OPERATION PERMIT

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

For Office Use Only

*CDP File Number: 471461 - 1
County ID Number: 1846-72-2547
Evaluated For: REPAIR

Property Owner: Ova Gene Gabbard
Owner Address: 102 Marseille Pl

City: Cary
State/Zip: NC/ 27511
Phone #: (706) 254-6804
Address: 1426 W. Green St
franklinton, NC 27525
Road #:
Township:
Subdivision:
Phase : NEW Lot:

Structure: SINGLE FAMILY
# of Bedrooms:
# of People:
Water Supply: EXISTING WELL
Saprolite System?: ☐ Yes ☒ No
Pump Required?: ☐ Yes ☒ No
Design Flow: 600
System Classification/Description: Type IIIg - Other Non-Conventional Systems

Installer: Dickerson Backhoe

Certification #:

Specific System Installed: EZFLOW EZ 1203H-GEO

STB: 500

Septic Tank Date: _____

PT:

Pump Tank Date: _____

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: Jones, Lori

Date of Issue: 05/12/2026

Owner/Applicant: _____

Repair 32 W. Sandling

Franklin County
NORTH CAROLINA

File #_____ PIN#_____

Property Address: 1426 W. Green St.

Applicant or Owner Name: Ova Gene Galdoard

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:** 4-22-26 **EHS:** Lori Jones

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

1955 Home

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.

EZ flow filter box

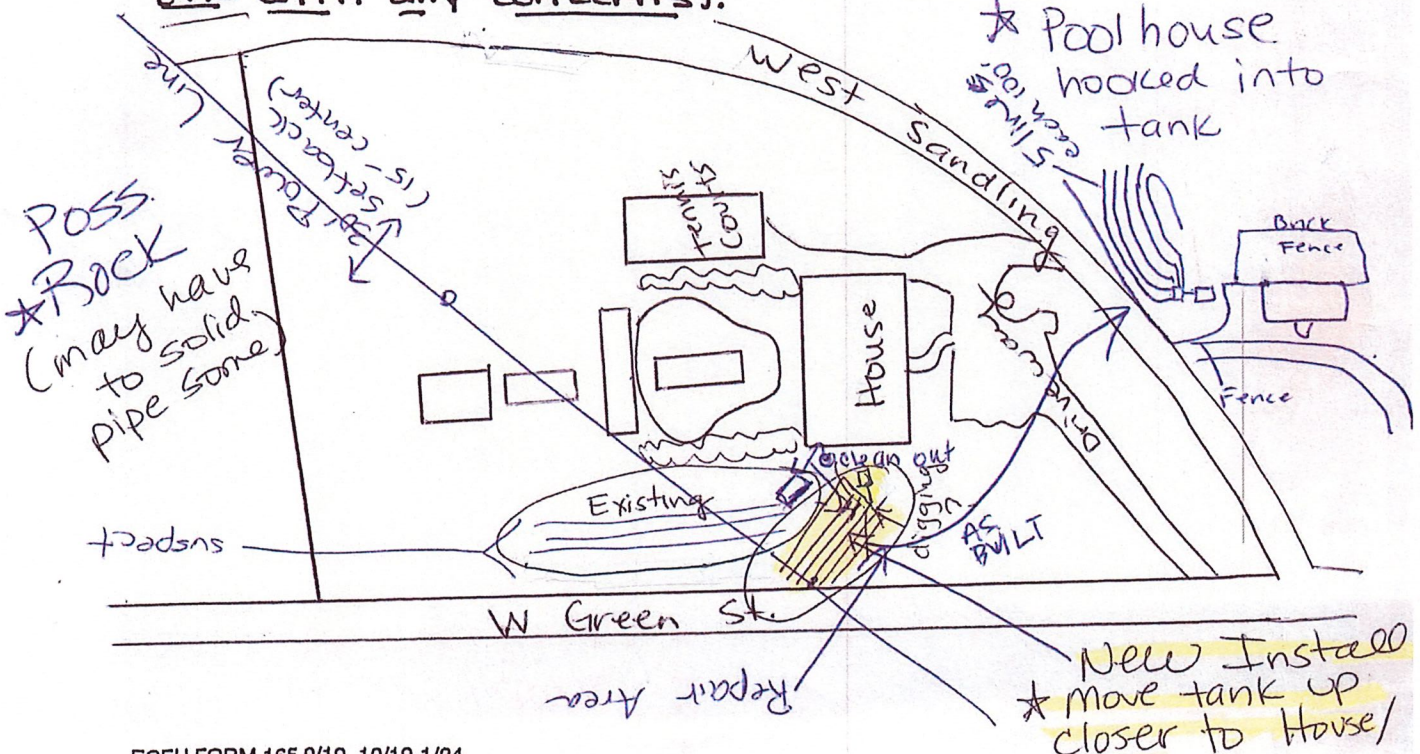
Septic Tank New 1250 ✓ Pump Tank _____ Drainfield 3 lines at 150' each 3x150=450' Type System accepted gravity Max Trench Depth 30'

Septic Contractor Dickerson Backhoe Septic/Pump tank dates Bear Rock 500 Pump Fee Paid _____

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

bedrooms: ~~4~~ 5 on Tax Page (Pool House) + Bonus Room parcel #: 028253 24.54 acres

* Drawing not to scale; contour should be determined with laser by septic installer (contact EHS with any concerns).



FCEH FORM 165 9/19, 10/19, 1/24