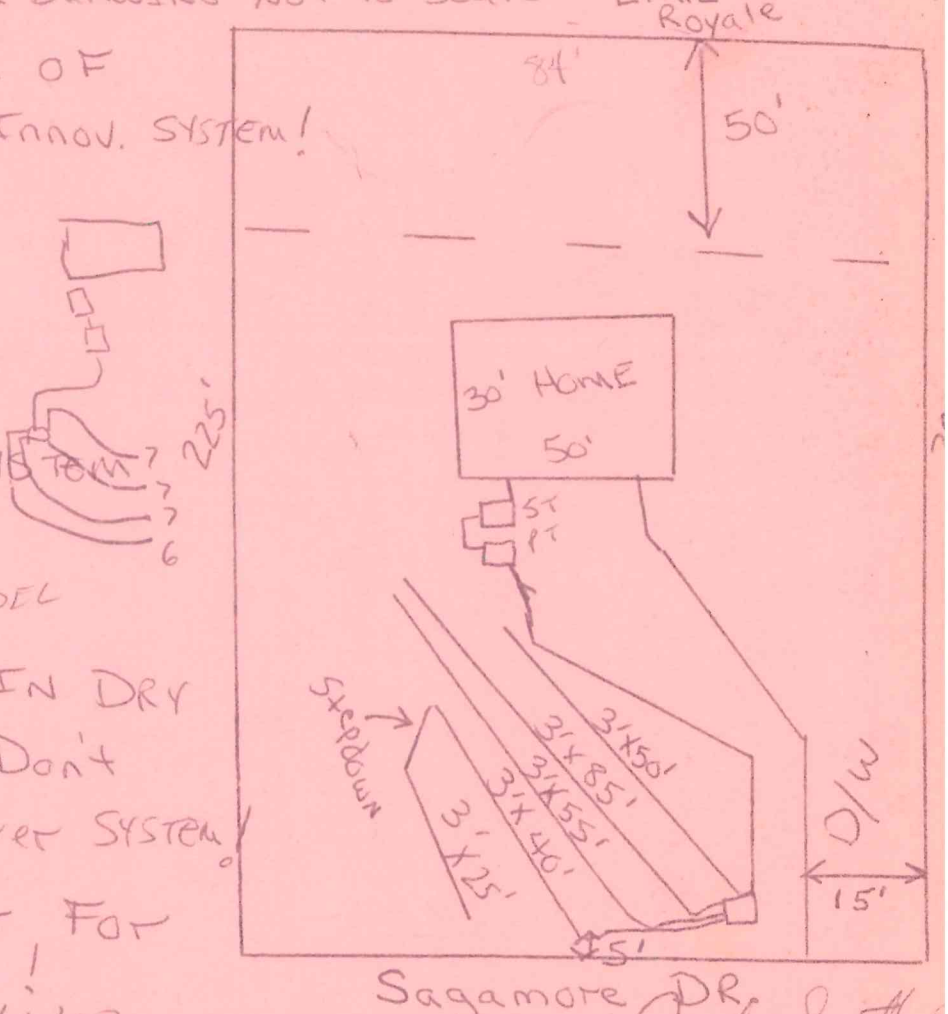
S2 flow - 270'
Need lock pump/Alarm/T&F filter

* Install Manifold Taps Innov. SYSTEM AS SHOWN!

✓ Alarm/pump 6/18/04 SEL

* Install SYSTEM IN DRY Conditions & Don't PARK or Drive over SYSTEM.

** See Attached Sheet For Installation Details!



IMPROVEMENT PERMIT DATE: 12/4/03 ENV HEALTH SPEC: Andy Smith

CONSTRUCTION AUTHORIZATION DATE: 12/4/03 ENV HEALTH SPEC: Andy Smith

OPERATION PERMIT DATE: 6/18/04 ENV HEALTH SPEC:

Septic System Layout & Design
Lot 2795 Lake Royale
(Pump to Pressure Manifold)

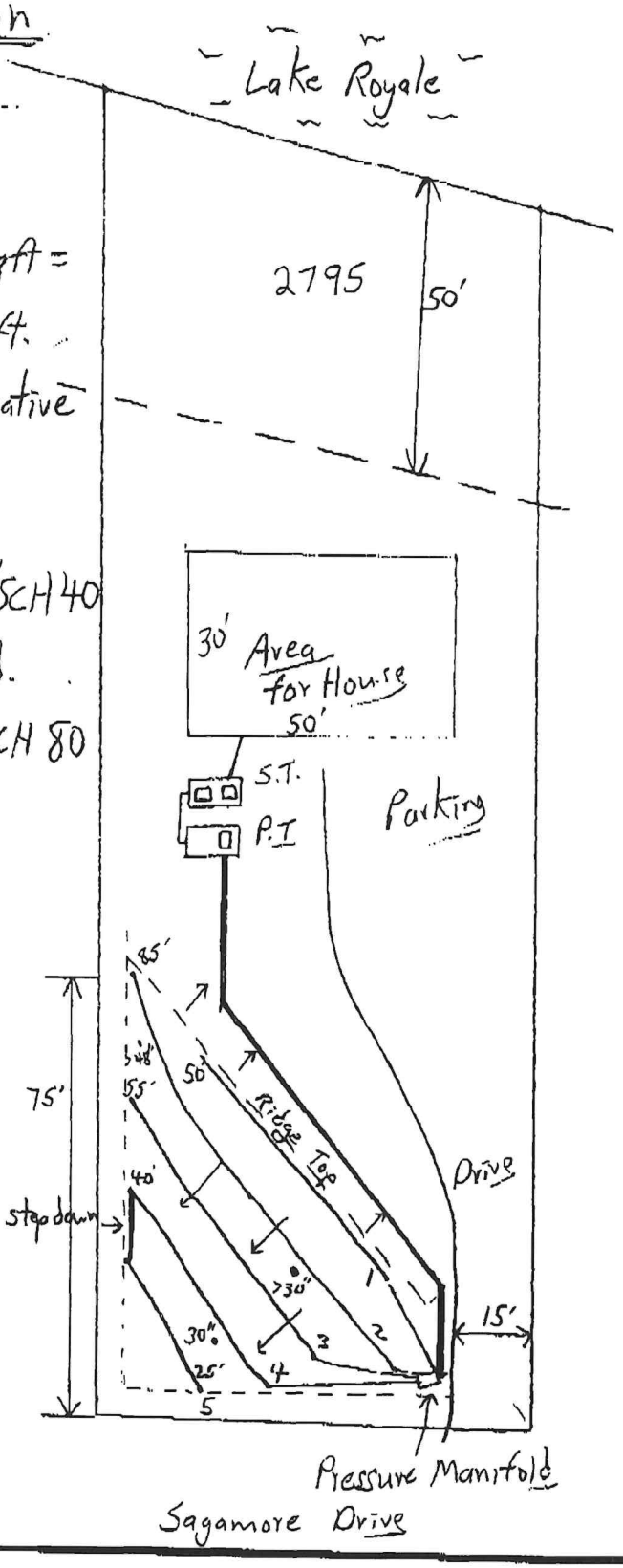
Design: 360 gpd ÷ 0.36 gpd/sqft =
1000 sqft ÷ 3 ft = 333 ft.
333 ft × 0.75 = 250' for Innovative

Manifold Configuration:
+ Feed Trenches 1 + 3 with ½" SCH 40 taps 7.11 gpm at 2 ft of head.
+ Feed Trenches 2 + 4 with ½" SCH 80 taps 5.48 gpm at 2 ft of head.

Notes:
+ Step trench #4 down to #5.
+ Install valve on taps for flow control.
+ Area for house can be altered

50' + 85' + 55' + 40' + 25' = 255'

J. R. Davis
12-1-03



SCALE
0 15' 30'

APPIAN CONSULTING ENGINEERS, P.A.
CIVIL, MUNICIPAL, STRUCTURAL & COMPREHENSIVE ENVIRONMENTAL SERVICES
841 S. WESLEYAN BLVD.
ROCKY MOUNT N.C. 27803

2795 Lake Royale
Tom Charnetsky

FRANKLIN COUNTY HEALTH DEPARTMENT

PERMIT NUMBER:	DATE:		
17771C CONST IMPROVE PERMIT	20031024	2831-60-4806	SIZE: 1A

APPLICANT:
ROYALE REALTY
128 LAKE ROYALE
LOUISBURG NC 27549

TELEPHONE: 478-5608

OWNER:
KIM WILLIAM NC &
1317 MEDICAL DR STE
FAYETTEVILLE NC 28304

COMMENT: SFD

DESCRIPTION: 5 YEAR ☐ LIFETIME: ☐

LOCATION / DIRECTIONS: LAKE ROYALE #2795

FEE: 225.00

SIGNATURE OR OWNER OR AUTHORIZED AGENT:

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TOPO _____	TEXTURE _____	STRUCTURE _____	DEPTH _____
R.HOR _____	SOIL.WET _____	AVAIL.SP _____	OTHER _____
MINRL _____	OVERALL _____	LTAR _____	
#BEDRMS _____	GPD _____	DISPOSAL _____	TYPE.SYS _____
SZ.TANK _____	SZ.CHAMB _____	NITRIFI _____	TYPE.WAT _____
SITE.LOC _____	MAX TRENCH DEP _____	TYP.FAC _____	

REMARKS: _____

CONTRACTOR: _____

TANK MANUF: _____

MANUF DATE: _____

*Improvement Permit

Denied Due to:

Rules: .1940 Unsuitable Topography

.1945 Available Space

10/27/03 Andy Smith RS

IMPROVEMENT PERMIT DATE: _____ ENV HEALTH SPEC: _____

CONSTRUCTION AUTHORIZATION DATE: _____ ENV HEALTH SPEC: _____

OPERATION PERMIT DATE: _____ ENV HEALTH SPEC: _____

FRANKLIN COUNTY HEALTH DEPARTMENT

PERMIT NUMBER:	DATE:		SIZE:
17771C CONST IMPROVE PERMIT	20031024	2831-60-4806	1-A

APPLICANT:	OWNER:
ROYALE REALTY 128 LAKE ROYALE LOUISBURG NC 27549 TELEPHONE: 478-5608	KIM WILLIAM NC & 1317 MEDICAL DR STE FAYETTEVILLE NC 28304

COMMENT:	DESCRIPTION: 5 YEAR ☐	LIFETIME: ☐
SFD		

LOCATION / DIRECTIONS: LAKE ROYALE #2795

FEE:	SIGNATURE OR OWNER OR AUTHORIZED AGENT:
225.00	

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

TOPO _____	TEXTURE _____	STRUCTURE _____	DEPTH _____
R.HOR _____	SOIL.WET _____	AVAIL.SP _____	OTHER _____
MINRL _____	OVERALL _____	LTAR _____	
#BEDRMS _____	GPD _____	DISPOSAL _____	TYPE.SYS _____
SZ.TANK _____	SZ.CHAMB _____	NITRIFI _____	TYPE.WAT _____
SITE.LOC _____	MAX TRENCH DEP _____	TYP.FAC _____	

REMARKS: _____

CONTRACTOR: _____

TANK MANUF: _____

MANUF DATE: _____

*Improvement Permit

Denied Due to:

Rules: .1940 Unsuitable Topography

.1945 Available Space

10/27/03 Andy Smith, RS

IMPROVEMENT PERMIT DATE: _____ ENV HEALTH SPEC: _____

CONSTRUCTION AUTHORIZATION DATE: _____ ENV HEALTH SPEC: _____

OPERATION PERMIT DATE: _____ ENV HEALTH SPEC: _____

FRANKLIN COUNTY HEALTH DEPARTMENT

PERMIT NUMBER:	DATE:		
17771C CONST IMPROVE PERMIT	20031024	2831-60-4806	SIZE: 1A

APPLICANT:	OWNER:
ROYALE REALTY 128 LAKE ROYALE LOUISBURG NC 27549 478-5608 TELEPHONE:	KIM WILLIAM NC & 1317 MEDICAL DR STE FAYETTEVILLE NC 28304

COMMENT:	DESCRIPTION: 5 YEAR ☐	LIFETIME: ☐
SFD		

LOCATION / DIRECTIONS:
LAKE ROYALE #2795

FEE:	SIGNATURE OR OWNER OR AUTHORIZED AGENT:
225.00	

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MINRL _____	OVERALL _____	LTAR _____	
#BEDRMS _____	GPD _____	DISPOSAL _____	TYPE.SYS _____
SZ.TANK _____	SZ.CHAMB _____	NITRIFI _____	TYPE.WAT _____
SITE.LOC _____	MAX TRENCH DEP _____	TYP.FAC _____	

REMARKS: _____

CONTRACTOR: _____

TANK MANUF: _____

MANUF DATE: _____

*Improvement Permit
Denied Due to:
Rules: .1940 Unsuitable Topography
.1945 Available Space
10/27/03 Andy Smith RS

IMPROVEMENT PERMIT DATE: _____ ENV HEALTH SPEC: _____

CONSTRUCTION AUTHORIZATION DATE: _____ ENV HEALTH SPEC: _____

OPERATION PERMIT DATE: _____ ENV HEALTH SPEC: _____

FRANKLIN COUNTY SOIL/SITE EVALUATION SHEET

APPLICANT Royale Realty
WATER SUPPLY Public
LOCATION/DIRECTIONS Lake Royale Lot 2795
PROPERTY ID
DATE 10/27/03

FACTORS

		PROFILES					
		1	2	3	4	5	6
LANDSCAPE POSITION	1940	R					
SLOPE (%)	1940	10%					
HORIZON I DEPTH	1943	0-8					
TEXTURE	1941(a) (1)	SCL					
CONSISTENCE	1941	FR					
STRUCTURE	1941(a)(2)	SBK					
CLAY MINEROLOGY	1941(a)(3)	MIXED					
HORIZON II DEPTH	1943	8-40					
TEXTURE	1941(a) (1)	CL					
CONSISTENCE	1941	FI					
STRUCTURE	1941(a)(2)	SBK					
CLAY MINEROLOGY	1941(a)(3)	SERP					
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	74.0"					
RESTRICTIVE HORIZON	1944	74.0"					
SAPROLITE	1943/1956	40"					
CLASSIFICATION	1948	UNS					
LTAR (gpd/ft2)	1955	0.35					
OTHER FACTORS (1946)							

	SITE LTAR (gpd/ft2) .35
AVAILABLE SPACE (1945) UNS	
CLASSIFICATION (1948) UNS	SYSTEM TYPE Conv.
EVALUATED BY: Andy Sc	
	OTHERS PRESENT

COUNTY OF FRANKLIN

ENVIRONMENT HEALTH APPLICATION (496-8100)

Permit #: **10333** Permit Type: **SEPTIC PERMIT** Date Issued: **10/03/2003**

Project Address: ,

17771C

Location: Size #: **1.000**

Subdivision: **LAKE ROYALE** Lot #: **2795**

Applicant: **ROYALE REALTY**
128 LAKE ROYALE
LOUISBURG NC 27549

Phone: **252.478.5608** 252-478-5569

Owner: **KIM WILLIAM N C &**
1317 MEDICAL DRIVE STE
FAYETTEVILLE NC 28304

Phone: TOPO Gulley's!

Tax record: **24116** Pin #: **2831-60-4806** Parcel #: **LR1002 2795**

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

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

Type Wastewater -	Sewage: ______	Industrial Process Wastewater: ______	
Type Water Supply -	Private: ______	Community: ______	
Previously Identified Jurisdictional Wetland -	Yes: __________	No: __________	

Township: **CYPRESS** Public Water/Sewer: **TESI (LAKE** ST Road #:

Desc: Fees Due: **$225.00** Date Paid: **10/03/2003**

Special Conditions:

Call Environment Health (496-8100) between 8:00 AM and 9:00 AM Monday thru Friday to schedule an appointment with the environment 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.

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.

All Fees Are Nonrefundable

(Signature of Contractor, Authorized Agent or Owner) 10/3/03 Date

Franklin County DRC Application

Zoning Permit #: 6997 **RESIDENTIAL**

ADDRESS:
PARCEL NO.: **2831-60-4806** ZONING: **R-1**
SUBDIVISION: **LAKE ROYALE** LOT: **2795**
ISSUED TO: **KIM WILLIAM N C &**
1317 MEDICAL DRIVE STE
FAYETTEVILLE NC 28304
PHONE NUMBER:
SETBACK: FRONT: **30** RIGHT: **10** LEFT: **10** REAR: **25**
COUNTY WATER: **COUNTY** FLOODPLAIN: **NO**
PERMIT TYPE: **ZONING PERMIT**
TYPE OF CONSTRUCTION: **SINGLE FAMILY DWELLING**
PERMIT DATE: **10/03/2003** WATERSHED **NO**
TOWNSHIP **CYP** EXPIRE DATE: **04/03/2004**

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:

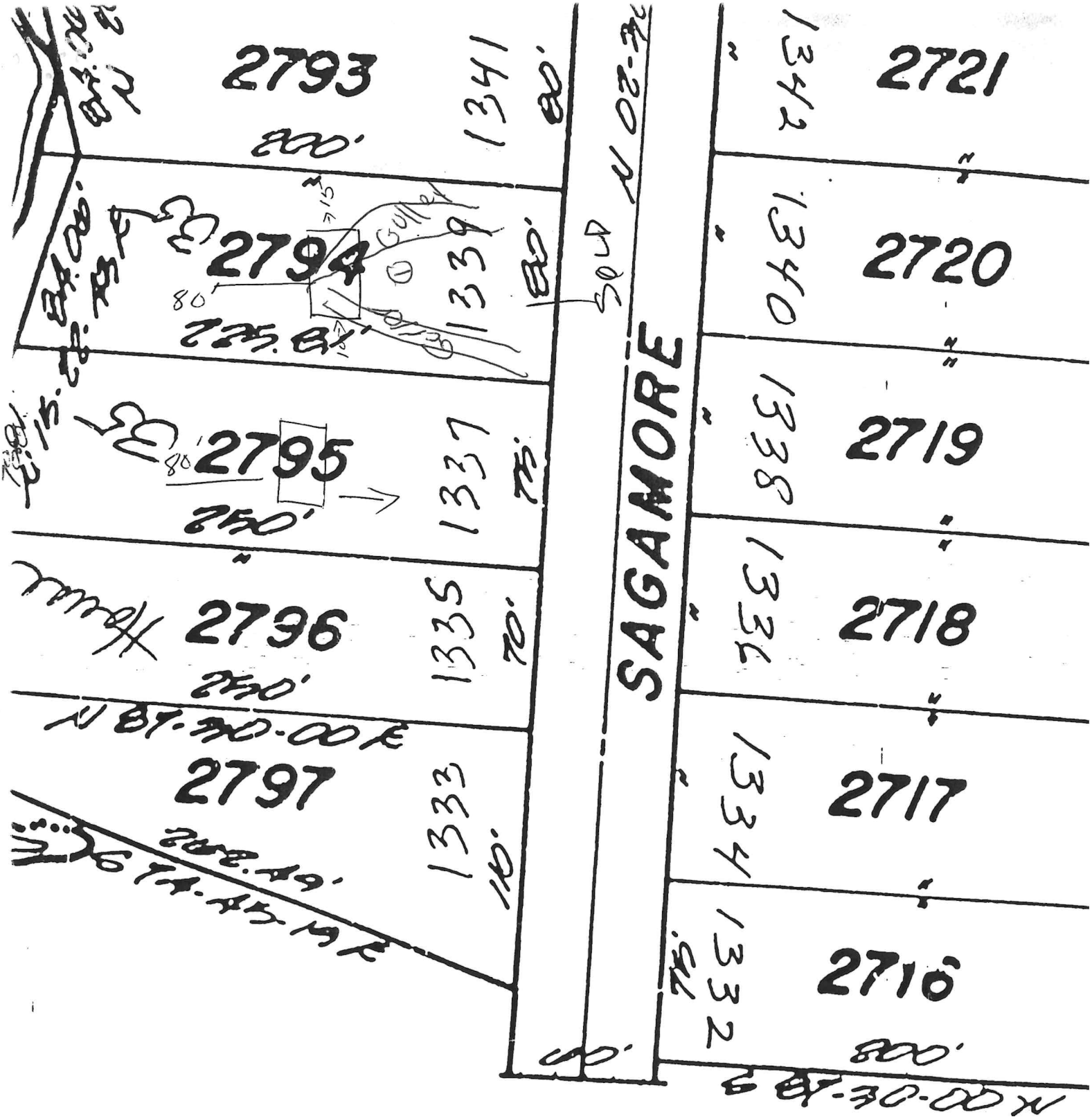
I hereby certify that all information I have provided to the Planning Department is true and accurate.
APPLICANTS SIGNATURE:
Ann J. Faison

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 _____ STICKBUILT _____
ELECTRICIAN: _____ MECHANICAL: _____
PLUMBING: _____
MULTI USE PLAN # _____
COST OF CONSTRUCTION: _____

NO MORE THAN 2 STRUCTURAL DEVIATIONS OR PLANS MUST BE REDRAWN

DEPARTMENTAL USE ONLY

	INITIALS (IN)	DATE	INITIALS (OUT)	DATE
ZONING	[illegible]	10/03/03		
INITIAL PERMITTING				
ADDRESSING				
PLAN REVIEW				
FIRE REVIEW				
SEPTIC/SEWER				
FINAL PERMITTING				



SEE MAP NO. 10 — 2
SHEET 4 OF 5