# IMPROVEMENT PERMIT

Franklin County Health Department
107 Industrial Drive
Louisburg, NC 27549

**File/Permit Number:** 294677 - 1
**PIN/Lot Identifier:** 1874440105
**Evaluated For:** EXISTING
**Permit valid until:** 01-DEC-09

**Applicant:** DEAN A PLATZ
**Owner's Phone Number:** wrk: 9195567700
**Owner:** DEAN A PLATZ
**Property Location:** 210 DEER RUN DR FRANKLINTON, NC 27525
**Road#:**
**Subdivision (if applicable):** DEER RUN
**Lot Size:** 2.50 **Lot #:** 11A **Block:** **Section:**
**Facility Type:** OTHER
**Number of bedrooms:** 2
**Proposed Designed Daily Flow(GPD):** 240
**Number of Occupants:**
**Type of Water Supply:** N/A
**Other:**

## System Specifications Initial

**Proposed Wastewater System Type*:**
**Please include system classification for proposed wastewater system types in accordance with Rule .1301 Table XXXII*

**Proposed LTAR:** **Saprolite System:** No
**Septic Tank (gallons):** 0
**Usable depth to Limiting Condition (inches):**
**Min. Trench Depth (inches)*:**
**Fill Depth:**
**Max. Trench Depth (inches)*:**
**Pump required:** No **Pump Tank(Gallons):** 0
*Measured on the downhill side of the trench

## System Specifications Repair

**Repair System Required:** **Site exempt from repair area requirement per rule 18E.0508 (c) or (f).**

**Artificial Drainage Required:** No **If yes, please details:**
**Drainfield location meets requirements of Rule .0508:** No **Drainfield location meets requirements of Rule .0601:** No

**Permit Conditions:**
Site Modifications:

Permit Conditions: EXISTING SYSTEM APPROVED
HOUSE SHALL BE CONSTRUCTED A MIN. OF 5 FT FROM ALL PARTS OF EXISTING SEPTIC SYSTEM. *OWNER MUST KNOW EXACT LOCATION & MAINTAIN THIS SETBACK
IF PROBLEMS OCCUR WITH SYSTEM OWNER AGREES TO REPAIR AS DIRECTED BY HEALTH DEPT.

Authorized Agent's Printed Name: Issue Date: 12/01/2004

Authorized Agent's Signature: Date: 12/01/2004

***See attached site sketch***





Revised January 2024
Form IP-24-1
8/13/2026 2:07:46PM

# Construction Authorization

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

For Office Use Only

*CDP File Number **294677 - 1**
County ID Number: 1874440105
Evaluated For: **EXISTING**

PERMIT VALID UNTIL: 12/01/2009

| | |
|---|---|
| Applicant: | DEAN A PLATZ |
| Address: | 210 DEER RUN DR |
| City: | FRANKLINTON |
| State/Zip: | NC 27525 |
| Phone #: | wrk: 9195567700 |

| | |
|---|---|
| Property Owner: | DEAN A PLATZ |
| Address: | 210 DEER RUN DR |
| City: | FRANKLINTON |
| State/Zip: | NC. 27525 |
| Phone #: | 9195567700 |

## Property Location & Site Information

Address/Road #: 210 DEER RUN DR
FRANKLINTON, NC 27525

Subdivision: DEER RUN Phase: ACTIVE Lot: 11A

Structure: OTHER

**Directions** 196 DEER RUN DR

# of Bedrooms: 2

# of People:

*Water Supply: N/A

## System Specifications

*Site Classification:

Design Flow: 240

Soil Application Rate:

*System Classification//Description:
N/A

*Proposed System:

Nitrification Field Sq. ft.

No. Drain Lines

Total Trench Length: ft.

Trench Spacing: - ◯ Inches O.C. ◯ Feet O.C.

Trench Width: - ◯ Inches ◯ Feet

Aggregate Depth: inches

Minimum Trench Depth: _____ Inches

Minimum Soil Cover: _____ Inches

Maximum Trench Depth: _____ Inches

Maximum Soil Cover: _____ Inches

*Distribution Type:

Septic Tank: 0 Gallons

1-Piece: ◯ Yes ◯ No

Pump Required: ◯ Yes (X) No ◯ May Be Required

Pump Tank: 0 Gallons

1-Piece: ◯ Yes ◯ No

GPM --vs-- ft. TDH

Dosing Volume: Gallons

Grease Trap: Gallons

Pre-Treatment: ◯ NSF ◯ TS-I ◯ TS-II

Septic Tank Installer Grade Level Required: ◯ I ◯ II ◯ III ◯ IV

CDP File Number: 294677 County ID Number: 1874440105

## Repair System

*Site Classification:

Design Flow:

Soil Application Rate:

*System Classification/Description:
N/A

*Proposed System:

Nitrification Field Sq. ft.

No. Drain Lines

Total Trench Length: ft.

Trench Spacing: -- ◯ Inches O.C. ◯ Feet O.C.

Trench Width: -- ◯ Inches ◯ Feet

Aggregate Depth: Inches

Minimum Trench Depth: Inches

Minimum Soil Cover: Inches

Maximum Trench Depth Inches

Maximum Soil Cover: Inches

*Distribution Type:

Pump Required: ◯ Yes (X) No ◯ May Be Required

Pre-Treatment: ◯ NSF ◯ TS-I ◯ TS-II

***Site Modifications**

No grading or construction activity is allowed in areas designated for system and repair without approval of Health Department.

***Permit Conditions**

The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements.

EXISTING SYSTEM APPROVED
HOUSE SHALL BE CONSTRUCTED A MIN. OF 5 FT FROM ALL PARTS OF EXISTING SEPTIC SYSTEM. *OWNER MUST KNOW EXACT LOCATION & MAINTAIN THIS SETBACK
IF PROBLEMS OCCUR WITH SYSTEM OWNER AGREES TO REPAIR AS DIRECTED BY HEALTH DEPT.
NUTRIFIC:

This Authorization for Wastewater System Construction shall be valid for a period equal to the period of validity of the Improvement Permit and may be issued at the same time the Improvement Permit issued (NCGS 130A-336(b)). If the installation has not been completed during the period of validity of the Construction Permit, the information submitted in the application for a permit or Construction Authorization is found to have been incorrect , falsified or changed, or the site is altered, the permit or Construction Authorization shall become invalid , and may be suspended or revoked (.1937(g)). The person owning or controlling the system shall be responsible for assuring compliance with the laws, rules, and permit conditions regarding system location, installation, operation, maintenance, monitoring, reporting and repair (1938(b)).

Applicant/Legal Resps. Signature Required ? ◯ Yes ◯ No

Applicant/Legal Reps. Signature: _____ Date: _____

*Issued By: Smith, Andy Date of Issue: 12/01/2004

Authorized State Agent: _____ Malfunction Log ◯ Yes

◯ Hand Drawing ◯ Import Drawing Total Time:(HH:MM)

****Site Plan/Drawing attached.****

# OPERATION PERMIT

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

For Office Use Only

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| *CDP File Number | 294677 - 1 |
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## Property Location & Site Information

Address/Road #: 210 DEER RUN DR
FRANKLINTON, NC 27525

Subdivision: DEER RUN
Lot: 11A

Phase: ACTIVE

Structure: OTHER

**Directions** 196 DEER RUN DR

# of Bedrooms: 2

# of People:

*Water Supply: N/A

*IP Issued by: 0 -

*CA Issued by:

Design Flow:

Soil Application Rate:

*System Classification/Description:
N/A

Saprolite System?: No

*Distribution Type:

*Pre-Treatment: N/A

## Drain field

Nitrification Field _____ Sq. ft.
No. Drain Lines _____
Total Trench Length: _____ ft.
Trench Spacing: _____ - _____ ◯ Inches O.C. (X) Feet O.C.
Trench Width: _____ - _____ ◯ Inches (X) Feet
Aggregate Depth: _____ inches
Minimum Trench Depth: _____ Inches
Minimum Soil Cover: _____ Inches
Maximum Trench Depth: _____ Inches
Maximum Soil Cover: _____ Inches

*System Type: UNKNOWN

Installer:

Certification #:

*EHS:

Date:

Approval Status

☐ Approved ☐ Disapproved

*CDP File Number 294677 - 1

County File Number: 1874440105

## Septic Tank

Manufacturer:
STB:
Gallons:
Date:
*Filter Brand: N/A
ST Marker: ☐ Yes ☒ No
Reinforced Tank: ☐ Yes ☐ No
1 Piece Tank: ☐ Yes ☒ No

Lat:
Long:
Installer:
Certification #:
*EHS:
Date:

Approval Status
☐ Approved ☐ Disapproved

## Pump Tank

Manufacturer:
PT:
Gallons:
Date:
Riser Sealed: ☐ Yes ☐ No
Riser Height: ☐ Yes ☐ No (Min. 6 in.)
Reinforced Tank: ☐ Yes ☐ No
1 Piece Tank: ☐ Yes ☐ No

Installer:
Certification #:
*EHS:
Date:

Approval Status
☐ Approved ☐ Disapproved

## Supply Line

Pipe Size: inch diameter
Pipe Length: feet
*Schedule:
Pressure Rated ☐ Yes ☐ No
Approved fittings ☐ Yes ☐ No

Installer:
Certification #:
*EHS:
Date:

Approval Status
☐ Approved ☐ Disapproved

## Pump Requirement

Pump Type:
Dosing Volume: Gal
Draw Down: Inches
*Chain: N/A
Valves Accessible: ☐ Yes ☐ No ☒ N/A
Flow Adjustment Valve: ☐ Yes ☐ No ☒ N/A
Check-valve: ☐ Yes ☐ No ☒ N/A
PVC Unions: ☐ Yes ☐ No ☒ N/A
Vent Hole: ☐ Yes ☐ No ☒ N/A
Anti-siphon Hole: ☐ Yes ☐ No ☒ N/A

Installer:
Certification #:
*EHS:
Date:

Approval Status
☐ Approved ☐ Disapproved

*CDP File Number 294677 - 1

County File Number: 1874440105

**Electric Equipment**

| | | | | |
|---|---|---|---|---|
| NEMA 4X Box or Equivalent | ☐ Yes | ☐ No | ☒ N/A | Installer: |
| Box 24 inches Above Grade | ☐ Yes | ☐ No | ☒ N/A | Certification #: |
| Box Adj. To Pump Tank | ☐ Yes | ☐ No | ☒ N/A | *EHS: |
| Conduit Sealed | ☐ Yes | ☐ No | ☒ N/A | Date: |
| Pump Manually Operable | ☐ Yes | ☐ No | ☒ N/A | |
| *Activation Method: | | | | |
| Alarm Audible | ☐ Yes | ☐ No | ☒ N/A | |
| Alarm Visible | ☐ Yes | ☐ No | ☒ N/A | |

Approval Status

☐ Approved ☐ Disapproved

*CDP File Number 294677 - 1

County File Number: 1874440105

*Operation Permit completed by: 8887 - Smith, Andy

Authorized State Agent: _____

Date of Issue: 12/01/2004

Owner/Applicant: _____

This system has been installed in compliance with applicable NC General Statutes: Article 11, Chapter 130A, Rules for Sewage Treatment and Disposal, 15A NCAC 18A .1900 *et. Seq.*, and all conditions of the Improvement Permit and Construction Authorization. This property is served by a N/A sewage septic system.

Rule .1961 requires that a Type N/A septic system meet the following criteria:

Minimum System Review By The Local Health Department: N/A

Management Entity:

Minimum System Inspection/Maintenance Frequency By Certified Operator:

Reporting Frequency By Certified Operator:

Rule .1961 requires that a Type IV and V septic systems designed for a home/business owner must maintain a valid contract with a public management entity with a certified operator or a private certified operator for the life of the septic system.

Rule .1961 requires that Type VI septic systems designed for a home/business owner must maintain a valid contract with a public management entity with a certified operator for the life of the septic system.

Rule .1961 (2) (e) requires a contract shall be executed between the system owner and a management entity prior to the issuance of an Operation Permit for a system required to be maintained by a public or private management entity, unless the system owner and certified operator are the same. The contract shall require specific requirements for maintenance and operation, responsibilities of the owner and systems operator, provisions that the contract shall be in effect for as long as the system is in use, and other requirements for the continued proper performance of the system. It shall also be a condition of the Operation Permit that subsequent owners of the systems execute such a contract.

Total Time:(HH:MM)

System Final Inspection Log

Drain Field