

(A) *Perle*

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: 9645 Type: R PIN: 1884-68-2219 Date: 8/29/2017

Applicant: MICHAEL TEMPLETON Owner: WILLIAM WEST
564 PEACH ORCHARD RD 562 PEACH ORCHARD RD
LOUISBURG, NC 27549 LOUISBURG, NC 27549

Telephone: Telephone:

Subdivision: Lot Number: Size: 20

Physical Address/ Location /Directions 562 PEACH ORCHARD RD LOUISBURG NC 27549

Description: LifeTime _____ 5 Year ✓

TYPE FACIL Res/Cabin # EMPLOY _____ # BEDRMS 2 GPD 240 LTAR 135
TYPE WAT Priv TYPE SYS A TYPE REP _____ BSMT No BST FX N/A
SIZE TANK 900 SIZE CHB N/A SIZE NITR 3'x180' MTD 30"

COMMENTS: Maintain proper setbacks. Steeve supply line under driveway.

* Installed 3" x 270 E2Flow enough for 3BR

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 _____ EHS _____

CONSTRUCTION AUTHORIZATION DATE 8-29-17 EHS *Shad Turner*

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

Franklin County Health Department

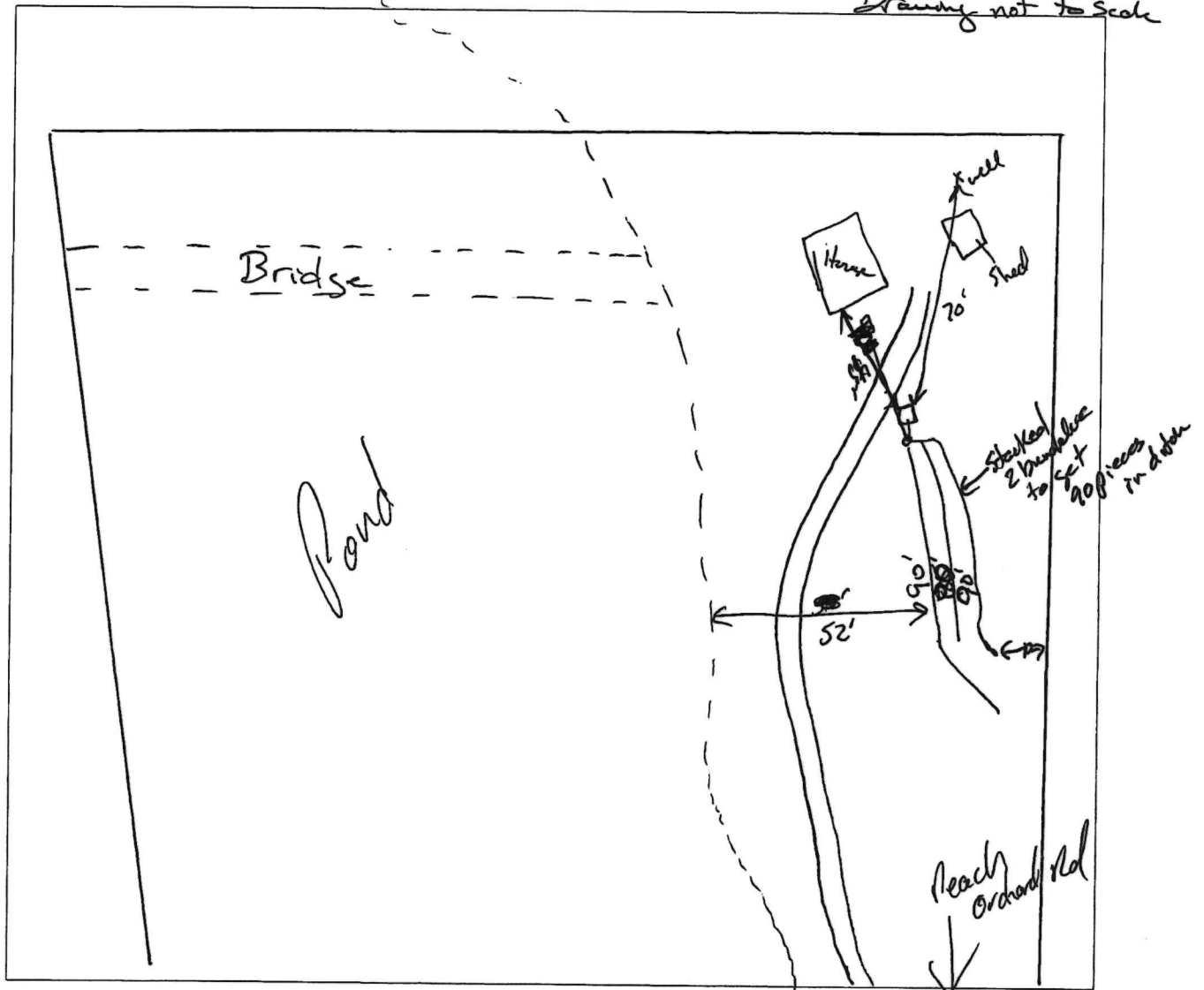
Name: TEMPLETON

Permit Number

9645

CONTRACTOR DBT Saus TANK MANU DB 1000 MANU DATE 8-10-17WELL INSTALLED YES X NO _____ SYSTEM CODE EZ1203-R-6

SEPTIC SYSTEM LAYOUT (SKETCH SYSTEM LAYOUT HERE)

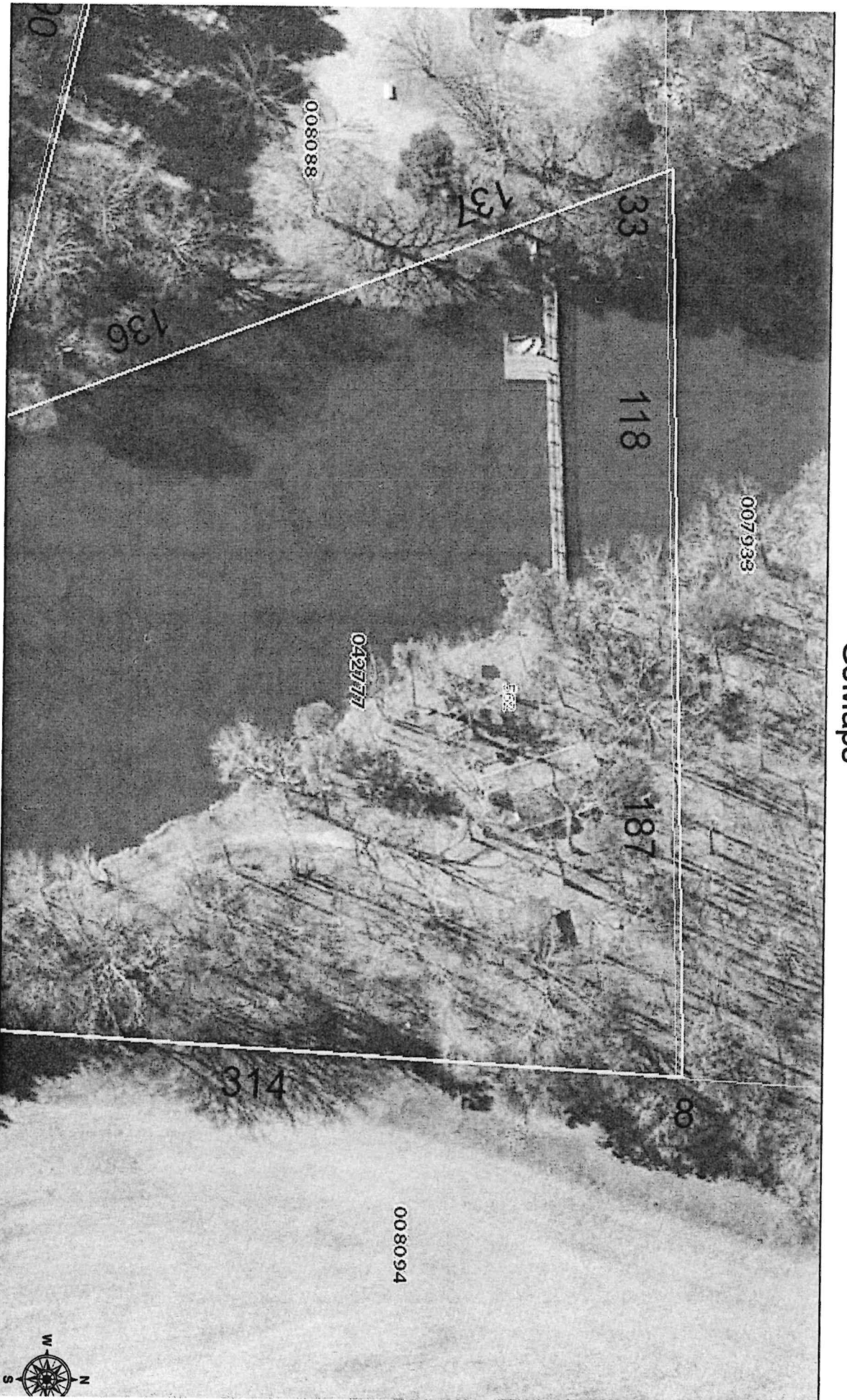


SEPTIC SYSTEM AS-BUILT (IF DIFFERENT FROM INITIAL LAYOUT) ON REVERSE

OPERATIONS PERMIT

DATE 9-26-17 EHS

GoMaps



just 29, 2017

Esri, HERE, DeLorme, MapmyIndia, © OpenStreetMap contributors, and
GIS user community
Source: Esri, DigitalGlobe, GeoEye, Earthstar Geographics, CNES/Airbus
USDA, USGS, AeroGRID, IGN, and the GIS User Community

PARCEL ID: 042777
January 1 Owner(s): WEST WILLIAM K SR
January 1 Owner(s): WEST SUZANNE MCLEOD

Tax Year: 2017

Parcel

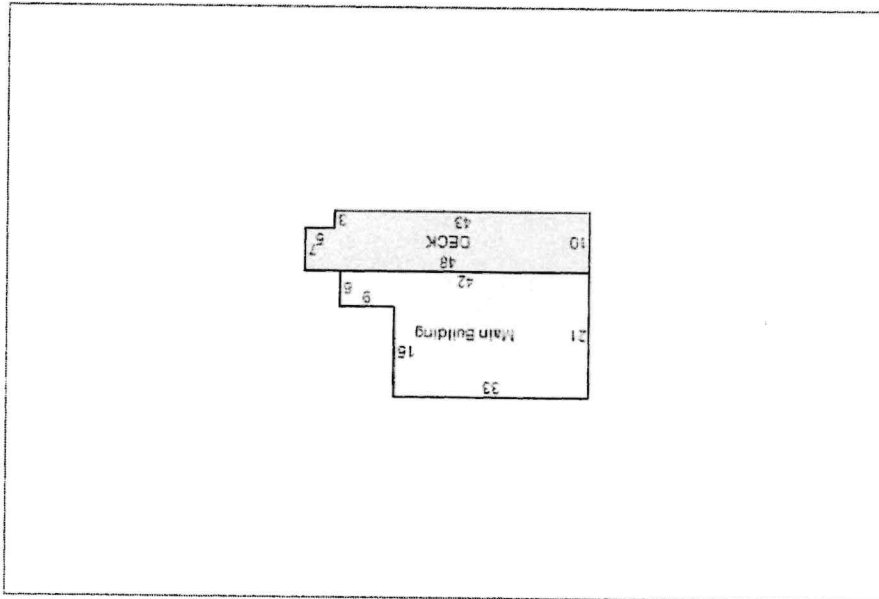
PIN	1884-68-2219
Physical Address	562 PEACH ORCHARD RD
Unit	
City	LOUISBURG
Zip Code	27549-
Neighborhood	F06
Class	Dwelling
Land Use Code	Cottage/Cabin
Acres	20
Land Type	A
Frontage Width and Depth	--
Zoning	R 30
Street1/Street2	Paved /
Topo1/Topo2/Topo3	Level /
Util1/Util2/Util3	Well/Septic/Electric
Resstric1/Resstric2/Resstric3	//

Legal

Sub Name	Lot No.	Township	Tax Jurisdiction	Plat Book/Page	Deed Book/Page
GOSWICK TR	2	Franklin	CNLF	2016 / 115	2045 / 159

Current Owner Details

Owner 1	WEST WILLIAM K SR
In Care Of	WEST SUZANNE MCLEOD
Mailing Address	562 PEACH ORCHARD RD
City/State/Zip	LOUISBURG/NC/27549
Solid Waste Fee	1





HEALTH DEPARTMENT RELEASE

Franklin County Health Department
Environmental Health Section
107 Industrial Drive
Louisburg, NC 27549
Phone: Fax:

For Office Use Only

*CDP File Number:
330089

County ID Number:

Evaluated For:
EXISTING

Permit Valid Until:

Applicant: BRIAN HENSLEY
Address: 562 PEACH ORCHARD RD
City: LOUISBURG
State/Zip: NC / 27549
Phone #: _____

Property Owner: BRIAN AND JAMIE HENSLEY
Address: 562 PEACH ORCHARD RD
City: LOUISBURG NC
State/Zip: / 27549
Phone #: _____

Property Location & Site Information

Address: 562 PEACH ORCHARD RD Subdivision: _____ Phase: _____ Lot: _____
Road#: NC Township: _____
*Structure: SINGLE FAMILY
of Bedrooms: 3 # of People: 8 Directions: 562 PEACH ORCHARD RD
*Water Supply: N/A Type of business: _____
Basement: ☐ Yes ☒ No Total sq. Footage: _____ No. Of Employees: _____

*Proposed Improvement: HOME ADDITION

*Release Conditions: Existing system approved for 3-bedrooms. Must stay minimum of 5' from any part of the septic system with house foundation/addition.

This release in no way expresses or implies that the existing subsurface sewage treatment and disposal system serving the site will continue to function for any period of time.

Applicant/Legal Reps. Signature Required? ☐ Yes ☐ No

Applicant/Legal Reps. Signature: _____ *Date: _____

*Issued By: Ennis, Crystal *Date of Issue: 09/23/2020

Authorized State Agent: *Crystal Ennis*

****Site Plan/Drawing attached.****

☐ Hand Drawing

☐ Import Drawing

Total Time: (HH:MM)

Hours Minutes

Activity Code: -