

# FRANKLIN COUNTY HEALTH DEPARTMENT

|                                                                                                   |                                                         |                                    |
|---------------------------------------------------------------------------------------------------|---------------------------------------------------------|------------------------------------|
| PERMIT NUMBER:<br><u>15318C CONST IMPROVE PERMIT 20010515</u>                                     | DATE:<br><u>1833-86-7613</u>                            | SIZE: <u>0.850A</u>                |
| APPLICANT:<br><u>OLSON PAUL</u><br><u>6040-A SIX FORKS RD</u><br><u>RALEIGH NC 27609</u>          | OWNER:                                                  |                                    |
| TELEPHONE:<br><u>790-1491</u>                                                                     |                                                         |                                    |
| COMMENT:<br><u>SFD</u>                                                                            | DESCRIPTION: 5 YEAR <input checked="" type="checkbox"/> | LIFETIME: <input type="checkbox"/> |
| LOCATION / DIRECTIONS:<br><u>GEORGETOWN WOODS #36 - GEORGETOWN WOODS DR off S. d. Mitchell Rd</u> |                                                         |                                    |
| FEE:<br><u>175.00</u>                                                                             | 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 <u>S</u>       | TEXTURE <u>PS</u>         | STRUCTURE <u>PS</u>    | DEPTH <u>PS</u>        |
| R. HOR <u>S</u>     | SOIL. WET <u>S</u>        | AVAIL. SP <u>S</u>     | OTHER <u>S</u>         |
| MINRL <u>S</u>      | OVERALL <u>PS</u>         | LTAR <u>.35</u>        |                        |
| #BEDRMS <u>3</u>    | GPD <u>360</u>            | DISPOSAL <u>S</u>      | TYPE. SYS <u>Conc.</u> |
| SZ. TANK <u>900</u> | SZ. CHAMB <u>S</u>        | NITRIFI <u>3'x350'</u> | TYPE. WAT <u>Conc.</u> |
| SITE. LOC <u>S</u>  | MAX TRENCH DEP <u>24"</u> | TYP. FAC <u>SFD</u>    |                        |

REMARKS: Stay 10' from water line, 10' from property lines, 5' from foundation  
Run drain lines with contour.

CONTRACTOR: James Miller  
TANK MANUF: SCP 120 1-571  
MANUF DATE: 1-19-01



IMPROVEMENT PERMIT DATE: 5/16/01

CONSTRUCTION AUTHORIZATION DATE: 5/16/01

OPERATION PERMIT DATE: 1/12/01

ENV HEALTH SPEC: Don't know

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## COUNTY OF FRANKLIN

## ENVIRONMENT HEALTH APPLICATION (496-8100)

Permit #: 3703

Permit Type: SEPTIC PERMIT

Date Issued: 05/03/2001

Project Address: GEORGETOWN WOODS DR.,

Location: GEORGETOWN WOODS DR.

Subdivision: GEORGETOWN WOODS

Lot #: 36

Size #: 0.850

Applicant: OLSON, PAUL

6040-A SIX FORKS ROAD

RALEIGH, NC 27609

Phone: 790-1491

Contractor:

Phone:

Proposed Use: SFD

Work:

Desc: 1833-86-7613

Bldg Cost: \$0 Fees Due: \$175.00 Date Paid: 05/03/2001

Zoned: R-40 Setbacks Front: 50 Rear 50 Side 20

Tax record: 34478 Pin #: 1833-86-7613 Parcel #: B05D00 036

Township: YOUNGSVILL Public Water/Sewer: ST Road #:

Special Conditions/Property Owner:

# of bedrooms: 3 # of people: 4 Approved for Issuance by: ED

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.

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.

(Signature of Contractor, Authorized Agent or Owner)

Date

5 / 3 / 2001



