



IMPROVEMENT PERMIT

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

For Office Use Only

*CDP File Number 449310 - 1

County ID Number:

Evaluated For: NEW

PERMIT VALID UNTIL: 03/20/2030

***NOTE TO INSPECTIONS DIVISION:** Building Permits cannot be issued with this Improvement Permit.

Applicant: Brandywine Homes

Address: PO BOX 910

City: Wake Forest

State/Zip: NC 27588

Phone #:

Property Owner: Pilot Ridge Reserve LLC

Address: 414 N Main St

City: Tarboro

State/Zip: NC. 27886

Phone #:

Property Location & Site Information

Address: 85 Beauview Way Zebulon, NC 27597

Subdivision: Pilot Ridge

Block/Phase: NEW

Lot: 57

Directions

Road #:

85 Beauview Way

Structure: SINGLE FAMILY

of Bedrooms: 4

of People: 3

*Water Supply: N/A

System Specifications

Initial System

Usable Soil Depth: 30

Design Flow: 480

Soil Application Rate: 0.3000

Minimum Trench Depth: _____ Inches

Maximum Trench Depth: 18 Inches

*System Classification/Description:

TYPE III B. SYSTEM W/SINGLE EFFLUENT PUMP

Septic Tank: 1000 Gallons

Pump Required ☒ Yes ☐ No ☐ May Be Required

*Proposed System:

25% REDUCTION

Pump Tank: 1000 Gallons

Repair System Required: ☒ Yes ☐ No ☐ No, but has Available Space

Repair System

Usable Soil Depth:

Minimum Trench Depth: _____ Inches

Soil Application Rate:

Maximum Trench: Depth: _____ Inches

*System Classification/Description:

N/A

Pump Required: ☐ Yes ☐ No ☐ May Be Required

*Proposed System:

Pump Tank: _____ Gallons

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

*Site Modifications

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.

*Permit Conditions

The Department and Local Health Department may impose conditions on the issuance and may revoke the permits for failure of the system to satisfy the conditions, the rules, or this article. This permit is subject to revocation if the site plan, plat, or intended use changes (NCGS 130A-335(f)). The person owning or controlling the system location, installing, operation, maintenance, monitoring, reporting, and repair (per rule .0301(fa)).

Authorized State Agent: Bendel, Joel Date of Issue: 03/20/2025

Total Time: (HH:MM)

☐ Hand Drawing

☐ Import Drawing

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

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Construction Authorization

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

For Office Use Only

*CDP File Number: 449310 - 1

County ID Number: _____

Evaluated For: NEW

PERMIT VALID UNTIL: 03/20/2030

☐ Open Pump System Sheet

Applicant: Brandywine Homes

Address: PO BOX 910

City: Wake Forest

State/Zip: NC 27588

Phone #: _____

Property Owner: Pilot Ridge Reserve LLC

Address: 414 N Main St

City: Tarboro

State/Zip: NC. 27886

Phone #: _____

Property Location & Site Information

Address/Road #: 85 Beauview Way Zebulon, NC Subdivision: Pilot Ridge Phase: NEW Lot: 57
27597

Directions:

Structure: SINGLE FAMILY 85 Beauview Way

of Bedrooms: 4

of People: 3

*Water Supply: NEW WELL

System Specifications

Usuable Soil Depth: 30 Minimum Trench Depth: _____ Inches

Design Flow: 480 Maximum Trench Depth: 18 Inches

Soil Application Rate: 0.3000 Minimum Soil Cover: _____ Inches

*System Classification/Description:

TYPE III B. SYSTEM W/SINGLE EFFLUENT PUMP Maximum Soil Cover: _____ Inches

*Proposed System: 25% REDUCTION *Distribution Type: PRESSURE MANIFOLD

Nitrification Field: _____ Sq. ft. Septic Tank: 1,000 Gallons

No. Drain Lines: _____ Pump Required: ☒ Yes ☐ No ☐ May Be Required

Total Trench Length: 400 ft. ☐ Inches O.C. ☒ Feet O.C. Pump Tank: 1,000 Gallons

Trench Spacing: _____ - 9 ☐ Inches Grease Trap: _____ Gallons

Trench Width: _____ - 3 ☒ Feet Septic Tank Installer

Aggregate Depth: _____ inches Grade Level Required: ☐ I ☐ II ☐ III ☐ IV

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.

*Permit Conditions:

The 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 shall become invalid, and may be suspended or revoked (.0204(k)(1)). 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 (per rule .0301(a)).

Authorized State Agent: Bendel, Joel

Date of Issue: 03/20/2025

☐ Hand Drawing ☐ Import Drawing

Site Plan/Drawing attached.

Total Time : (HH:MM) _____



Well Construction Permit

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

For Office Use Only

*CDP File Number 449310

PIN Number: _____

Tax Lot #: 57

Tax Block #: 049498

Evaluated For: SINGLE FAMILY \ WELL

PERMIT VALID UNTIL: 03/20/2030

Property Owner: Pilot Ridge Reserve LLC

Address: 414 N Main St

City: Tarboro

State/Zip: NC / 27615

Phone #: _____

Applicant: Brandywine Homes

Address: PO BOX 910

City: Wake Forest

State/Zip: NC / 27588

Phone #: _____

Property Location & Site Information

Address/Road #: _____ Subdivision: Pilot Ridge Phase: _____ Lot: 57

85 Beauview Way

Zebulon NC, 27597

*Proposed use of Well: SINGLE FAMILY

If Other: _____

Applicant Email: _____

Owner Email: _____

Directions: 85 Beauview Way

Well Contractor Information

Drilling Contractor: _____

Driller Registration: _____

Permit Conditions

*Permit Conditions

Well location, construction and protection must meet all state and local regulations and must be inspected and approved by an authorized representative of the Local Health Department. The permit may be revoked at any time for failure to comply with existing regulations. The siting of approved well construction area(s) by the Health Department is to provide protection from the known possible sources of contamination. The approved well area(s) may not be changed without permission from an authorized representative of the Local Health Department. Issuance of this well permit does not guarantee water quality or adequate water production from the well once it is installed or repaired.

*Issued By: Bendel, Joel

Authorized State Agent: _____

Owner/Applicant: _____

*Date of Issue: 03/20/2025



Hand Drawing



Import Drawing

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



File # 449310 PIN# _____

Property Address: 85 Beauview Way

Applicant or Owner Name: Brandywine Homes

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**: 3-20-25 EHS: Joel Bendel

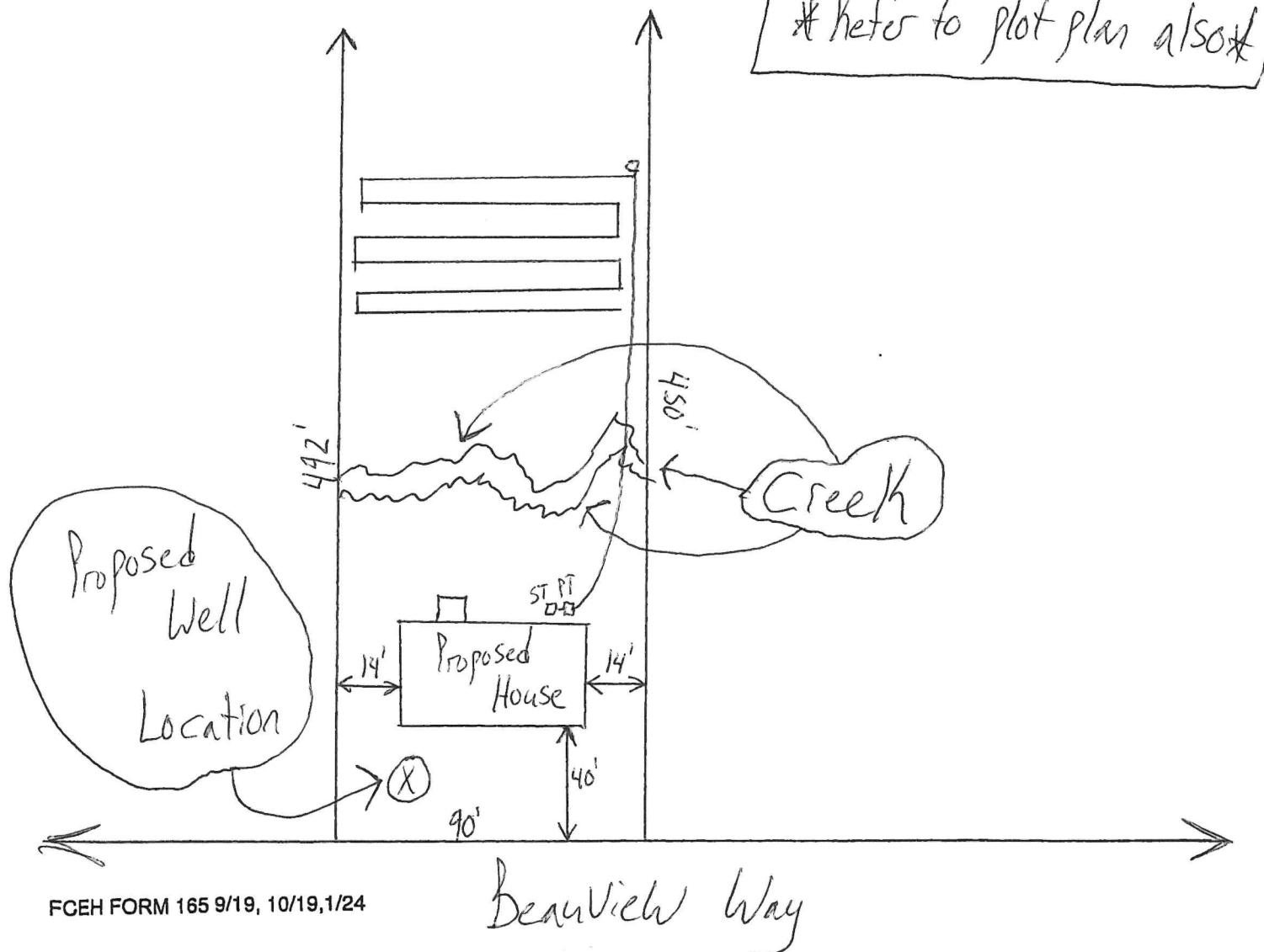
**Any previously dated CA diagram is revoked and/or invalid. Confirm this is the valid diagram for the site before beginning any construction.

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 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 1000 Drainfield 3'x400' Type System Pump Max Trench Depth 18"

Septic Contractor _____ Septic/Pump tank dates _____ Pump Fee Paid _____

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





Franklin County Environmental Health
127 S Bickett Blvd.
Louisburg, NC 27549
Phone (919) 496-8100
www.franklincountync.gov

Cdp-449310

Issued to: Brandywine Homes

Location: 85 Beauview Way ZEBULON, NC 27597

NEW SEPTIC APPLICATION
NEW WELL APPLICATION

Joel

Application Type: NEW SEPTIC NEW WELL

Application Number: E-25-83

Building Type:

Project Type: Single Family Dwelling

of Bedrooms: 4

Residential Project Type: Single Family Dwelling

Building Foundation: Crawlspace

Water Source: New Well

Date: February 10, 2025

Acreage: 0.97

Zoning: R-30

of Occupants: 3

Commercial Project Type:

Square Footage of Facility:

Number of Employees:

Number of Seats:

Preferred Type of Septic System: (2) Accepted
(polystyrene, chamber)

Parcel ID #: 049498

Notes:

Subdivision: PILOT RIDGE LOT #57

Applicant Information

Applicant Name: Brandywine Homes

Address: P.O. Box 910 Wake forest, Nc 27588

Phone: 919-427-8982

Email: bwhomesfranklin@gmail.com

Property Owner Information

Owner Name: PILOT RIDGE RESERVE LLC

Address: 414 N MAIN ST TARBORO, NC 27886

Phone:

Email:

General Contractor Information

Contractor Name: Brandywine Homes, Inc.

Address: PO Box 910 Wake Forest, NC 27588

Phone: (919) 554-3351

Email: bwhomes02@gmail.com

Zoning

Zoning Permit #: Z-25-150

Front Setback: 30

Left Setback: 10

County Water: No

Right Setback: 10

Rear Setback: 25

The applicant shall notify the Environmental Health Department upon submittal of this application if any of the following apply to the property/site in question. If this answer is "Yes" the applicant must attach supporting documentation and/or show their location on the plot/site plan.

Does the site contain any jurisdictional wetlands? No

Does the site contain, or have within 100 feet, any existing wells and/or septic systems? No

Is any wastewater going to be generate other than domestic sewage? No

Is the site subject to approval by an other public agency? No

Are there any easements or right-of-ways on this site? No

Are there any underground utilities on the site? No

IF THE INFORMATION IN THE APPLICATION FOR A SEPTIC PERMIT IS FALSIFIED, CHANGED, OR THE SITE IS ALTERED, THEN ANY RELATED PERMITS AND CONSTRUCTION AUTHORIZATIONS SHALL BECOME INVALID. This application is valid for one year from the date of application payment. The septic system approval (permit) is valid for five years from the date of Improvement Permit issuance, or without expiration by

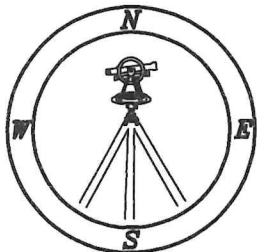
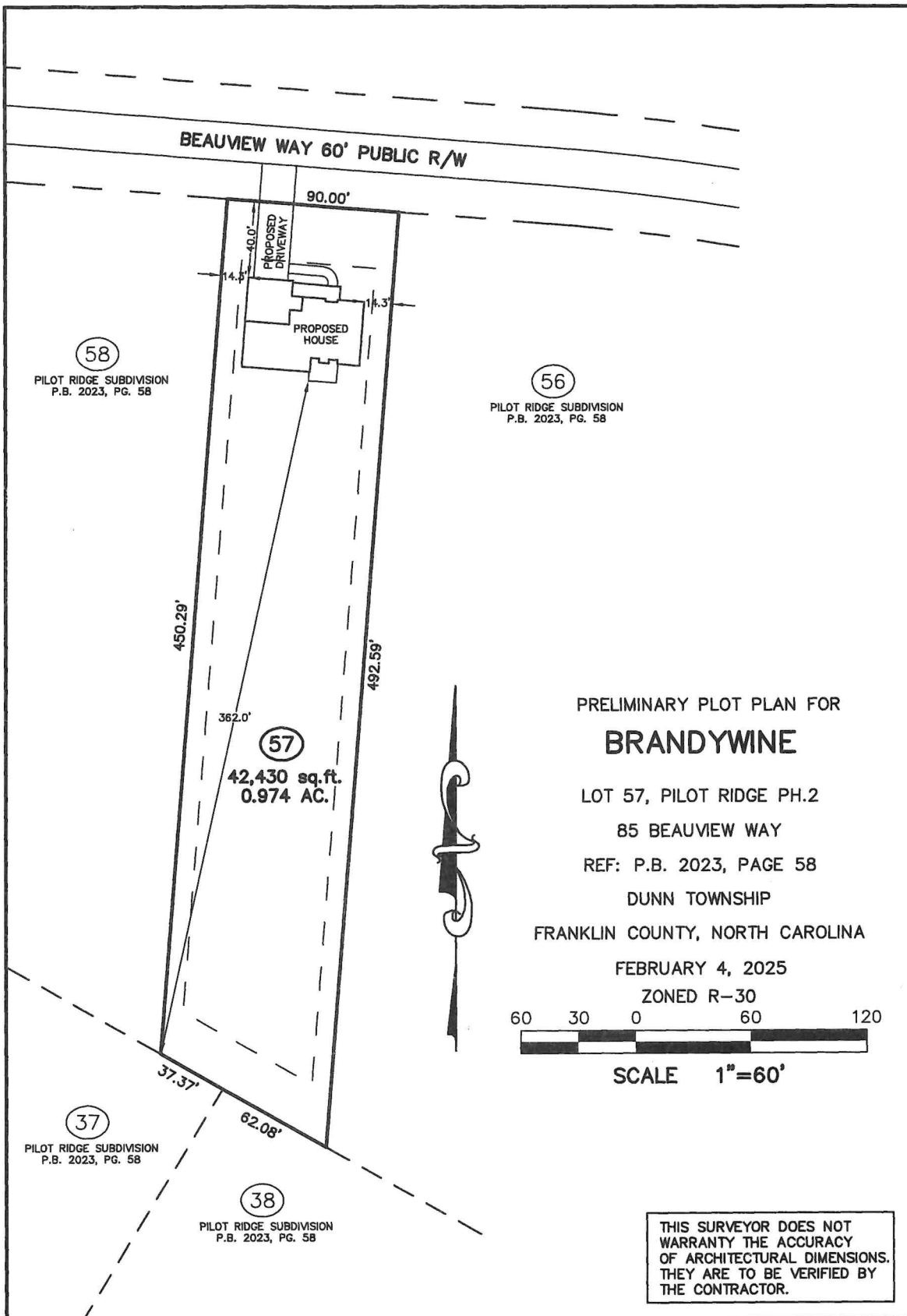
request with proper documentation. The applicant is responsible for the proper identification and labeling of all property lines, and existing utilities (including septic), and the desired features on site, as well as making the site accessible for evaluation. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. Permit issuance shall in no way be taken as a guarantee a septic system will function in a satisfactory manner for any given period of time. By signing below, the applicant attest he/she is the property owner or has been granted permission to be the property owner's legal representative, for the purposes of obtaining a septic permit for the referenced property.

Colleen M Cunningham

February 10, 2025

Signature of Owner or Owner's Legal Representative

Expires: February 10, 2026



CMP

Professional Land Surveyors
C-1525

333 S. White Street
Post Office Box 1253
Wake Forest, N.C. 27588
(919)556-3148

NOTES:

-THIS PLAN DOES NOT REFLECT AN
ACTUAL SURVEY. IT IS A PRELIMINARY
PLAN AND SHOULD BE USED FOR ITS
INTENDED PURPOSE ONLY.
-NOT FOR RECORDATION, CONVEYANCES,
OR SALES.