OPERATION PERMIT

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

For Office Use Only

*CDP File Number: 377305 - 1
County ID Number: 1880-62-2185
Evaluated For: REPAIR

Property Owner: LLOYD PIERCE
Address: 1156 DARIUS PEARCE RD
Road #:
City: YOUNGSVILLE
State/Zip: NC/ 27596
Phone #:
Township:
Subdivision:
Phase : NEW Lot:

Structure: SINGLE FAMILY
# of Bedrooms:
# of People:
Water Supply: N/A
Saprolite System?: ☐ Yes ☒ No
Pump Required?: ☒ Yes ☐ No
Design Flow: 360
System Classification/Description: TYPE III B. SYSTEM W/SINGLE EFFLUENT PUMP

Installer: Absolute Septic
Certification #:
Specific System Installed: UNKNOWN
Septic Tank Date: _____
STB:
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 .1961.**
II. **Monitoring: As required by Rule .1961.**
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:

Authorized State Agent: Bendel, Joel

Date of Issue: 10/12/2022

Owner/Applicant: _____

* Repair

Franklin County
NORTH CAROLINA

File # 377305 PIN# _____

Property Address: 1156 Darius Pearce Rd

Applicant or Owner Name: Lloyd Pierce

Environmental Health Septic/Well Permit Diagram

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

( ) Septic Improvement Permit (X) Septic Construction Authorization (CA) ( ) CA Reissue** ( ) As Built

( ) Well Construction Authorization ( ) Additional Diagram/Specifications Attached

Diagram Date:** 6-10-22 **EHS:** Joel Bendel

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

Installation/grouting inspections may be scheduled the day before, or, the day of installation until 9am by contacting 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 permits 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 Drainfield ~~3'x300'~~ 400' Type System Pto Acc Max Trench Depth 48"

Septic Contractor _____ Septic/Pump tank dates _____ Pump fee? NO ~~YES~~ X pd _____

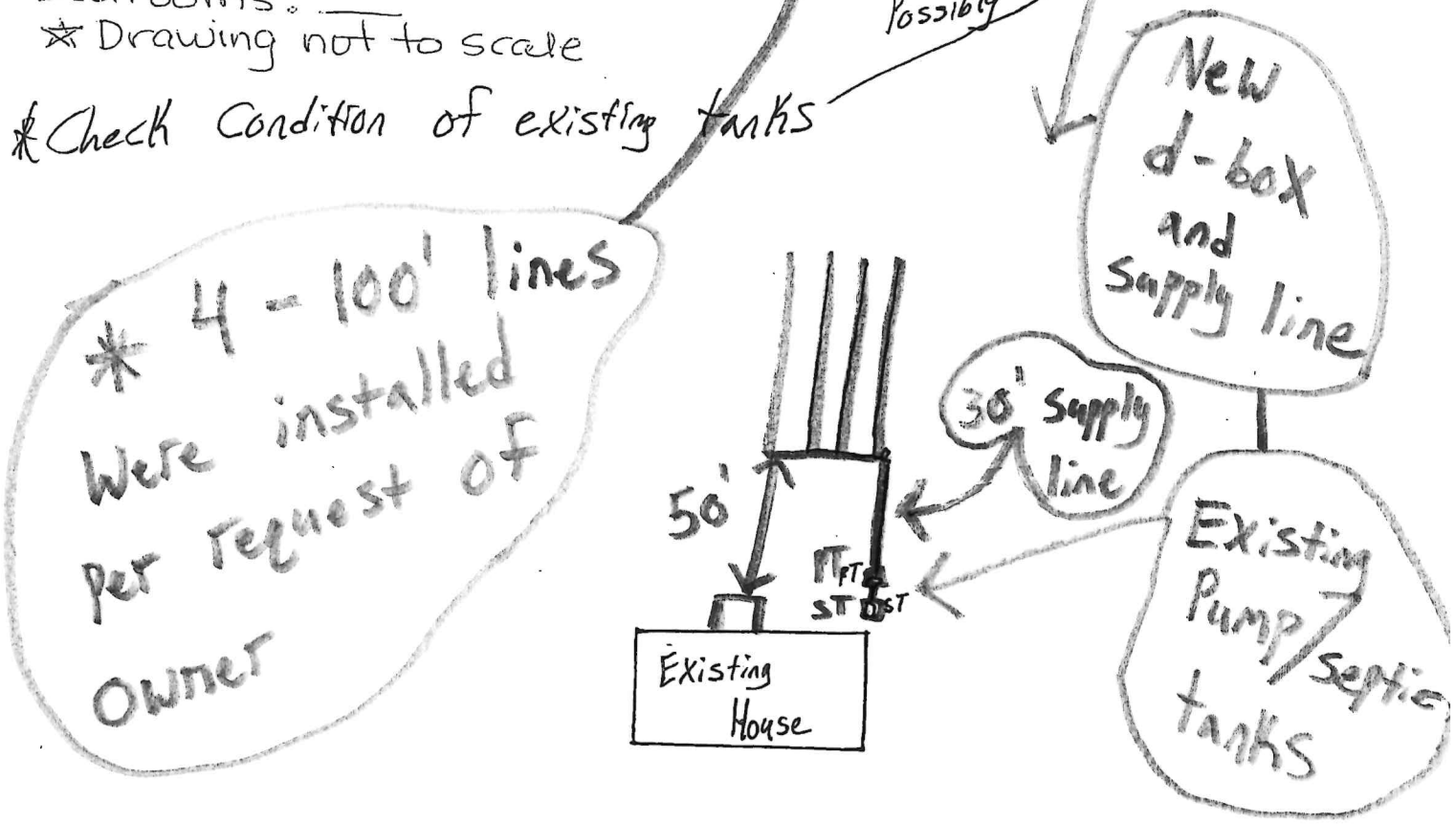
Well Contractor _____ Well Grout date: _____

Bedrooms: ____

* Drawing not to scale

* Check Condition of existing tanks

Possibly



Darius Pearce Rd.

FCEH FORM 165 9/19, 10/19

Construction Authorization

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

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*CDP File Number: 377305 - 1
County ID Number: 1880-62-2185
Evaluated For: REPAIR

PERMIT VALID UNTIL: 06/10/2027

☐ Open Pump System Sheet

Applicant:	LLOYD PIERCE
Address:	1156 DARIUS PEARCE RD
City:	YOUNGSVILLE
State/Zip:	NC 27596
Phone #:	

Property Owner:	LLOYD PIERCE
Address:	1156 DARIUS PEARCE RD
City:	YOUNGSVILLE
State/Zip:	NC. 27596
Phone #:	

Property Location & Site Information

Address/Road #: 1156 DARIUS PEARCE RD YOUNGSVILLE, NC 27596
Subdivision:
Phase: NEW Lot:

Directions:
1156 DARIUS PEARCE RD

Structure: SINGLE FAMILY
# of Bedrooms:
# of People:
*Water Supply:

System Specifications

*Site Classification:
Design Flow: 360
Soil Application Rate: 0.3000
*System Classification/Description: TYPE III B. SYSTEM W/SINGLE EFFLUENT PUMP
*Proposed System: 25% REDUCTION

Minimum Trench Depth: ____ Inches
Maximum Trench Depth: 48 Inches
Minimum Soil Cover: ____ Inches
Maximum Soil Cover: ____ Inches
*Distribution Type: PUMP TO GRAVITY

Nitrification Field: ____ Sq. ft.
No. Drain Lines: 3
Total Trench Length: 300 ft.
Trench Spacing: ____ - 9
Trench Width: ____ - 3
Aggregate Depth: ____ inches

◯ Inches O.C.
(X) Feet O.C.
◯ Inches
(X) Feet

Septic Tank: 1,000 Gallons
Pump Required: ◯ Yes ◯ No (X) May Be Required
Pump Tank: 1,000 Gallons
Grease Trap: ____ Gallons

Septic Tank Installer Grade Level Required: ◯ I ◯ II ◯ III ◯ IV

The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements.

***Permit Conditions:**

The Authorization for Wastewater System Construction shall be valid for a period equal to the period of validity of the Improvement Permit and may be issued at the same time the Improvement Permit issued (NCGS 130A-336(b)). If the installation has not been completed during the period of validity of the Construction Permit, the information submitted in the application for a permit or Construction Authorization shall become invalid, and may be suspended or revoked (.1937(g)). Ther person owning or controlling the system shall be responsible for assuring compliance with the laws, rules, and permit conditions regaurding system location, installation, operation, maintenance, monitoring, reporting

Authorized State Agent: Bendel, Joel
Date of Issue: 06/10/2022

◯ Hand Drawing ◯ Import Drawing

****Site Plan/Drawing attached.****
Total Time : (HH:MM) ____