# OPERATION PERMIT

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

For Office Use Only

*CDP File Number: 442933 - 1
County ID Number:
Evaluated For: NEW

Property Owner:
Owner Address:

City:
State/Zip: /
Phone #:
Address: 110 Purslane Dr
Franklinton, NC 27525
Road #:
Township:
Subdivision: Woodland Park
Phase : NEW Lot: 86

Structure: SINGLE FAMILY
# of Bedrooms: 3
# of People: 3
Water Supply: NEW WELL
Saprolite System?: [ ] Yes [X] No
Pump Required?: [ ] Yes [X] No
Design Flow: 360
System Classification/Description: TYPE II A. CONV SYSTEM (SINGLE-FAMILY OR 480 GPD OR LESS)

Installer: DBS
Certification #:

Specific System Installed: EZFLOW EZ 1203H-GEO

Septic Tank Date: _____

STB: 502

Pump Tank Date: _____

PT:

Comments:

**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 [X] No

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

Operation:

Other:

Authorized State Agent: Jones, Lori

Date of Issue: 02/28/2025

Owner/Applicant: _____

Franklin County
NORTH CAROLINA
A Research Triangle Region Community

File# 442933 PIN# _____
Lot 86
Property Address: 110 Purslane

Applicant Or Owner Name: Robert Lee

# 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**:** 12-31-2024 **EHS:** Lai Jones

****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~~ maybe 1000 Drain field 3'x300' Type System Accepted Max trench depth 30"

Septic Contractor _____ Septic/Pump tank dates DBS 502 PUMP FEE PAID _____

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

# Bedrooms: 3
If Repair: na

Acreage: 1.96
Parcel ID: 051013

EZ Flow Filter

*Drawing not to scale (if large acreage, may be portion)
(If not as built, indicate changes on front or back of sheet.)