OPERATION PERMIT

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

For Office Use Only

*CDP File Number: 450296 - 1
County ID Number:
Evaluated For: NEW

Property Owner:
Owner Address:

City:
State/Zip: /
Phone #:
Address: 65 Purslane Dr
Franklinton, NC 27525
Road #:
Township:
Subdivision: Woodland Park
Phase : NEW Lot: 142

Structure: SINGLE FAMILY
# of Bedrooms: 3
# of People: 3
Water Supply: NEW WELL
Saprolite System?: ☐ Yes ☒ No
Pump Required?: ☒ Yes ☒ No JW
Design Flow: 360
System Classification/Description: TYPE III B. SYSTEM W/SINGLE EFFLUENT PUMP

Installer: David Bramley
Certification #:
Specific System Installed: EZFLOW EZ 1203T-GEO Pump to EZ flow
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 .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:

Authorized State Agent: Wood, Jeffrey
Date of Issue: 06/19/2025

Owner/Applicant: _____

Franklin County
NORTH CAROLINA

File # 450296 PIN#_____

Property Address: 65 Purslane Dr

Applicant or Owner Name:_____

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:** 6/19/25 **EHS:** Wood

****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 3x300 Type System PtoA Max Trench Depth 24"

Septic Contractor _____ Septic/Pump tank dates_____ Pump Fee Paid Y-6/19/25

Well Contractor _____ Well Head Date:_____ Pump Final:_____ N/A (circle)