919-573-7529

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

Phone: 919-496-8100 **Fax: 919-496-8136**

Permit Number: 1232 Type: R PIN : 1861-47-3570 Date: 2/28/2005

Applicant: DENMARK
416 US HWY #1 SUITE B
YOUNGSVILLE, NC 27596
Telephone:

Owner: DENMARK
416 US HWY #1 SUITE B
YOUNGSVILLE, NC 27596
Telephone:

Subdivision: RIVERS EDGE Lot Number: 35 Size:

Physical Address/ Location /Directions

Description: LifeTime _____ 5 Year ✓

TYPE FACIL Residence # EMPLOY____ # BEDRMS 4 GPD 480 LTAR 0.25

TYPE WAT Priv TYPE SYS Innov TYPE REP Innov BSMT N/A BST FX N/A

SIZE TANK EXIST SIZE CHB _____ SIZE NITR 3'x100' MTD 24"

COMMENTS 1000
* Install additional 100 Ft of Innov. to Compensate For 4th Bedroom along Contour & IN DRY Conditions

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 2/28/05 EHS Andy Smith, RS

CONSTRUCTION AUTHORIZATION DATE 2/28/05 EHS Andy Smith, RS

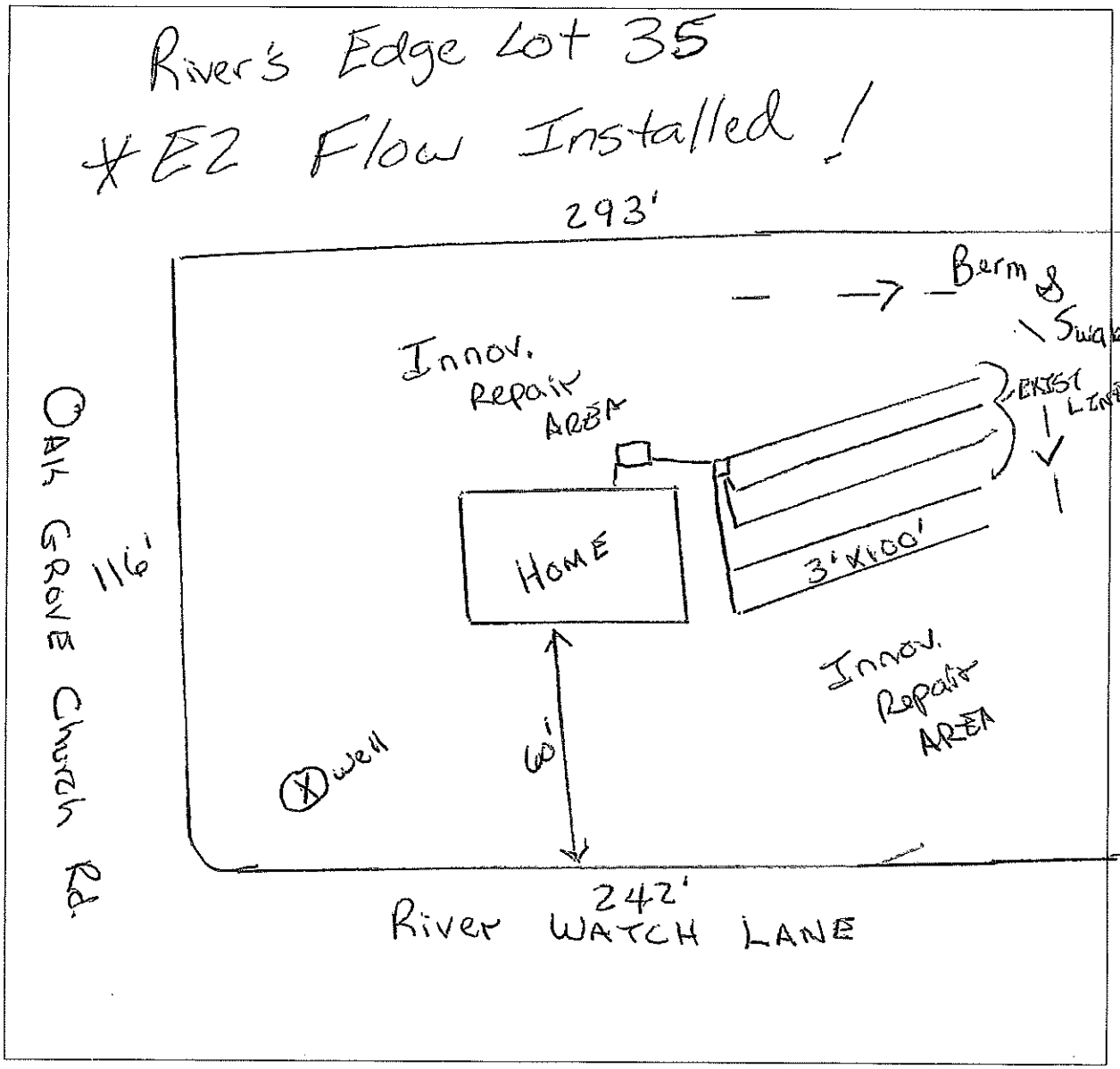
Franklin County Health Department

Name: DENMARK Permit Number 1232

CONTRACTOR James Bailey TANK MANU EXIST MANU DATE EXIST

WELL 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 5/2/05 EHS Andy Smith RS

FRANKLIN COUNTY HEALTH DEPARTMENT

PERMIT NUMBER:	DATE:		
17829C CONST IMPROVE PERMIT	20031110	1861-47-3570	SIZE: 0.920

APPLICANT:
DENNARK CONSTRUCTION INC
416 US HWY 1, SUITE A-B
YOUNGSVILLE NC 27596
TELEPHONE: 556-9007

OWNER:
DENNARK CONSTRUCTION
PO BOX 610
YOUNGSVILLE NC 27596

COMMENT: SFD

DESCRIPTION: 5 YEAR ☒ **LIFETIME:** ☐

LOCATION / DIRECTIONS:
RIVERS EDGE #35

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 0.25	
# BEDRMS 3	GPD 360	DISPOSAL	TYPE SYS I
SZ. TANK 1000	SZ. CHAMB	NITRIFI 3'x4oc'	TYPE MAT P
SITE. LOC	MAX TRENCH DEP 24"	TYP. PAC SFD	

REMARKS: * DRAWING Not to Scale

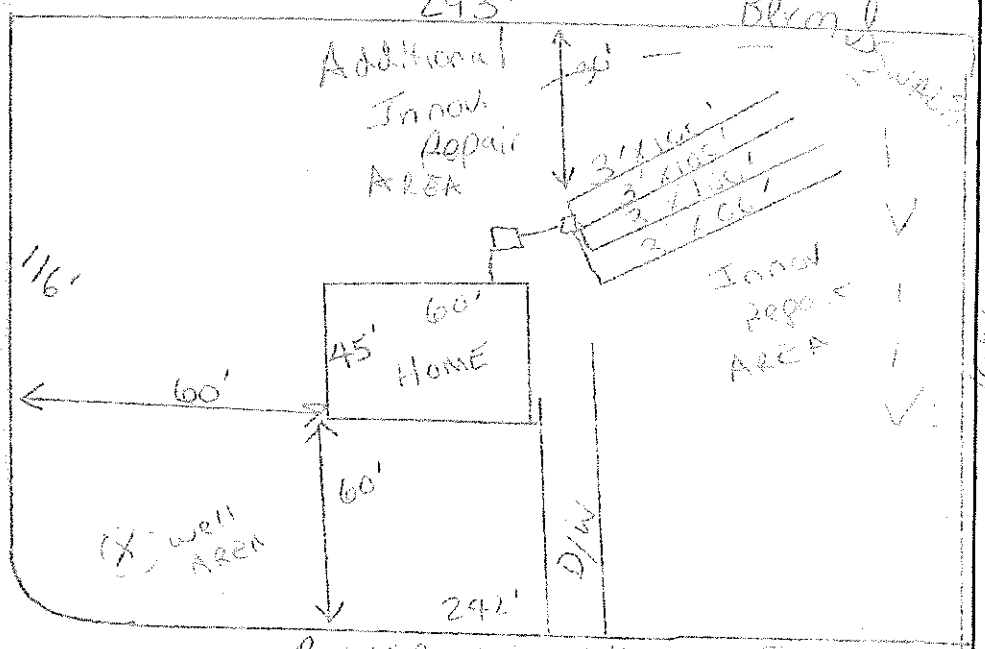
** Contact Health Dept ONCE Lot IS Cleared For Construction Auth

CONTRACTOR: James Bailey

TANK MANUF: Mills 1000

MANUF DATE: 9/15/04

* Install Innov System along Contour & IN DRY Ground



* EZ Flow Installed!

* Do Not Park or Drive over System Area!

IMPROVEMENT PERMIT DATE: 11/13/03

CONSTRUCTION AUTHORIZATION DATE: 3/19/04

OPERATION PERMIT DATE: 11/16/04

ENV HEALTH SPEC: Cindy Smith

ENV HEALTH SPEC: Cindy Smith

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