

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

PAGE 1 OF 2

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

Owner: JAMES CHERRY
103 KIWI LANE
LOUISBURG, NC 27549

Telephone: (919) 778-3561

Telephone:

Subdivision: LAKE ROYALE

Lot Number: 1711C

Size: .180

Physical Address/ Location /Directions 103 KIWI LANE LOUISBURG

Description: LifeTime _____ 5 Year ☒

TYPE FACIL Camp # 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 NTR 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 malfunction 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 facility, 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

Shad Leonard

CONSTRUCTION AUTHORIZATION

DATE 7/2/19 EHS

Shad Leonard

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

Franklin County Health Department

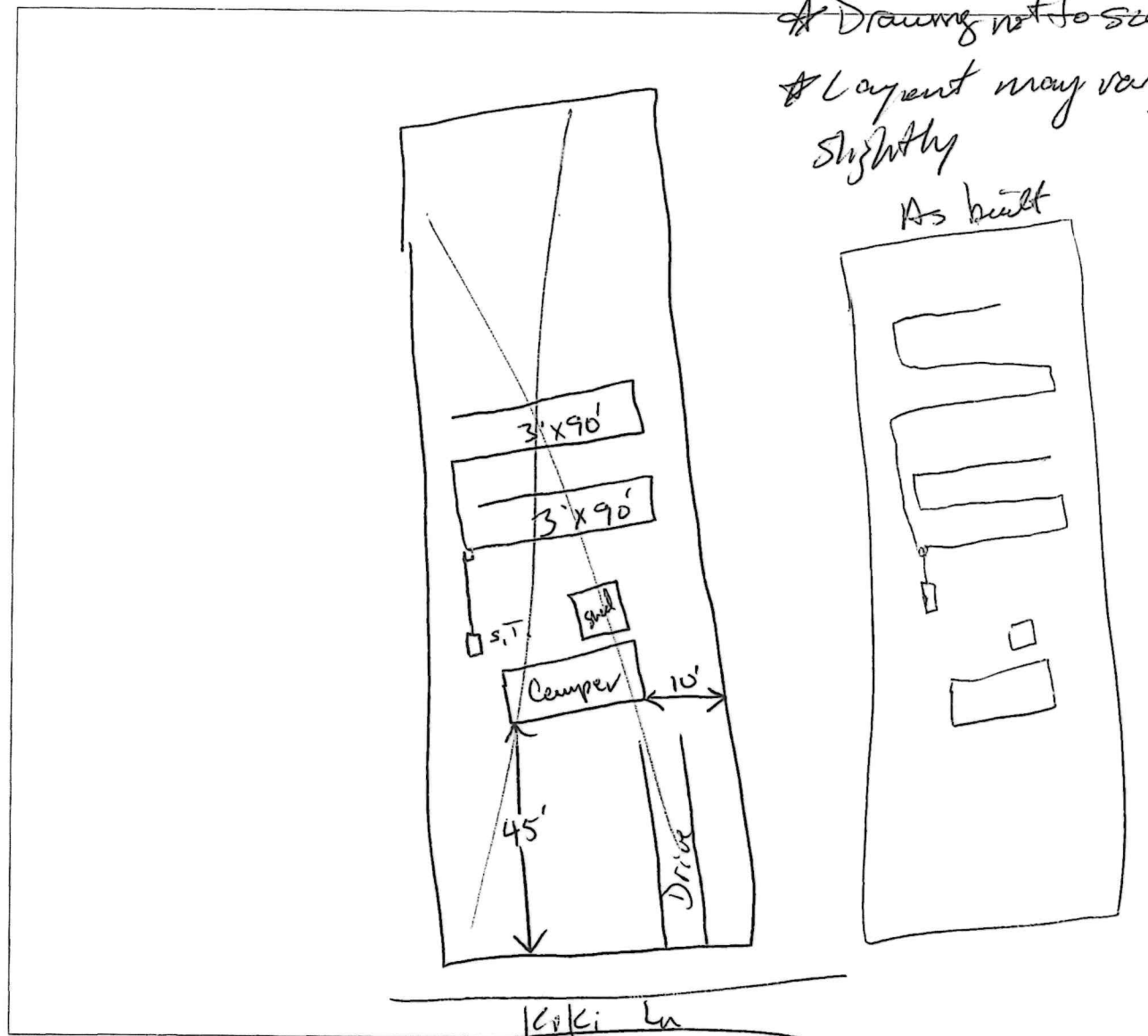
Name: CHERRY

Permit Number

11176

CONTRACTOR DB & Sons TANK MANU Infiltrator MANU DATE N/AWELL INSTALLED YES NO X SYSTEM CODE E71203-WG

SEPTIC SYSTEM LAYOUT (SKETCH SYSTEM LAYOUT HERE)



SEPTIC SYSTEM AS-BUILT

(IF DIFFERENT FROM INITIAL LAYOUT)
ON REVERSE

OPERATIONS PERMIT

DATE

1-4-19

EHS

APPROVED

NEED DR

40
10
improvements

17' 0"

ch

NEED DR



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

Subdivision: LAKE ROYALE

Applicant: JAMES CHERRY

2704 EAST ST

GOLDSBORO NC 27534

Owner Name: JAMES CHERRY

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 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 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 
Print & Signature of Owner or Owner's Legal Representative

06/21/2019

Franklin County Development Permit

Zoning Permit #: 265

RESIDENTIAL



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	INITIALS (OUT)	DATE
ZONING	<u>BT</u>	<u>6/21/19</u>	_____	_____
PLAN REVIEW	_____	_____	_____	_____
SEPTIC/SEWER	_____	_____	_____	_____

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

OWNER: James Cherry APPLICATION DATE 6-21-19
ADDRESS: 7704 East St Goldsboro DATE EVALUATED: 7-2-19
PROPOSED FACILITY: Cumper PROPOSED DESIGN FLOW (.1949): 240 PROPERTY SIZE:
LOCATION OF SITE: 103 Kinn PROPERTY RECORDED:
WATER SUPPLY: ☐ Private ☒ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☒ Auger Boring ☐ Pit ☐ Cut TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

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

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM	OTHER FACTORS (.1946): _____
Available Space (.1945)	PS	N/A	SITE CLASSIFICATION (.1948): <u>PS</u>
System Type(s)	A		EVALUATED BY: <u>S. Leonard</u>
Site LTAR	35		OTHER(S) PRESENT: <u>None</u>
REMARKS:			