

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

PAGE 1 OF 2

Phone: 919-496-8100

Fax: 919-496-8136

Permit Number: 1099

Type: R

PIN :

Date:

1/6/2005

Applicant: ANN COSIMINI
95 BUCKRIDGE DR
LOUISBURG, NC 27549

Owner: ANN COSIMINI
95 BUCKRIDGE DR
LOUISBURG, NC 27549

Telephone: Fax 556-2482

Telephone:

Subdivision:

Lot Number:

Size:

Physical Address/ Location /Directions 95 BUCKRIDGE DR

Description: LifeTime _____ 5 Year ✓

TYPE FACIL Residence # EMPLOY _____ # BEDRMS 3 GPD 360 LTAR 0.3

TYPE WAT Priv. TYPE SYS Inno TYPE REP Inno BSMT N/A BST FX N/A

SIZE TANK EXIST SIZE CHB _____ SIZE NTR 3'x200' MTD 36"

COMMENTS * Install New LINE along Contour
while avoiding EXISTING LINES
* Reduce Flow to Wet, over-Flowing LINE!

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 1/14/05 EHS

CONSTRUCTION AUTHORIZATION

DATE 1/14/05 EHS

Andy Smith, RS
Andy Smith, RS

Franklin County Health Department

Name: COSIMINI

Permit Number

1099

CONTRACTOR James Madden TANK MANU ENIST MANU DATE ENISTWELL INSTALLED AT TIME OF INSPECTION YES ☒ NO ☐

SEPTIC SYSTEM LAYOUT

(SKETCH SYSTEM LAYOUT HERE)



SEPTIC SYSTEM AS-BUILT

(IF DIFFERENT FROM INITIAL LAYOUT)

ON REVERSE

OPERATIONS PERMIT

DATE 3/9/05 EHS
Andy Smith, RS

FRANKLIN COUNTY HEALTH DEPARTMENT

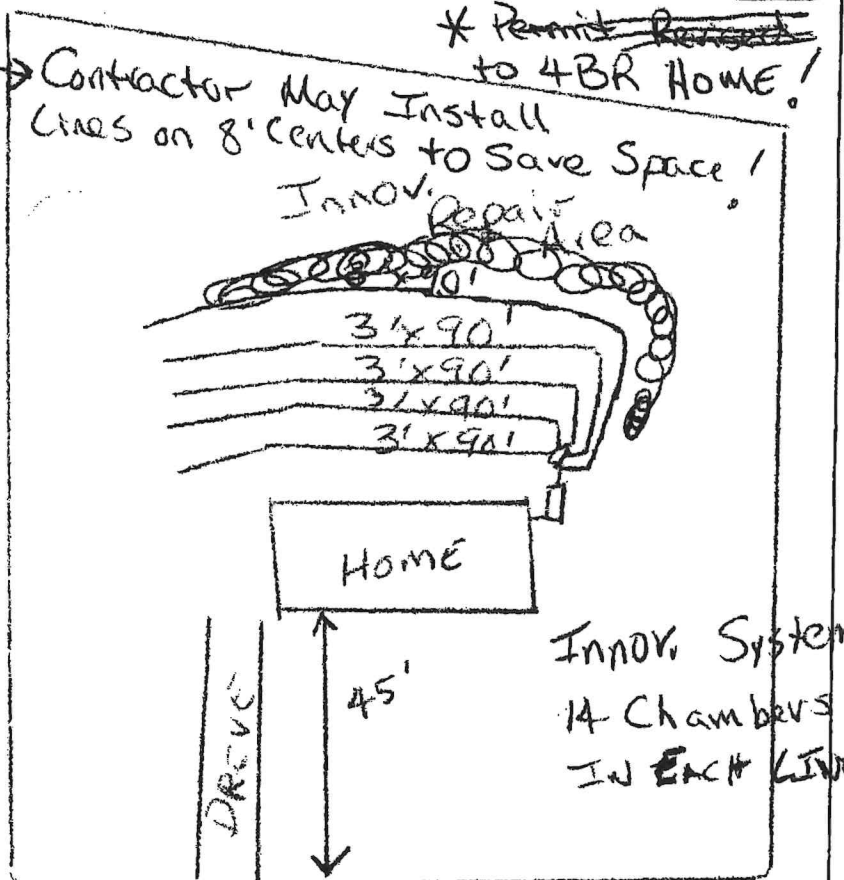
PERMIT NUMBER: <u>16012C</u>	DATE: <u>11/29/01</u>	SIZE: <u>0.690A</u>
APPLICANT: REALTY INC 7020 ZEBULON RD WAKE FOREST NC 27587 556-3020 TELEPHONE: <u>556-3020</u> FAX: <u>556-9088</u>		OWNER: REALTY INC
COMMENT:		DESCRIPTION: 5 YEAR ☒ LIFETIME: ☐
LOCATION/DIRECTIONS - 95 BUCKRIDGE RD LBS		
FEE: \$5.00		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			
TOPO <u>PS</u>	TEXTURE <u>PS</u>	BACK SIDE OF THIS STRUCTURE <u>PS</u>	DEPTH <u>PS</u>
R. HOR <u>PS</u>	SOIL. WET <u>PS</u>	AVAIL. SP <u>PS</u>	OTHER <u>PS</u>
MINRL <u>PS</u>	OVERALL <u>PS</u>	LTAR <u>0.35</u>	
#BEDRMS <u>3</u>	GPD <u>400</u>	DISPOSAL <u>360'</u>	TYPE. SYS <u>COAX</u>
SZ. TANK <u>1000gal</u>	SZ. CHAM <u>360</u>	NITRIFI <u>3'x4'x360'</u>	TYPE. WAT <u>Pure</u>
SITE. LOC	MAX TRENCH DEP <u>20"</u>	TYP. FAC <u>SFD</u>	

REMARKS: * Drawing Not to Scale

* System Layout and
TANK Location May
Vary Slightly!
CONTRACTOR: Charles Strickland
TANK MANUF: 1000
MANUF DATE: 9-6-02

* Install Lines along
Contour
* Install System In
Dry Conditions
* DO NOT PARK OR
Drive over System
Area



Buck Ridge Rd.

IMPROVEMENT PERMIT DATE: 11/29/01
CONSTRUCTION AUTHORIZATION DATE: 11/29/01
OPERATION PERMIT DATE: 12/18/02

ENV HEALTH SPEC: Andy Smith PS
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