

Mail

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

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Phone: 919-496-8100

SEPTIC PERMIT

Fax: 919-496-8136

Permit Number: 5346 Type: I PIN : 1834-86-8388 Date: 3/9/2010

Applicant: TOM CONSLER
216 CAPISTRANE DR
CARY, NC 27519

Owner: TOM CONSLER
216 CAPISTRANE DR
CARY, NC 27519

Telephone: (919) 363-8043

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Subdivision: STONERIDGE

Lot Number: 57

Size: 1.680

Physical Address/ Location /Directions 160 SILTSTONE DR

Description: LifeTime _____ 5 Year ☒

TYPE FACIL RES # EMPLOY _____ # BEDRMS 4 GPD 480 LTAR 13
TYPE WAT County TYPE SYS A TYPE REP P to A BSMT Yes BST FX Yes
SIZE TANK 1000 SIZE CHB N/A SIZE NITR 3'x400' MTD 26"

COMMENTS: Maintain all setbacks. Install drainlines on contour.
Direct all gutters and drains away from septic area.

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 3/10/10 EHS [Signature]

CONSTRUCTION AUTHORIZATION

DATE 3/10/10 EHS [Signature]

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

Franklin County Health Department

Name: CONSLER

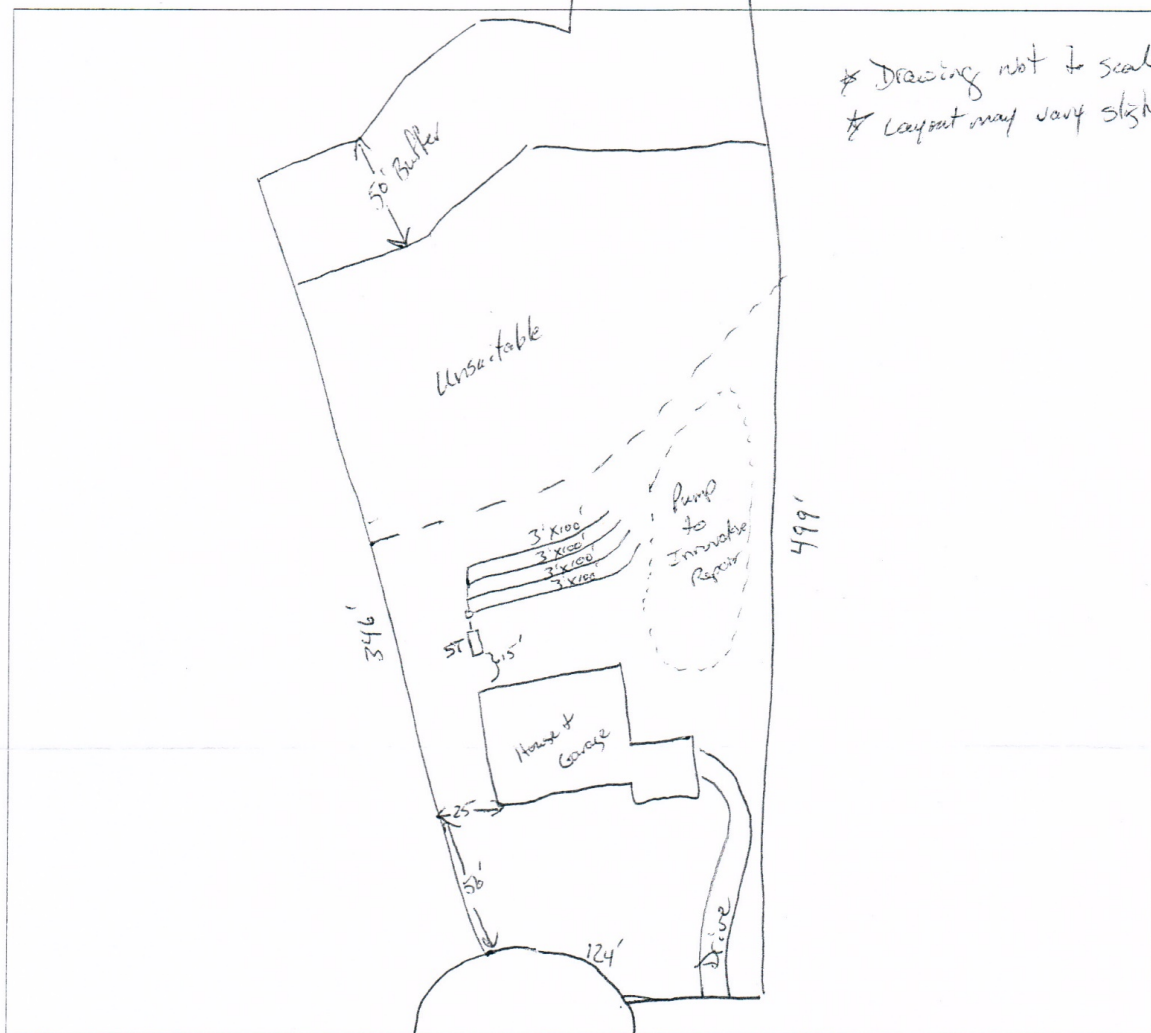
Permit Number

5346

CONTRACTOR _____ TANK MANU _____ MANU DATE _____

WELL INSTALLED YES _____ NO _____ SYSTEM CODE _____

SEPTIC SYSTEM LAYOUT (SKETCH SYSTEM LAYOUT HERE)



SEPTIC SYSTEM AS-BUILT

(IF DIFFERENT FROM INITIAL LAYOUT)

ON REVERSE

OPERATIONS PERMIT

DATE _____ EHS _____