email dedwards@winslowhomes.com

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

Phone: 919-496-8100

SEPTIC PERMIT

Fax: 919-496-8136

Permit Number: 9153 Type: I PIN : Date: 1/25/2017

Applicant: WINSLOW CUSTOM HOMES
PO BOX 610
YOUNGSVILLE, NC 27596
Telephone: (919) 398-3618

Owner: WINSLOW CUSTOM HOMES
PO BOX 610
YOUNGSVILLE, NC 27596
Telephone: (919) 398-3618

Subdivision: BROOKSHIRE Lot Number: 6 Size: 0.920

Physical Address/ Location /Directions 30 KEITH FARMS LN

Description: LifeTime _____ 5 Year ✓

TYPE FACIL Res # EMPLOY ____ # BEDRMS 5 GPD 600 LTAR .13

TYPE WAT Priv TYPE SYS PtoA TYPE REP PtoA BSMT No BST FX N/A

SIZE TANK 1250 SIZE CHB 1250 SIZE NITR 3'x505' MTD 24"

COMMENTS: Install system as designed by CCSC, Maintain all setbacks, Pump to P. Manifold

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 malfuction 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 3/8/17 EHS Brad Leonard

CONSTRUCTION AUTHORIZATION DATE 3/8/17 EHS Brad Leonard

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

Pump fee ____ pd

Franklin County Health Department

Name: WINSLOW CUSTOM Permit Number 9153

CONTRACTOR _____ TANK MANU _____ MANU DATE _____

WELL INSTALLED YES _____ NO _____ SYSTEM CODE _____

SEPTIC SYSTEM LAYOUT
(SKETCH SYSTEM LAYOUT HERE)

See Attached layout and Tap Chart

SEPTIC SYSTEM AS-BUILT
(IF DIFFERENT FROM INITIAL LAYOUT)
ON REVERSE

OPERATIONS PERMIT DATE _____ EHS _____

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

Phone: 919-496-8100

Well Permit

Fax: 919-496-8136

Permit Number: 9153 Type: N PIN : Date: 1/25/2017

Applicant: WINSLOW CUSTOM HOMES
PO BOX 610
YOUNGSVILLE, NC 27596
Telephone: (919) 398-3618

Owner: WINSLOW CUSTOM HOMES
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Telephone: (919) 398-3618

Subdivision: BROOKSHIRE Lot Number: 6 Size: 0.920

Physical Address/ Location /Directions 30 KEITH FARMS LN

WELL INFORMATION:

WELL TYPE: D WELL DEPTH: _____ FT WELL YIELD: _____ GPM

STAT LEVEL: _____ FT CASE TYPE: P CASE DEPTH: _____ FT

COMMENTS: Refer to Septic + well layout by CCSC

THE WELL OWNER IS RESPONSIBLE FOR CONTACTING THE HEALTH DEPARTMENT AS SOON AS POSSIBLE AFTER THE POWER IS CONNECTED, BUT NO LATER THAN 30 DAYS AFTER THE CERTIFICATE OF COMPLETION DATE, IN ORDER TO REQUEST WATER SAMPLES.

Well drilling contractors are responsible for notifying the Health Department for grouting inspections. The well driller or pump installer is responsible for requesting the well head inspection. Calls must be made to the Health Department between 8:00-9:00 AM on the day of the inspection, Monday-Friday. Any request for grouting or well head inspections requested afterwards will be scheduled the same day, if possible, or the next workday. Have permit number and owner/applicants 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 as to the quality or quantity of water produced by the well.

A well construction permit or repair permit shall be valid for a period of five years, except that the Health Department may revoke a permit, at any time, if it determines that there has been a material change in any fact or circumstance upon which the permit is issued. The validity of a construction permit or repair permit shall not be affected by a change in ownership of the site on which a private drinking water well is proposed to be located. The Health Department may suspend or revoke any permits issued upon a determination that the provisions of these regulations have been violated.

CONSTRUCTION AUTHORIZATION	DATE:	3/8/17	EHS:	Chad Leonard
GROUT INSPECTION	DATE:		EHS:	
WELL HEAD INSPECTION	DATE:		EHS:	
CERTIFICATE OF COMPLETION	DATE:		EHS:	

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Franklin County Health Department

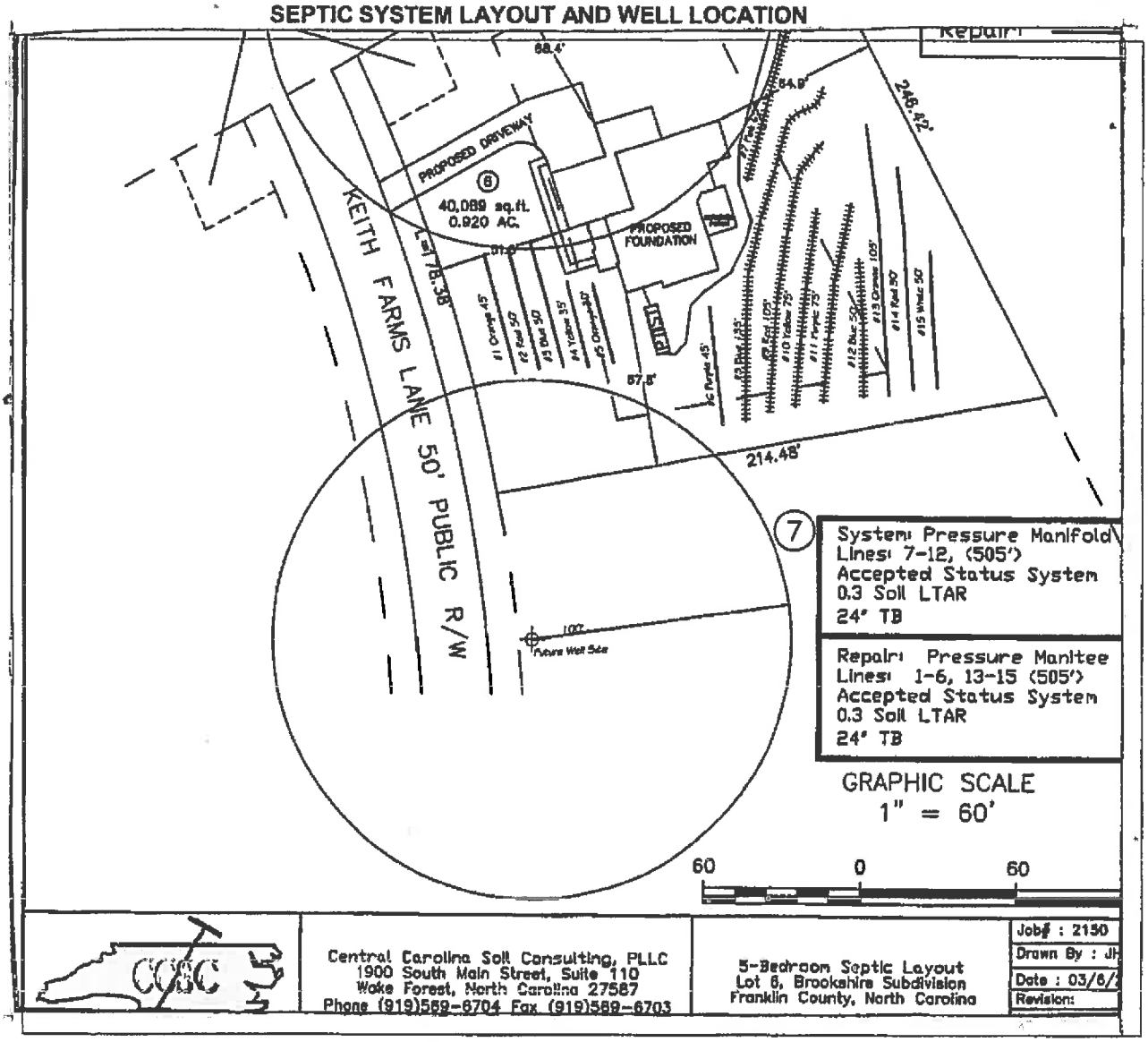
Name: WINSLOW CUSTOM Permit Number 9153

LOCATION LAT N 36 ° ' LONG W 78 ° 0 '

WELL DRILLING CONTRACTOR: REG #: 0

PUMP INSTALLER: REG #: 0

SEPTIC SYSTEM LAYOUT AND WELL LOCATION



CCSC	Central Carolina Soil Consulting, PLLC 1900 South Main Street, Suite 110 Wake Forest, North Carolina 27587 Phone (919)569-6704 Fax (919)569-6703	5-Bedroom Septic Layout Lot 8, Brookshire Subdivision Franklin County, North Carolina	Job# : 2150 Drawn By : JH Date : 03/6/ Revision: