



OPERATION PERMIT

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

For Office Use Only

*CDP File Number 443263 - 1

County ID Number:

Evaluated For: NEW

Property Owner:

Owner Address:

City:

State/Zip: /

Phone #:

Address: 145 Purslane
Franklinton, NC 27525

Road #:

Township:

Subdivision: Woodland Park

Phase: NEW Lot: 135

Structure: SINGLE FAMILY

of Bedrooms: 3

of People: 4

Water Supply: NEW WELL

Saprolite System?: ☐ Yes ☒ No

Pump Required?: ☐ Yes ☒ No

Design Flow: 360

System Classification/Description: TYPE III G. OTHER
NON-CONV. TRENCH SYSTEMS

Installer: Phillip Blackley

Specific System CHAMBER

Installed:

STB: 858 Mills-1000

PT:

Comments:

Certification #:

Septic Tank Date: _____

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 .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: Bendel, Joel

Date of Issue: 08/27/2025

Owner/Applicant:



File# 443263 PIN# _____

Lot 135

Property Address: 145 Purslane Dr

Applicant Or Owner Name: Jake Curtis

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**: 2-18-2025 EHS: Low 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 na Drain field 3'x300' Type System Gravity/Box Max trench depth 30"
Septic Contractor Blackley Septic/Pump tank dates Mills-1000 PUMP FEE PAID _____
Well Contractor _____ Well Head Date: _____ PUMP FINAL: _____ N/A (CIRCLE)
Bedrooms: 3 Acreage: _____
If Repair: na Parcel ID: 051027

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

(If not as built, indicate changes on front or back of sheet.) 237' (Path)

