

FRANKLIN COUNTY HEALTH DEPARTMENT

478-5569
478-4644

PERMIT NUMBER: 11349C CONST IMPROVE PERMIT	DATE: 07.20.98	19772	SIZE:
APPLICANT: MEADE, CONSTRUCTION PO BOX 58628 RALEIGH, NC 27658 TELEPHONE: 919 478-4442		OWNER: EDWARDS JAMES & JEAN	
COMMENT:		DESCRIPTION: 5 YEAR ☐	LIFETIME: ☐
LOCATION / DIRECTIONS:			
FEE: 125.00 9099		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>PS</u>	TEXTURE <u>PS</u>	STRUCTURE <u>PS</u>	DEPTH <u>—</u>
R. HOR <u>PS</u>	SOIL. WET <u>5</u>	AVAIL. SP <u>PS</u>	OTHER <u>—</u>
MINRL <u>SE</u>	OVERALL <u>PS</u>	LTAR <u>.75</u>	
#BEDRMS <u>3</u>	GPD <u>360</u>	DISPOSAL <u>P</u>	TYPE. SYS <u>Grv</u>
SZ. TANK <u>900</u>	SZ. CHAMB <u>—</u>	NITRIFI <u>3' x 20' (263)</u>	TYPE. WAT <u>4C</u>
SITE. LOC <u>—</u>	MAX TRENCH DEP <u>30"</u>	TYP. FAC <u>510</u>	

REMARKS: Setbacks: 10'-water-line, 5'-sewer-line/prop-line. Run line w/centerline

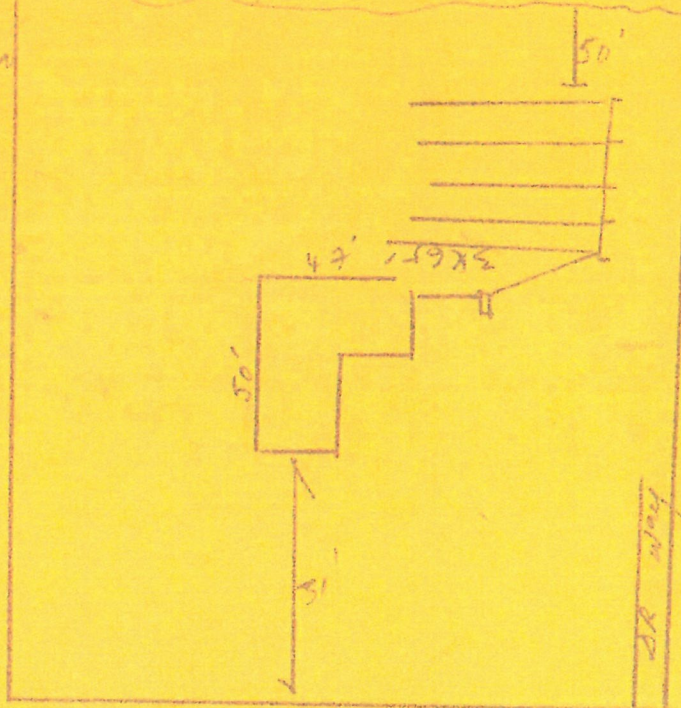
* Clear the lot for smooth/proper installation of lines.

BIB-1000

STB-646

7-10-98

Brancher



IMPROVEMENT PERMIT DATE: <u>7-23-98</u>	ENV HEALTH SPEC: <u>—</u>
CONSTRUCTION AUTHORIZATION DATE: <u>7-23-98</u>	ENV HEALTH SPEC: <u>—</u>
OPERATION PERMIT DATE: <u>10-14-98</u>	ENV HEALTH SPEC: <u>—</u>



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Water and Sewer Disclosure

Property: 401 Sagamore Dr, Louisburg, NC 27549

WATER & WASTE (Sewage) DISCLOSURES:

To the best of Seller's knowledge the water and sewage waste system(s) initialed below represent the system(s) presently connected to Property and in use as the source of water and sewage waste and that the initialed system(s) is/are functioning properly unless otherwise stated in the remarks section below. Check all that apply:

- ☐ City/County Water
- ☒ Community Water System
- ☐ Private Well Water
- ☐ City/County Sewer
- ☐ Community Sewer System
- ☒ On-site Septic Tank (Last time pumped _____)

Remarks:

For Properties with an on-site septic tank:

The state real estate commission requires that a copy of the septic permit from the county health department (when/where available) be obtained prior to the marketing of the Property as such permit confirms that the system configuration is lawful for the number of existing bedrooms.

CC _____ Seller has a copy of the permit and has provided to the agent

CC _____ Seller acknowledges that Agent will *attempt* to obtain a copy of the permit (if available) and discuss with Seller

In the event the septic permit is not sufficient for the number of existing bedrooms, Agent will notify Seller of such and Seller should resolve the matter with the county health department. Meanwhile, all property disclosures must clearly note the discrepancy to prospective buyers, or the marketing of the Property (including entry into the MLS) should be delayed until the matter is resolved.

Constance Couvillon Living Trust
Seller's Name

Constance Couvillon
Seller's Signature

02/21/2024
Date

Seller's Name

Seller's Signature

Date

12/2021