



IMPROVEMENT PERMIT

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

For Office Use Only

*CDP File Number 392414 - 1
County ID Number: _____
Evaluated For: NEW

PERMIT VALID UNTIL: 08/15/2028

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

Applicant: MATTHEW WINSLOW
Address: PO BOX 610
City: YOUNGSVILLE
State/Zip: NC 27596
Phone #: _____

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

Property Location & Site Information
Address: 15 DIAMOND CREEK DR Subdivision: KETTLE Block/Phase: NEW Lot: 7
ZEBULON, NC 27597 **Directions** CREEK
Road #: _____
Structure: SINGLE FAMILY 15 DIAMOND CREEK DR
of Bedrooms: 4
of People: 5
*Water Supply: N/A

Initial System

*Site Classification: Provisionally Suitable

Design Flow: 480

Soil Application Rate: 0.3000

*System Classification/Description:

TYPE III B. SYSTEM W/SINGLE EFFLUENT PUMP

*Proposed System:

25% REDUCTION

System Specifications

Minimum Trench Depth: _____ Inches

Maximum Trench Depth: 18 Inches

Septic Tank: 1000 Gallons

Pump Required ☒ Yes ☐ No ☐ May Be Required

Pump Tank: 1000 Gallons

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

Repair System

*Site Classification:

Soil Application Rate:

*System Classification/Description:

N/A

*Proposed System:

Minimum Trench Depth: _____ Inches

Maximum Trench Depth: _____ Inches

Pump Required: ☐ Yes ☐ No ☐ May Be Required

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

CDP File Number: 392414

County ID Number:

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 (.1938(b)).

Authorized State Agent: Bendel, Joel Date of Issue: 08/15/2023

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: _____

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County ID Number: _____
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☐ Open Pump System Sheet

Applicant: MATTHEW WINSLOW

Address: PO BOX 610

City: YOUNGSVILLE

State/Zip: NC 27596

Phone #: _____

Property Owner: _____

Address: _____

City: _____

State/Zip: _____

Phone #: _____

Property Location & Site Information

Address/Road #: 15 DIAMOND CREEK DR Subdivision: KETTLE Phase: NEW Lot: 7
ZEBULON, NC 27597 Directions: CREEK
Structure: SINGLE FAMILY 15 DIAMOND CREEK DR
of Bedrooms: 4
of People: 5
*Water Supply: NEW WELL

System Specifications

*Site Classification: Provisionally Suitable 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: PUMP TO GRAVITY
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. Pump Tank: 1,000 Gallons
Trench Spacing: _____ - 9 ☒ Feet O.C. Grease Trap: _____ Gallons
Trench Width: _____ - 3 ☒ Inches Septic Tank Installer
Aggregate Depth: _____ inches ☒ Feet 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 (.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

Authorized State Agent: Bendel, Joel

Date of Issue: 08/15/2023

☐ 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 392414

PIN Number: _____

Tax Lot #: 7 Tax Block #: 049103

Evaluated For: _____

PERMIT VALID UNTIL: 08/15/2028

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

Applicant: MATTHEW WINSLOW
Address: PO BOX 610
City: YOUNGSVILLE
State/Zip: NC / 27596
Phone #: _____

Property Location & Site Information

Address/Road #: _____ Subdivision: KETTLE CREEK Phase: _____ Lot: 7
15 DIAMOND CREEK DR
ZEBULON NC, 27597
*Proposed use of Well: _____
If Other: _____
Applicant Email: _____
Owner Email: _____

Directions: 15 DIAMOND CREEK DR

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: 08/15/2023

☐ Hand Drawing ☐ Import Drawing

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



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

CDP#
392414

Issued to: Matthew Winslow

Location: 15 DIAMOND CREEK DR ZEBULON, NC 27597

**NEW SEPTIC APPLICATION
NEW WELL APPLICATION**

Application Type: **NEW SEPTIC NEW WELL**

Application Number: E-23-313

Building Type:

Project Type: Single Family Dwelling

of Bedrooms: 4

Residential Project Type: Single Family Dwelling

Building Foundation: Crawlspace

Water Source: New Well

Date: March 29, 2023

Acreage:

Zoning: R-30

of Occupants: 5

Commercial Project Type:

Square Footage of Facility:

Number of Employees:

Number of Seats:

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

Notes:

Parcel ID #: 049103

Subdivision: NULL

Applicant Information

Applicant Name: Matthew Winslow

Address: PO Box 610 Youngsville, NC 27596

Phone: 919-556-4700

Email: dedwards@winslowhomes.com

Property Owner Information

Owner Name: NULL

Address: NULL NULL, NULL NULL

Phone:

Email:

General Contractor Information

Contractor Name: Winslow Custom Homes, LLC

Address: PO Box 610 Youngsville, NC 27596

Phone: (919) 556-4700

Email: dedwards@winslowhomes.com

Zoning

Zoning Permit #: Z-23-85

County Water: No

Front Setback: 30

Right Setback: 10

Left 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

Call Environmental Health (919-496-8100) between 8:00 - 9:00 a.m. Monday - Friday in order to schedule an appointment with and environmental Health Specialist for your lot evaluation. Please contact the Environmental Health Department at 919-496-8100 to determine the status of your application prior to visiting the Planning & Inspections Department to obtain a building permit.

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

50 25 0 50 100



SCALE 1"=50'



PRELIMINARY PLOT PLAN FOR

WINSLOW

LOT 7, KETTLE CREEK SUBDIVISION

15 DIAMOND CREEK DRIVE

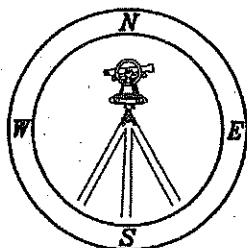
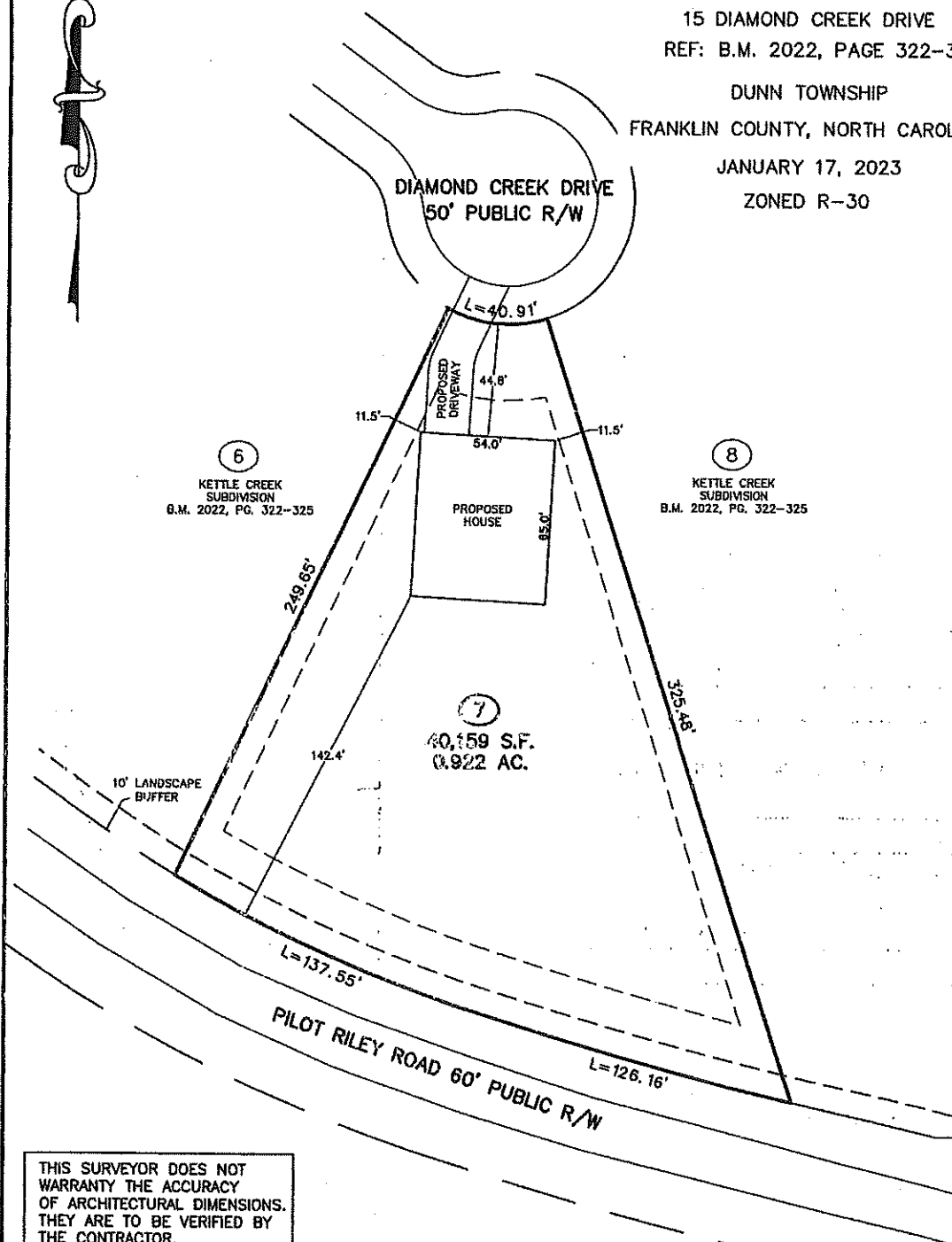
REF: B.M. 2022, PAGE 322-325

DUNN TOWNSHIP

FRANKLIN COUNTY, NORTH CAROLINA

JANUARY 17, 2023

ZONED R-30



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.