



OPERATION PERMIT

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

For Office Use Only

*CDP File Number 378666 - 1

County ID Number:

Evaluated For: NEW

Property Owner: ASHLEY ROBERTS

Address: 214 N MAIN ST

Road #:

City: FRANKLINTON

State/Zip: NC/ 27525

Phone #:

Township:

Subdivision:

Phase : NEW

Lot: 2A

Structure: SINGLE FAMILY

of Bedrooms: 4

of People: 4

Water Supply: N/A

Saprolite System?: ☐ Yes ☒ No

Pump Required?: ☐ Yes ☒ No

Design Flow: 480

System Classification/Description: TYPE II A. CONV SYSTEM
(SINGLE-FAMILY OR 480 GPD OR LESS)

Installer: DBS

Specific System EZFLOW EZ 1203H-GEO

Installed:

STB: 502

PT:

Comments:

Certification #:

Septic Tank Date: 10/03/2022

Pump Tank Date:

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: Jones, Lori

Date of Issue: 11/29/2022

Owner/Applicant: _____



email + well aband. specs. (2:00 Final)

File # 378666 PIN# _____

Property Address: 2434 Mays Crossroads,

Applicant or Owner Name: Ashley Roberts Yng

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**: 7-26-2022 EHS: Spencer

**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 na Drainfield 3' x 400' Type System Gravity/Dbox Max Trench Depth 24"

Septic Contractor _____ Septic/Pump tank dates 10-3-22 Pump fee? NO YES pd _____

Well Contractor _____ Well Grout date: _____ or Self grout Well Head Date: _____

Bedrooms: 4

If Repair: _____

Benchmark/Elevation: _____

Tank Mfr: _____

STB: _____ Gallons: _____

Distance from house: _____ ft

Elevation: _____ Filter: _____

Dbox Elevation: _____

Supply Line Length: _____

Line(s)	Feeder (ft)	Line (ft)	Elevation
1			
2			
3			
4			
5			
6			
7			

Product: EZ flow or Chambers / LP

Pump Mfr: _____

STB: _____ Gallons: _____

Alarm: _____ Water Dose: _____

Water to manifold/dbox: _____

If dbox, flow adjusters correct: _____

If manifold, water pressure correct: _____

Dbox location: _____

Acreage: 2.5

Parcel ID: _____

*Drawing not to scale (if large acreage, may be portion)

(If not as built, indicate changes on front or back of sheet.)

> Connecting to city water.

> 5 lines @ 80' each (owner wants room)

