



OPERATION PERMIT

Franklin County Health Department
107 Industrial Drive
Louisburg, NC 27549
Phone:

For Office Use Only

*CDP File Number 414433 - 1
County ID Number: 1899-13-6163
Evaluated For: REPAIR

Property Owner: KURT ALSTEDE
Owner Address: P.O BOX 278

City: CHESTER
State/Zip: NJ/ 07930
Phone #:
Address: 1734 ROCKY FORD RD
KITTRELL, NC 27544

Road #:
Township:
Subdivision:
Phase : NEW Lot:

Structure: SINGLE FAMILY
of Bedrooms: 4
of People:
Water Supply: EXISTING WELL
Saprolite System?: ☐ Yes ☒ No
Pump Required?: ☒ Yes ☐ No
Design Flow: 480
System Classification/Description: TYPE III B. SYSTEM
W/SINGLE EFFLUENT PUMP

Installer: MICHAEL BRINKLEY

Certification #:

Specific System CHAMBER
Installed:

Septic Tank Date: _____

STB:

Pump Tank Date: _____

PT:

Comments: 400' CHAMBER INSTALLED. NEW SEPTIC AND PUMP TANK INSTALLED. PUMP TO PRESSURE MANIFOLD.

This system has been installed in compliance with applicable NC General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.

PERMIT CONDITIONS:

- I. Performance: System shall perform in accordance with Rule .1301.
- II. Monitoring: As required by Rule .1301.
- III. Maintenance: Ground absorption sewage treatment and disposal systems shall be checked, and the contents of the septic tank removed, periodically from all compartments, to ensure proper operation of the system. The contents shall be pumped whenever the solids level is found to be more than 1/3 of the liquid depth in any compartment.

Other:

Subsurface Operator Required: ☐ Yes ☒ No

If yes, see attached sheet for additional operation conditions, maintenance and reporting.

Operation:

Other: 400' CHAMBER INSTALLED. NEW SEPTIC AND PUMP TANK INSTALLED. PUMP TO PRESSURE MANIFOLD.

Authorized State Agent: Ennis, Crystal

Date of Issue: 06/13/2024

Owner/Applicant: _____



File# 414433 PIN# 1899-13-6163

Property Address: 1734 Rocky Ford Rd.

Applicant Or Owner Name: Kurt Alstede

Environmental Health Septic/Well Permit Diagram

Building permits cannot be issued nor should construction begin without Construction Authorization issuance.

☐ Septic Improvement Permit
 ☒ Septic Construction Authorization (CA)
 ☐ CA Reissue**
 ☐ As Built
 ☐ Well Construction Authorization
 ☐ Additional Diagram/Specifications Attached

Diagram Date**: 6-6-24 EHS: Crystal Evers

**Any previously dated CA diagram is revoked and/or invalid. Confirm this is the valid diagram for the site before beginning any construction.

Installation inspections may be scheduled the day before or the day of installation by 9am. Contact the Environmental Health office at 919 496-8100. A revisit fee may apply if installation is not ready for inspection at the time requested.

SEPTIC OPERATIONS PERMITS will be issued after installation is approved, all permit conditions are met, and any outstanding fees are paid. WELL CERTIFICATE OF COMPLETION will be issued after well head approval, all permit conditions are met, and any outstanding fees are paid.

Septic Tank 1000 Pump Tank 1000 Drain field 3'x400' Type System PtoAcc Max trench depth 30"

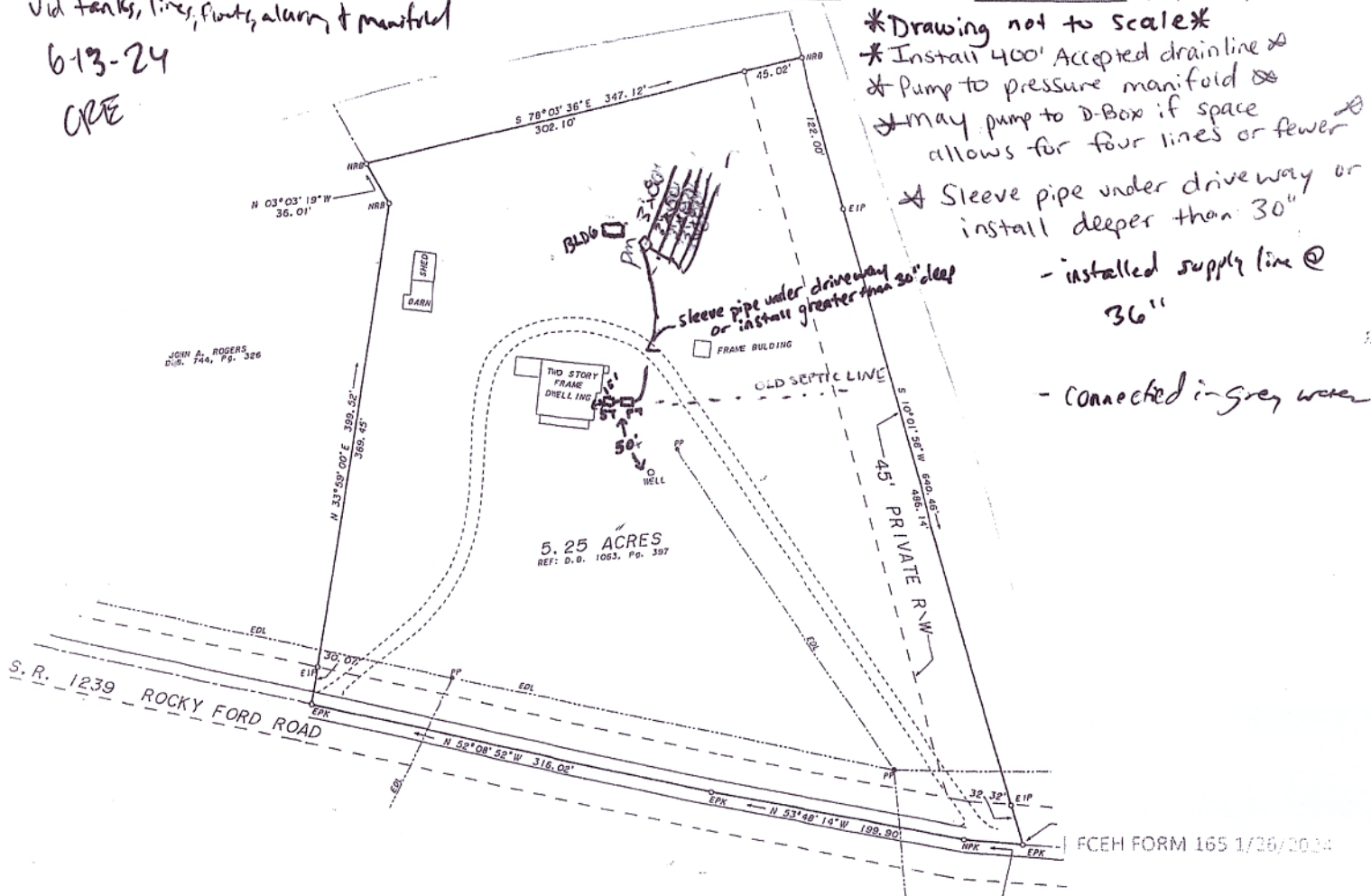
Septic Contractor Mike Brackley Septic/Pump tank dates BT - BRC 1000
PT - BRC 1000 PUMP FEE PAID _____

Well Contractor _____ Well Head Date: _____ PUMP FINAL: _____ N/A (CIRCLE)

vid tanks, lines, floats, alarm & manifold

6-13-24

CRP



Drawing not to scale
 Install 400' Accepted drainline
 Pump to pressure manifold
 May pump to D-Box if space allows for four lines or fewer
 *Sleeve pipe under driveway or install deeper than 30"
 - installed supply line @ 36"
 - connected in grey water