OPERATION PERMIT

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

For Office Use Only	
*CDP File Number	417275 - 1
County ID Number:	
Evaluated For:	NEW

Applicant: Brandon Wiggins

Property Owner:
Owner Address:

City:
State/Zip: /
Phone #:
Address: 140 Purslane Dr
Franklinton, NC 27525
Road #:
Township:
Subdivision: Woodland Park
Phase : NEW Lot: 88

Structure: SINGLE FAMILY
# of Bedrooms: 3
# of People: 3
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: DB & SONS
Certification #: 1036

Specific System Installed: POLYSTYRENE AGGREGATE

STB:

PT:

Septic Tank Date: _____

Pump Tank Date: _____

Comments: 300' EZ FLOW INSTALLED

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: 300' EZ FLOW INSTALLED

Authorized State Agent: Ennis, Crystal

Date of Issue: 04/16/2025

Owner/Applicant: _____

Lot 88

File# 417275
24-617

PIN# ______

Property Address: 140 Purslane Dr

Applicant Or Owner Name: Brandon Wiggins

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:** 8-27-2024 **EHS:** Lou 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 *note 3'X300' Type System Gravity/Dbox Accepted Max trench depth 30"

Septic Contractor DB+Sons Septic/Pump tank dates DB/1000 PUMP FEE PAID ______

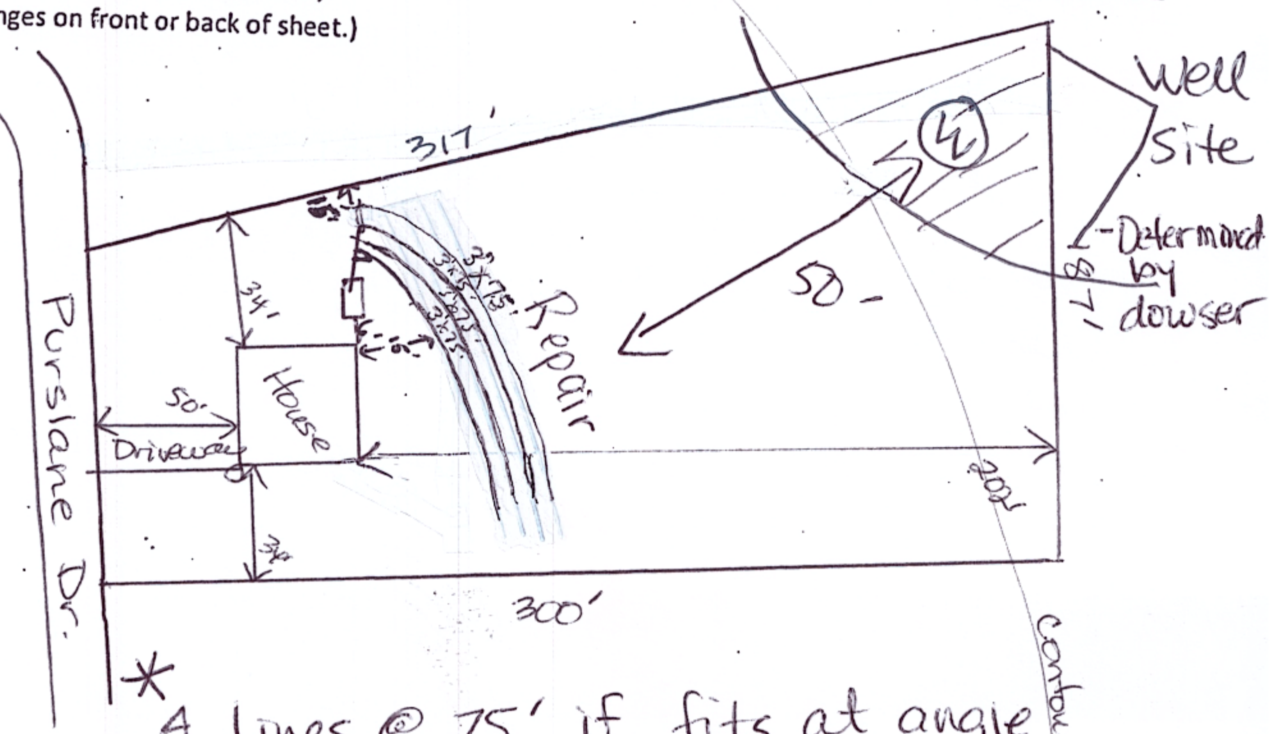
Well Contractor ______ Well Head Date: ______ PUMP FINAL: ______ N/A (CIRCLE)

Bedrooms: 3
If Repair: na

Acreage: ______
Parcel ID: ______

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

Vid tank & lines 4-16-25 [initials]



* 4 lines @ 75' if fits at angle
OR 5 lines @ 60' each