

**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: 6848 Type: I PIN : 1880-84-2080 Date: 4/2/2013

Applicant: CRAYTON OSTEEN Owner: NEAL LEWIS
6420 WILLOWLAWN DR
WAKE FOREST, NC 27587

Telephone: (919) 345-2791 Telephone:

Subdivision: Lot Number: 3 Size: 10.410

Physical Address/ Location /Directions GREAT WOODS LN YOUNGSVILLE NC

Description: LifeTime _____ 5 Year X

TYPE FACIL SFD # EMPLOY - # BEDRMS 4 GPD 480 LTAR 3%
TYPE WAT Priv TYPE SYS PtoA TYPE REP PtoA BSMT SW BST FX SW
SIZE TANK 1000 SIZE CHB 1000 SIZE NITR 3x400 MTD 24"

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 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 4/4/13 EHS [Signature]
CONSTRUCTION AUTHORIZATION DATE _____ EHS _____

*IP only
DRW*

Franklin County Health Department

Name: OSTEEN

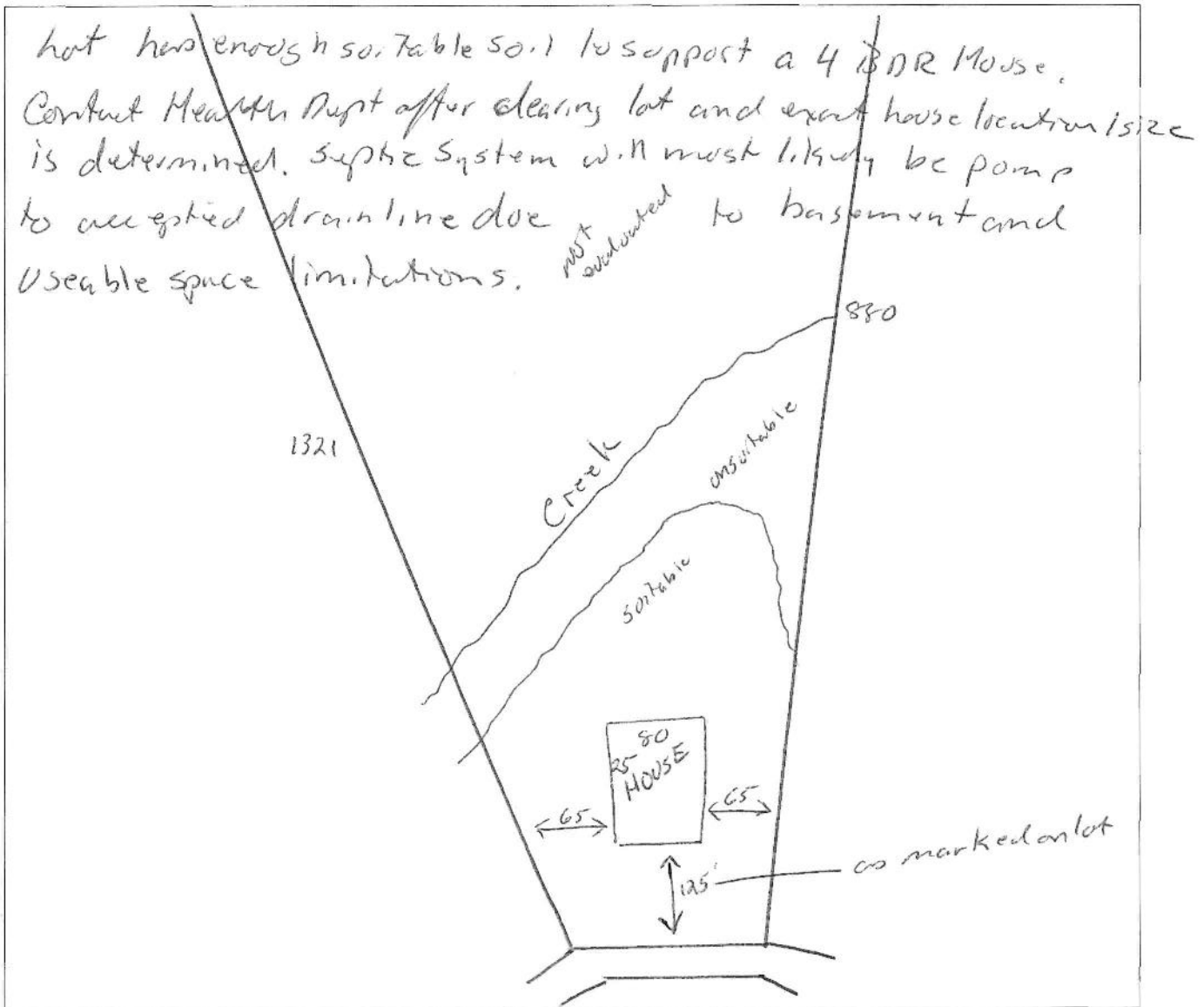
Permit Number

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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 _____