



Well Construction Permit

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

For Office Use Only

*CDP File Number 402025

PIN Number: _____

Tax Lot #: 20 Tax Block #: 049439

Evaluated For: _____

PERMIT VALID UNTIL: 11/07/2029

Property Owner: _____
Address: _____
City: _____
State/Zip: NC
Phone #: _____

Applicant: Winslow Grand
Address: PO BOX 1197
City: YOUNGSVILLE
State/Zip: NC / 27596
Phone #: _____

Property Location & Site Information

Address/Road #: 25 ARBOR DR
YOUNGSVILLE NC, 27596
Subdivision: ABBINGTON Phase: _____ Lot: 20
*Proposed use of Well: _____
If Other: _____
Applicant Email: _____
Owner Email: _____
Directions: 25 ARBOR DR

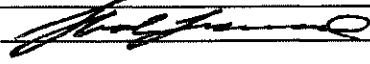
Well Contractor Information

Drilling Contractor: _____ Driller Registration: _____

Permit Conditions

*Permit Conditions
See well location on septic layout from CCSC attached.

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: Leonard, Shad
Authorized State Agent: 
Owner/Applicant: _____

*Date of Issue: 11/07/2024

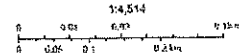
☐ Hand Drawing ☒ Import Drawing

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



Area : 3,134,508.59 ft²

A black and white map of a city area, likely New Orleans, showing a grid of streets. A large circle is drawn around a central area, and a line is drawn through it. The map includes labels for 'DUMAS', 'PONTCHARTRAIN', and 'CANAL'. A small circle is marked on the map.



FROM: Mr. J. M. Gurnea, Director, FBI
TO: Mr. J. Edgar Hoover, Director, FBI
SUBJECT: [REDACTED]

Permit/File #: 402025



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
MARK BENTON • Chief Deputy Secretary for Health
SUSAN KANSAGRA • Assistant Secretary for Public Health
Division of Public Health

Submittal Includes: ☒ (a2) Improvement Permit ☒ (a2) Construction Authorization ☐ Fee \$ _____

IMPROVEMENT PERMIT FOR G.S. 130A-335(a2)

County: Franklin
PIN/Lot Identifier: 1881-00-5934
Issued To: Grand Oak Homes
Property Location: 25 Arbor Drive, Youngsville
Subdivision (if applicable) Abbingdon Lot #: 20 Block: _____ Section: _____
LSS Report Provided: Yes ☒ No ☐
If yes, name and license number of LSS: Jason Hall, NC LSS #1248
New ☒ Expansion ☐ System Relocation ☐ Change of Use ☐
Facility Type: Single Family, 4-Bedroom
Number of bedrooms: 4 Number of Occupants: ≤8 Other: _____
Design Wastewater Strength: ☒ Domestic ☐ High Strength ☐ Industrial Process Wastewater
Proposed Design Daily Flow: 480 GPD Proposed LTAR (Initial): .3 Proposed LTAR (Repair): .3
Proposed Wastewater System Type*: IIIbg, PM to accepted (Initial) Pump Required: ☒ Yes ☐ No ☐ May be required
Proposed Wastewater System Type*: IIIbe, PM to PPBPS (Repair) Pump Required: ☒ Yes ☐ No ☐ May be required
**Please include system classification for proposed wastewater system types in accordance with Rule .1301 Table XXXII*
Effluent Standard: ☒ DSE ☐ HSE ☐ NSF/ANSI 40 ☐ TS-I ☐ TS-II ☐ RCW
Saprolite System (Initial): ☐ Yes ☒ No Saprolite System (Repair): ☐ Yes ☒ No
Fill System (Initial): ☐ Yes ☒ No If yes, specify: ☐ New ☐ Existing (when adding more than 6 inches of fill to system area provide a fill plan)
Fill System (Repair): ☐ Yes ☒ No If yes, specify: ☐ New ☐ Existing (when adding more than 6 inches of fill to system area provide a fill plan)
Usable Depth to LC (Initial)*: 32 Usable Depth to LC (Repair)*: 32 * Limiting Condition
Max. Trench Depth (Initial)*: 18 Max. Trench Depth (Repair)*: 18 * Measured on the downhill side of the trench
Artificial Drainage Required: ☐ Yes ☒ No If yes, please specify details: _____
Type of Water Supply: ☒ Private well ☐ Public well ☐ Shared well ☐ Municipal Supply ☐ Spring ☐ Other: _____
Drainfield location meets requirements of Rule .0508: Yes ☒ No ☐ Drainfield location meets requirements of Rule .0601: Yes ☒ No ☐
Permit valid for: ☒ Five years [site plan submitted pursuant to GS 130A-334(13a)] ☐ No expiration [plat submitted pursuant to GS 130A-334(7a)]

Permit conditions:

Licensed Soil Scientist Print Name: Jason Hall

Licensed Soil Scientist Signature: [Signature] Date: 11/5/24

The LSS evaluation is being submitted pursuant to and meets the requirements of G.S. 130A-335(a2).

See attached site sketch

Permit/File #: 402025**This Section for Local Health Department Use Only**Initial submittal received: 11-7-24 by GBV
Date Initials

G.S. 130A-335(a3) states the following:

When an applicant for an Improvement Permit submits to a local health department an Improvement Permit application, the permit fee charged by the local health department, the common form developed by the Department, and a soil evaluation pursuant to subsection (a2) of this section, the local health department shall, within five business days of receiving the application, conduct a completeness review of the submittal. A determination of completeness means that the Improvement Permit includes all of the required components. If the local health department determines that the Improvement Permit is incomplete, the local health department shall notify the applicant of the components needed to complete the Improvement Permit. The applicant may submit additional information to the local health department to cure the deficiencies in the Improvement Permit. The local health department shall make a final determination as to whether the Improvement Permit is complete within five business days after the local health department receives the additional information from the applicant. If the local health department fails to act within any period set out in this subsection, the applicant may treat the failure to act as a determination of completeness. The Department shall develop a common form for use as the Improvement Permit.

The review for completeness of this Improvement Permit was conducted in accordance with G.S. 130A-335(a3). This Improvement Permit is determined to be:

☐ Incomplete (If box is checked, information in this section is required.)

The following items are missing:

Copies of this were sent to the LSS and the Applicant on _____
Date

State Authorized Agent: _____ Date: _____

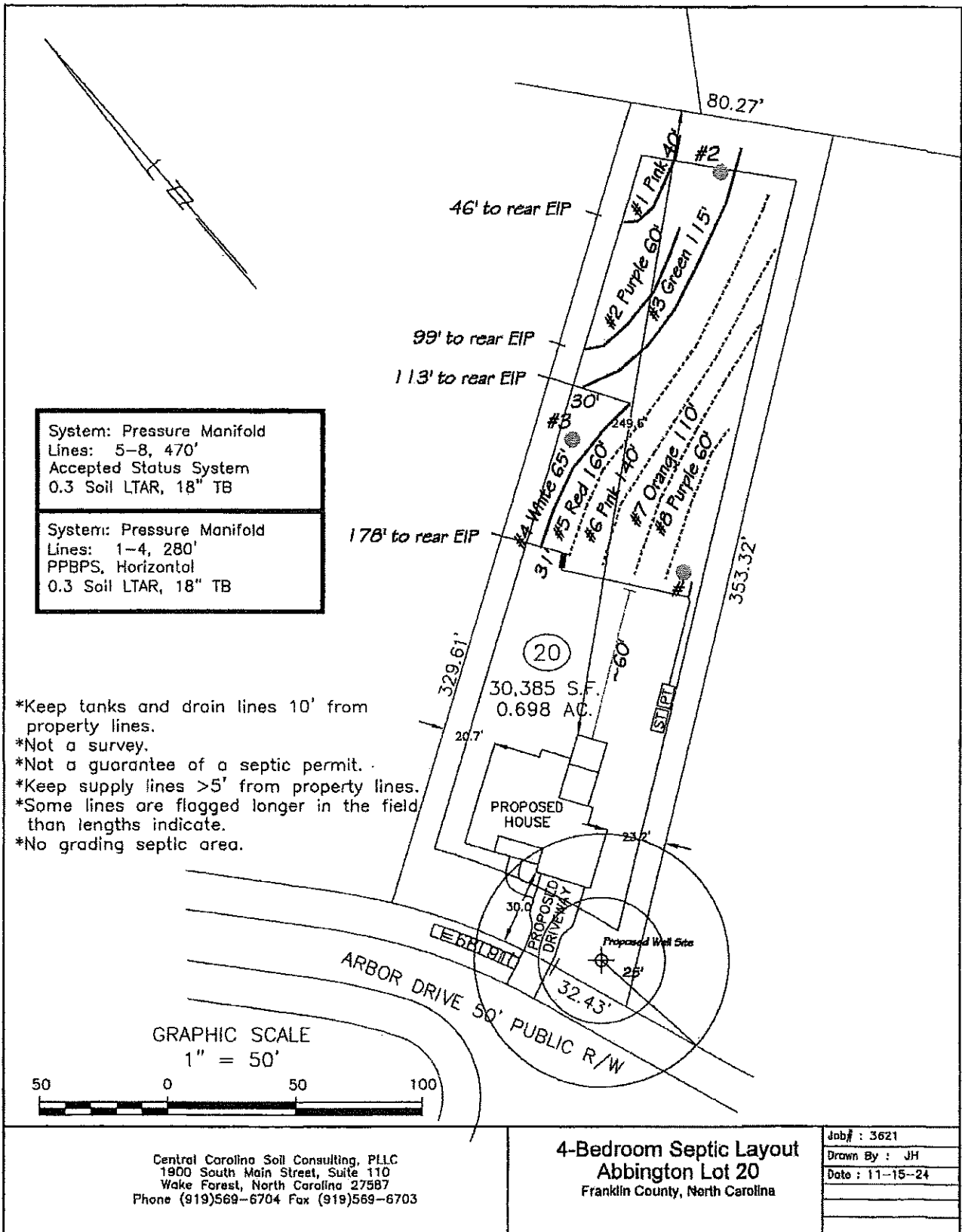
☒ CompleteState Authorized Agent: [Signature] Date: 11-7-24

This Improvement Permit is issued pursuant to G.S. 130A-335 (a2) and (a3) using the signed and sealed LSS/LG evaluation(s) attached here. The issuance of this permit in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. *This permit is subject to revocation if the site plan, plat, or the intended use changes.* The Improvement Permit shall not be affected by a change in ownership of the site. This permit is subject to compliance with the provisions of 15A NCAC 18E and to the conditions of this permit.

The Department, the Department's authorized agents, and the local health departments shall be discharged and released from any liabilities, duties, and responsibilities imposed by statute or in common law from any claim arising out of or attributed to evaluations, submittals, or actions from a licensed soil scientist or licensed geologist pursuant to GS 130A-335(a2).

Improvement Permit Expiration Date: 11-7-29

See attached site sketch



cdp 402025



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

Issued to: Winslow Grand LLC

Location: 25 Arbor Drive YOUNGSVILLE , NC NULL

**NEW WELL APPLICATION
LICENSED SOIL SCIENTIST A2 PERMIT**

Application Type: NEW WELL LICENSED SOIL SCIENTIST A2 PERMIT

Application Number: E-23-1091

Date: November 6, 2024

Building Type:

Acreage: 0.7

Project Type: Single Family Dwelling

Zoning: R-30

of Bedrooms: 4

of Occupants: 5

Residential Project Type: Single Family Dwelling

Commercial Project Type:

Building Foundation: Crawlspace

Square Footage of Facility:

Water Source: New Well

Number of Employees:

Number of Seats:

Preferred Type of Septic System: (1) Conventional
(rock)

Notes:

Parcel ID #: 049439

Subdivision: ABBINGTON LOT

Applicant Information

Applicant Name: Winslow Grand LLC

Address: PO Box 1197 Youngsville , North Carolina 27596

Phone: 919-556-4700

Email: permits@winslowhomes.com

Property Owner Information

Owner Name: NULL

Address: NULL NULL , NULL NULL

Phone:

Email:

General Contractor Information

Contractor Name:

Address: ,

Phone:

Email:

Zoning

Zoning Permit #: Z-23-1421

County Water: No

Front Setback: 25

Right Setback: 10

Left Setback: 10

Rear Setback: 20

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

PRELIMINARY PLOT PLAN FOR

WINSLOW

LOT 20, ABBINGTON SUBDIVISION

25 ARBOR DRIVE

REF: B.M. 2023, PAGE 40

HARRIS TOWNSHIP

FRANKLIN COUNTY, NORTH CAROLINA

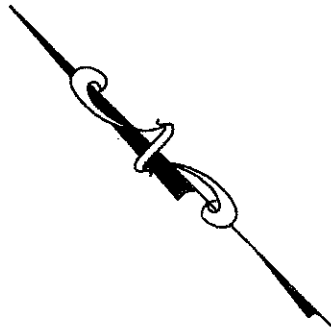
APRIL 18, 2023

ZONED R-40 WATERSHED WSII

50 25 0 50 100



SCALE 1"=50'

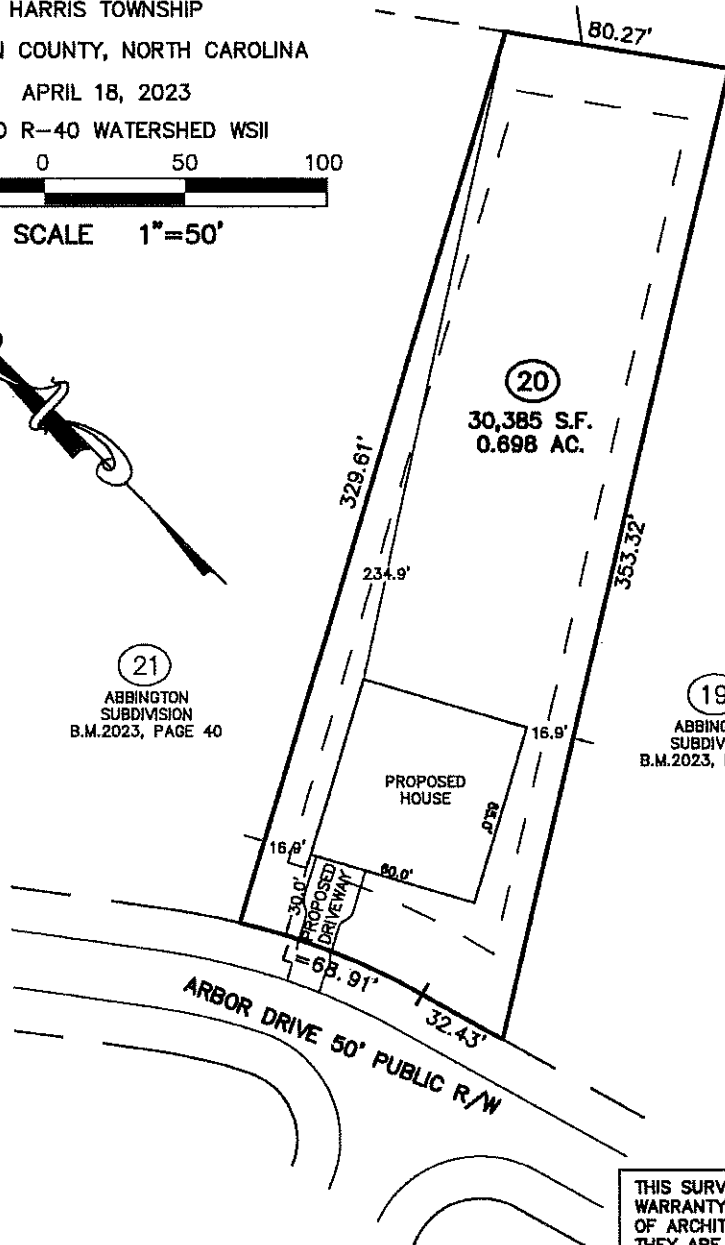


N/F
LAKIA P PALMER
D.B. 2177, PG. 1209
M.B. 1997 PAGE 115
PIN # 1881-01-6260

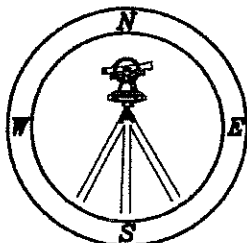
N/F
ANGELA
ASBELL-BUMGARNER
D.B. 2214, PG. 1253
M.B. 1997 PAGE 115
PIN # 1881-01-8003

(21)
ABBINGTON
SUBDIVISION
B.M.2023, PAGE 40

(19)
ABBINGTON
SUBDIVISION
B.M.2023, PAGE 40



THIS SURVEYOR DOES NOT
WARRANTY THE ACCURACY
OF ARCHITECTURAL DIMENSIONS.
THEY ARE TO BE VERIFIED BY
THE CONTRACTOR.



**CAWTHORNE, MOSS
& PANCIERA, P.C.**

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.