enol

# 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: 9390 Type: R PIN : Date: 4/28/2017

Applicant: RONALD MIMNAUGH
276 Sagamore Dr
LOUISBURG, NC 27549
Telephone:

Owner: RONALD MIMNAUGH
LOUISBURG, NC 27549
Telephone:

Subdivision: Lot Number: Size:

Physical Address/ Location /Directions 276 SAGAMORE DR

Description: LifeTime 5 Year X

TYPE FACIL SFD # EMPLOY - # BEDRMS 3 GPD 360 LTAR .35 g/d

TYPE WAT Com TYPE SYS A TYPE REP N/A BSMT N BST FX N/A

SIZE TANK Existing SIZE CHB - SIZE NITR 3 X 270' MTD 36"

COMMENTS: ~~Add~~ Install new drainfield for residence

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 _____ EHS _____

CONSTRUCTION AUTHORIZATION DATE 4/28/17 EHS _____

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

# Franklin County Health Department

Name: MIMNAUGH Permit Number 9390

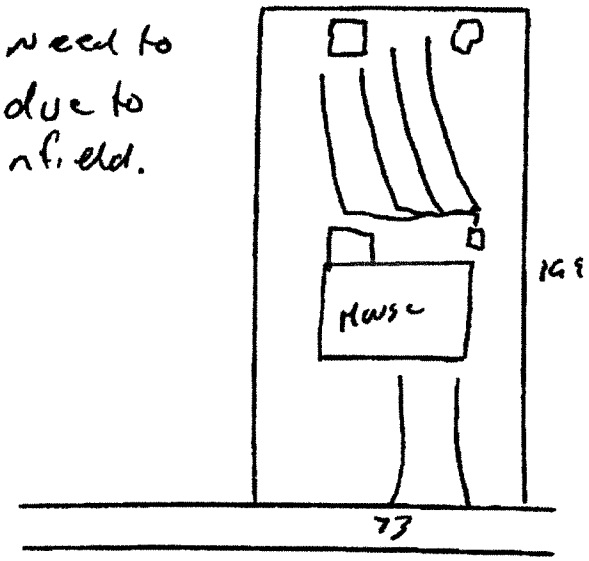
CONTRACTOR _____ TANK MANU _____ MANU DATE

WELL INSTALLED YES NO SYSTEM CODE

**SEPTIC SYSTEM LAYOUT**
(SKETCH SYSTEM LAYOUT HERE)

* Old drainfield will be encountered during installation - Install new drainlines slightly deeper than existing lines - make precautions to prevent connection between ~~existing~~ New lines

* layout may need to be altered due to existing drainfield.




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

OPERATIONS PERMIT DATE EHS

# FRANKLIN COUNTY HEALTH DEPARTMENT

| PERMIT NUMBER: | DATE: | | SIZE: |
|---|---|---|---|
| 12166C CONST IMPROVE PERMIT | 01.19.99 | 19827 | |

APPLICANT:
TRAVERS RUTH
1410 MANDOLIN PLACE
RALEIGH NC 27607
TELEPHONE: 859-4075

OWNER:
CRABTREE SCOTT & ANGELA

COMMENT:

DESCRIPTION: 5 YEAR — LIFETIME —

LOCATION / DIRECTIONS:
FROM FALLS MILL

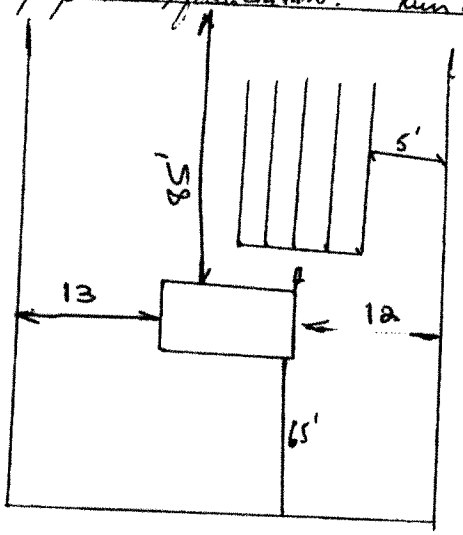
FEE:
125.00 OPEN

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 — |
| R. HOR PS | SOIL. WET > | AVAIL. SP PS | OTHER — |
| MINRL SE | OVERALL PS | LTAR .35 | |
| #BEDRMS 3 | GPD 360 | DISPOSAL — | TYPE. SYS Conv. |
| SZ. TANK 900 gal | SZ. CHAMB — | NITRIFI 3x350' | TYPE. WAT C |
| SITE. LOC — | MAX TRENCH DEP 30" | TYP. FAC — | |

REMARKS: Setbacks: 5' page lines / foundation. Run lines w/ contour.




IMPROVEMENT PERMIT DATE: 1-20-99
CONSTRUCTION AUTHORIZATION DATE: 1-20-99
OPERATION PERMIT DATE: _____

ENV HEALTH SPEC: [signature]
ENV HEALTH SPEC: [signature]
ENV HEALTH SPEC: _____