~~email~~

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: 9108 Type: R PIN : Date: 12/22/2016

Applicant: CHRIS SCHIEN
30 RAY AVE
ZEBULON, NC 27597
Telephone: (919) 250-8004

Owner: CHRIS SCHIEN
30 RAY AVE
ZEBULON, NC 27597
Telephone: (919) 250-8004

Subdivision: BUNN LAKE Lot Number: Size: .79

Physical Address/ Location /Directions 30 RAY AVE

Description: LifeTime _____ 5 Year X

TYPE FACIL SFD # EMPLOY 1 # BEDRMS 3 GPD 360 LTAR _____

TYPE WAT PUV TYPE SYS C/A TYPE REP P to C/A BSMT N BST FX N/A

SIZE TANK Existing SIZE CHB 1000 SIZE NITR 3'X300' MTD 48"

COMMENTS: See attached for specifications.

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 facilty, 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 1/3/17 EHS [signature]

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

Franklin County Health Department

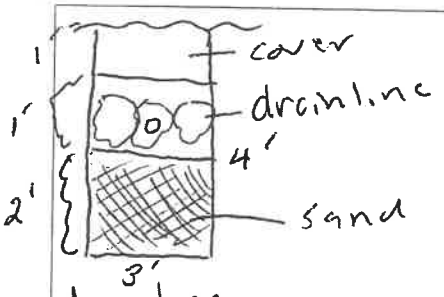
Name: SCHIEN Permit Number 9108

CONTRACTOR Quality Landscape TANK MANU Infiltrator plastic MANU DATE _____

WELL INSTALLED YES _____ NO _____ SYSTEM CODE Ecl203-P-12

SEPTIC SYSTEM LAYOUT

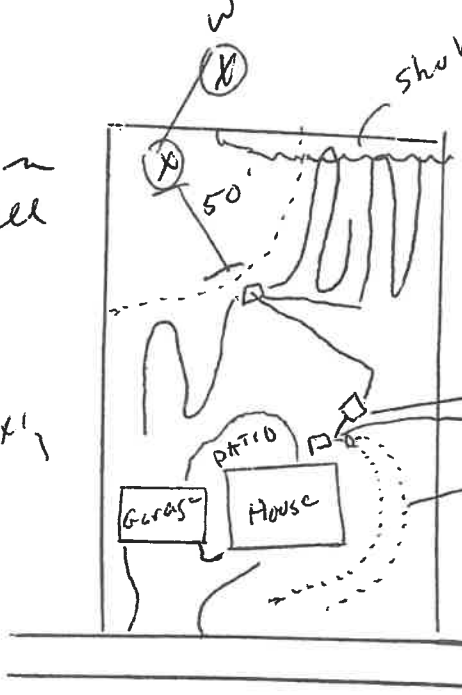
(SKETCH SYSTEM LAYOUT HERE)



drainline cross sectional

* Sand material must be clean, uncoated medium or coarse ~~material~~ size and approved by the Health Dept. before installation.

* maintain 50' minimum setback to any well
* Permit not to scale
* Design may need to be altered slightly due to topography
* "Bull run" value to alternate manually between old & new drain field.



see back for as built

new pump tank
"bull run" value
Existing septic drain field

SEPTIC SYSTEM AS-BUILT

(IF DIFFERENT FROM INITIAL LAYOUT) ON REVERSE

System inspected 1st week month

OPERATIONS PERMIT DATE 3/20/17 EHS _____

Fax - 252-478-4644

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: 6024 Type: R PIN : Date: 8/2/2011

Applicant: CHRIS SCHIENI
30 RAY AVE
ZEBULON, NC 27597
Telephone: (919) 250-8004

Owner:
LOUISBURG, NC 27549
Telephone:

Subdivision: Lot Number: Size:

Physical Address/ Location /Directions 30 RAY AVE

Description: LifeTime _____ 5 Year _____

TYPE FACIL SFD # EMPLOY 1 # BEDRMS 3 GPD 360 LTAR _____

TYPE WAT _____ TYPE SYS _____ TYPE REP _____ BSMT _____ BST FX _____

SIZE TANK Existing SIZE CHB 1 SIZE NITR 3x100' MTD _____

COMMENTS _____

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.

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FOR THIS TO BE A VALID CONSTRUCTION AUTHORIZATION, A LAYOUT SHEET MUST BE ATTACHED

IMPROVEMENT PERMIT DATE 8/2/11 EHS _____

CONSTRUCTION AUTHORIZATION DATE 8/2/11 EHS _____

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

Franklin County Health Department

Name: SCHIENI Permit Number 6024

CONTRACTOR David Bath TANK MANU _____ MANU DATE _____

WELL INSTALLED YES _____ NO _____ SYSTEM CODE ET1203

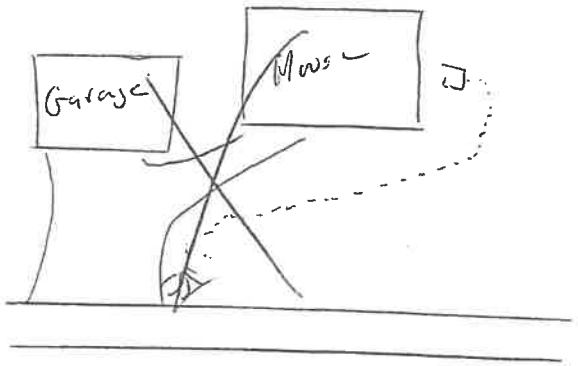
SEPTIC SYSTEM LAYOUT

(SKETCH SYSTEM LAYOUT HERE)

Perform the following in attempt to correct malfunction:

1. Check for leaking toilets/water using fixtures in home - repair if needed
2. Dig to see what type of distribution is used - (D-box vs. serial) - adjust D-box if needed
3. Determine drainfield layout - Cut off or re-route wastewater in drain line that is malfunctioning replace any portion of drainline that is no longer in use

* Contractor to contact HD on day of repair to schedule an on-site meeting to determine what corrective action is to be taken



SEPTIC SYSTEM AS-BUILT

(IF DIFFERENT FROM INITIAL LAYOUT)

ON REVERSE

OPERATIONS PERMIT DATE 6/8/11 EHS _____