

FRANKLIN COUNTY HEALTH DEPARTMENT

PERMIT NUMBER: <u>14711C CONST IMPROVE PERMIT 20001121</u>		DATE: <u>11428-2</u>	SIZE: <u>3A</u>
APPLICANT: <u>ADAMS KENNETH C</u> <u>PO BOX 4605</u> <u>CARY NC 26519</u>		OWNER: <u>ADAMS KENNETH C</u> <u>PO BOX 4605</u> <u>CARY NC 26519</u>	
TELEPHONE: <u>247-3734</u>		LIFETIME: ☐	
COMMENT: <u>SED</u>		DESCRIPTION: 5 YEAR ☒	
LOCATION / DIRECTIONS: <u>QUIET WATER #2</u>			
FEE: <u>175.00</u>		SIGNATURE OR OWNER OR AUTHORIZED AGENT: <u>[Signature]</u>	

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>PS</u>
R. HOR <u>-</u>	SOIL. WET <u>-</u>	AVAIL. SP <u>-</u>	OTHER <u>-</u>
MINRL <u>SC</u>	OVERALL <u>PS</u>	LTAR <u>70%</u>	
#BEDRMS <u>6</u>	GPD <u>360</u>	DISPOSAL <u>-</u>	TYPE. SYS <u>-</u>
SZ. TANK <u>600</u>	SZ. CHAMB <u>-</u>	NITRIFI <u>32400</u>	TYPE. WAT <u>PS</u>
SITE. LOC <u>-</u>	MAX TRENCH DEP <u>30"</u>	TYP. FAC <u>50</u>	

REMARKS:

Stay at least 10' from property lines, 5' from building, 10' from water.

CONTRACTOR: Glenn Carroll

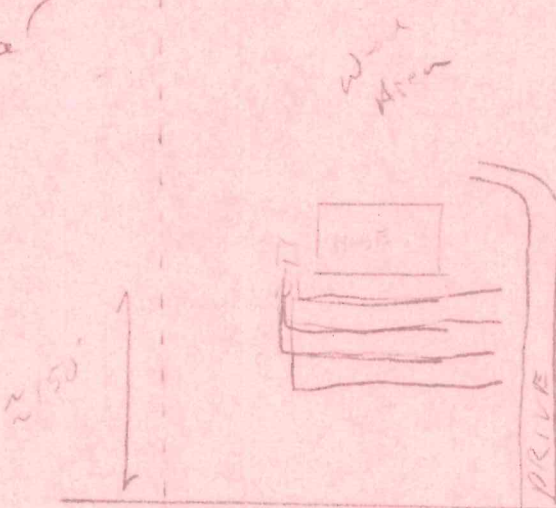
TANK MANUF: Mills 1000 573 858

MANUF DATE: 12/27/02

Letter Attached with Compressive Strength Readings

400' concentrated

V'd Lines
11/14/03



IMPROVEMENT PERMIT DATE: <u>11/22/03</u>	ENV HEALTH SPEC: <u>[Signature]</u>
CONSTRUCTION AUTHORIZATION DATE: <u>11/22/03</u>	ENV HEALTH SPEC: <u>[Signature]</u>
OPERATION PERMIT DATE: <u>11/16/03</u>	ENV HEALTH SPEC: <u>[Signature]</u>

FRANKLIN COUNTY HEALTH DEPARTMENT

PERMIT NUMBER: 14711C CONST IMPROVE PERMIT 20001121		DATE: 11/28-2	SIZE: 3A
APPLICANT: ADAMS KENNETH C PO BOX 4605 CARY NC 26519		OWNER: ADAMS KENNETH C PO BOX 4605 CARY NC 26519	
TELEPHONE: 247-3734		LIFETIME: ☐	
COMMENT: SFD		DESCRIPTION: 5 YEAR ☒	
LOCATION / DIRECTIONS: QUIET WATER #2			
FEE: 175.00		SIGNATURE OR OWNER OR AUTHORIZED AGENT: <i>On 2 ~ 1 mi</i>	

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>PS</u>
R. HOR <u>1</u>	SOIL. WET <u>1</u>	AVAIL. SP <u>1</u>	OTHER <u>1</u>
MINRL <u>5xP</u>	OVERALL <u>PS</u>	LTAR <u>309/1</u>	
#BEDRMS <u>2</u>	GPD <u>350</u>	DISPOSAL <u>1</u>	TYPE. SYS <u>1</u>
SZ. TANK <u>600</u>	SZ. CHAMB <u>1</u>	NITRIFI <u>3x400</u>	TYPE. WAT <u>PCW</u>
SITE. LOC <u>1</u>	MAX TRENCH DEP <u>30"</u>	TYP. FAC <u>SFD</u>	

REMARKS:

Stay at least 10' from property lines, 5' from building, 10' from wells.

CONTRACTOR: Glenn Carroll

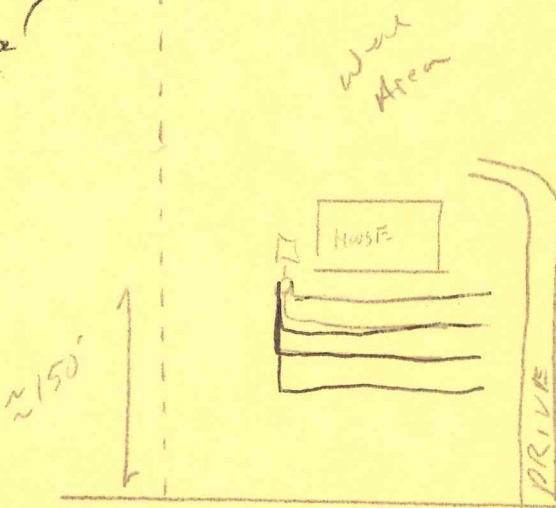
TANK MANUF: Mills 1000 5TB 858

MANUF DATE: 12/27/02

Letter Attached with Compressive Strength Readings

400' concentrated

*✓ d Lines
11/14/03*



IMPROVEMENT PERMIT DATE: <u>11/22/2000</u>	ENV HEALTH SPEC: <u>Shad Leonard</u>
CONSTRUCTION AUTHORIZATION DATE: <u>11/22/2000</u>	ENV HEALTH SPEC: <u>Shad Leonard</u>
OPERATION PERMIT DATE: <u>11/16/03</u>	ENV HEALTH SPEC: <u>Shad Leonard</u>

COUNTY OF FRANKLIN

ENVIRONMENT HEALTH APPLICATION (496-8100)

Permit #: 00-16597

Permit Type: EH

Date Issued: 11-08-00

Project Address: QUIET WATER - LOT 2
Location: QUIET WATER - LOT 2
Subdivision: QUIET WATER

Lot #: 2
Size: 3.00

Owner Name: ADAMS, KENNETH C.
Address: PO BOX 4605
City: CARY

Phone: (919)-247-3723

State: NC Zip: 27519

Contractor: OWNER
Address:
City:

Phone: ()- -

State: Zip:

Proposed use: ADAMS, KENNETH C.

Work: SFD

Desc:

Bldg Cost:	Fees due: \$ 175.00	Fees Paid: \$ 175.00
Zoned: AR	Setbacks Front: 30	Rear: 25 Side: 10
Tax Rec #: 11428	Pin #:	Parcel#: K03 00 028
Township: SANDY	Public Water/Sewer:	ST Road #: 1434

Special conditions: _____

of bedrooms: 3 | # of bathrooms: 2.5 | Approved for Issuance by: _____

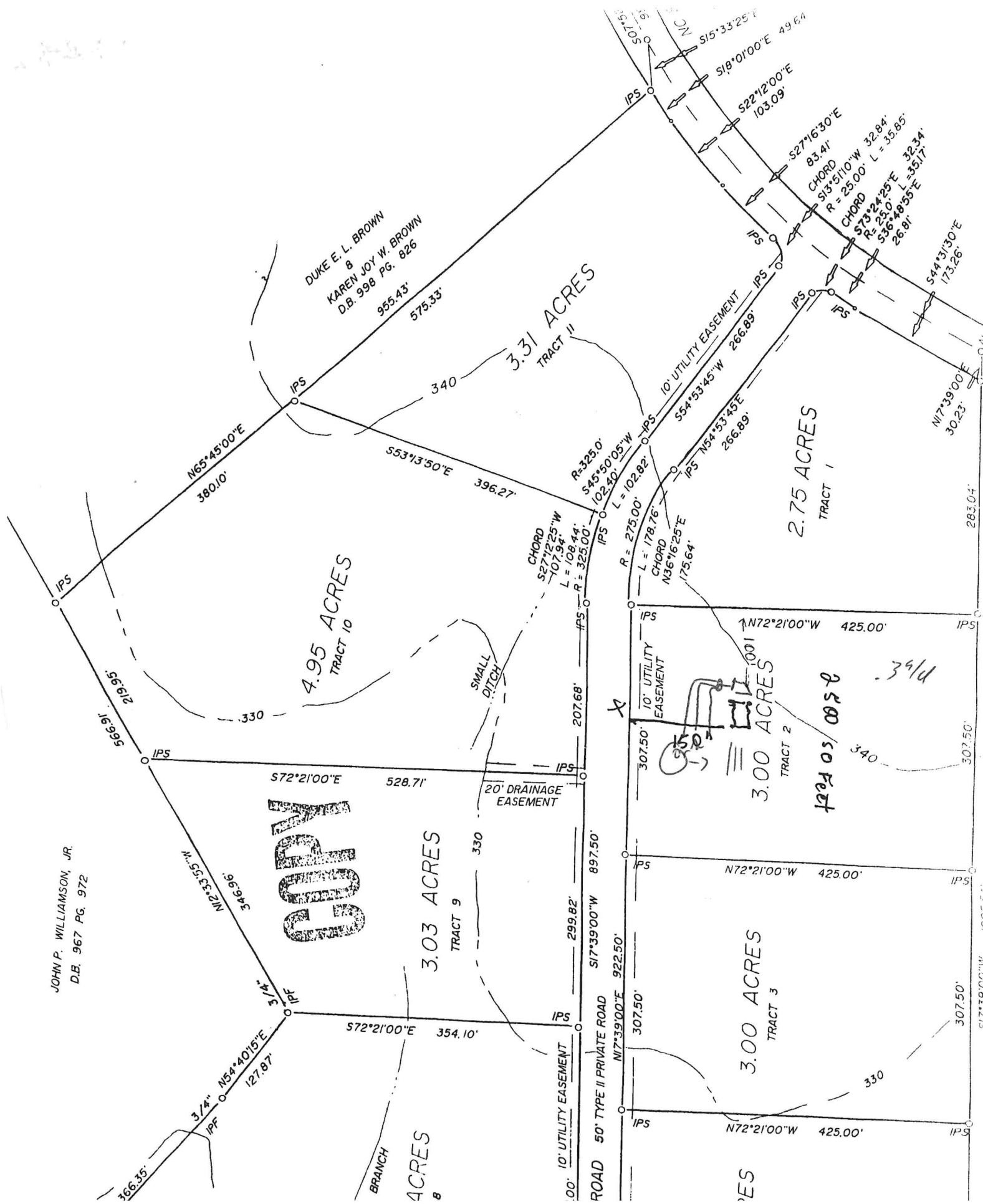
I certify that all the statements made in this application and any attached documents are true, complete and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized county representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

Call Environment Health (496-8100) between 8:00 AM and 9:00 AM Monday thru Friday to schedule an appointment with the environment health specialist to evaluate your lot. He/She will show you where to locate the well and septic system, in relation to the desired dwelling location and any property lines. If approved, an improvements permit will be issued. After the septic tank has been installed and approved, the Sanitarian will issue a certification of completion.


(Signature of Contractor or Authorized Agent)

11 / 8 / 2000
Date

7-11-68



ERADER MILLS SEPTIC TANK CO., INC.

Ready Mix Concrete & Septic Tank Mfg.

8374 Savage Road

Spring Hope, NC 27882

(252)478-5960

Fax (252)478-7903

This Letter of Verification certifies that this specific tank structure meets or exceeds the requirements set forth in 15A NCAC 18A.1954(a)(13).

Customer: Gene CarrollJob: Green Pasture Rd.Date of Delivery: 1-14-03Tank Size: 1000 STB#/PT#: STB-858 Manufactured: 12-27-02

Top ½	Average Compressive Strength	Bottom ½	Average Compressive Strength
32		36	
33		38	
36		36	
34		32	
35		34	
34	34	34	34.5
32	3700 psi	35	3800 psi
34		34	
38		36	
35		38	
33		32	
34		36	

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Tank Size: 1000 STB#/PT#: STB-858 Date of Delivery: 1-14-03

Average Compressive Strength: 3700 Psi Manufactured: 12-27-02