IMPROVEMENT PERMIT

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

For Office Use Only

*CDP File Number: 374851 - 1
County ID Number:
Evaluated For: NEW

PERMIT VALID UNTIL: 05/09/2027

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

Applicant:	BRANDYWINE HOMES
Address:	PO BOX 910
City:	WAKEFOREST
State/Zip:	NC 27588
Phone #:	

Property Owner:	TIDEWATER INVESTORS VILL LLC
Address:	PO BOX 40110
City:	RALEIGH
State/Zip:	NC. 27629
Phone #:	

Property Location & Site Information

Address/Road #: 80 PADDOCKS CT , NC
Subdivision:
Phase: NEW
Lot:

Structure: SINGLE FAMILY
# of Bedrooms: 4
# of People: 4
*Water Supply: N/A

Directions

80 PADDOCKS CT

System Specifications

Initial System

*Site Classification:
Design Flow: 480
Soil Application Rate: 0.3000

*System Classification/Description:
TYPE III B. SYSTEM W/SINGLE EFFLUENT PUMP

*Proposed System:
25% REDUCTION

Minimum Trench Depth: ____ Inches
Maximum Trench Depth: 30 Inches

Septic Tank: 1000 Gallons
Pump Required (X) Yes ( ) No ( ) May Be Required
Pump Tank: 1000 Gallons

Repair System Required: (X) 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 Departmen

***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 issurance 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 it 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: 05/09/2022

Total TIme: (HH:MM) ____ : ____

( ) Hand Drawing ( ) Import Drawing ****Site Plan/Drawing attached.****

Construction Authorization

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

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☐ Open Pump System Sheet

Applicant:	BRANDYWINE HOMES
Address:	PO BOX 910
City:	WAKEFOREST
State/Zip:	NC 27588
Phone #:	

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City:	RALEIGH
State/Zip:	NC. 27629
Phone #:	

Property Location & Site Information

Address/Road #: 80 PADDOCKS CT , NC Subdivision: Phase: NEW Lot:

Structure: SINGLE FAMILY

# of Bedrooms: 4

# of People: 4

*Water Supply:

Directions:

80 PADDOCKS CT

System Specifications

*Site Classification:

Design Flow: 480

Soil Application Rate: 0.3000

*System Classification/Description:
TYPE III B. SYSTEM W/SINGLE EFFLUENT PUMP

*Proposed System:
25% REDUCTION

Minimum Trench Depth: ____ Inches

Maximum Trench Depth: 30 Inches

Minimum Soil Cover: ____ Inches

Maximum Soil Cover: ____ Inches

*Distribution Type: PUMP TO GRAVITY

Septic Tank: 1,000 Gallons

Nitrification Field: ____ Sq. ft.

No. Drain Lines: 4

Total Trench Length: 400 ft.

Trench Spacing: ____ - 9

Trench Width: ____ - 3

Aggregate Depth: ____ inches

◯ Inches O.C.
(X) Feet O.C.
◯ Inches
(X) Feet

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

Pump Tank: 1,000 Gallons

Grease Trap: ____ Gallons

Septic Tank Installer 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)). Ther person owning or controlling the system shall be responsible for assuring compliance with the laws, rules, and permit conditions regaurding system location, installation, operation, maintenance, monitoring, reporting

Authorized State Agent: Bendel, Joel Date of Issue: 05/09/2022

◯ 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 374851

PIN Number:

Tax Lot #: Tax Block #: 045011

Evaluated For:

Property Owner:	TIDEWATER INVESTORS VILL LLC	Applicant:	BRANDYWINE HOMES
Address:	PO BOX 40110	Address:	PO BOX 910
City:	RALEIGH	City:	WAKEFOREST
State/Zip:	NC / 27629	State/Zip:	NC / 27588
Phone #:		Phone #:	

Property Location & Site Information

Address/Road #: 80 PADDOCKS CT

Subdivision: Phase: Lot:

*Proposed use of Well:

If Other:

Applicant Email:

Owner Email:

Directions: 80 PADDOCKS CT

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

*Date of Issue: 05/09/2022

Authorized State Agent:

Owner/Applicant:

◯ Hand Drawing ◯ Import Drawing

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

Franklin County
NORTH CAROLINA

File # 374851 PIN# _____

Property Address: 80 Paddocks CT

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.

(X) Septic Improvement Permit (X) Septic Construction Authorization (CA) ( ) CA Reissue** ( ) As Built

(X) Well Construction Authorization ( ) Additional Diagram/Specifications Attached

Diagram Date:** 5-9-22 **EHS:** Joel Bendel

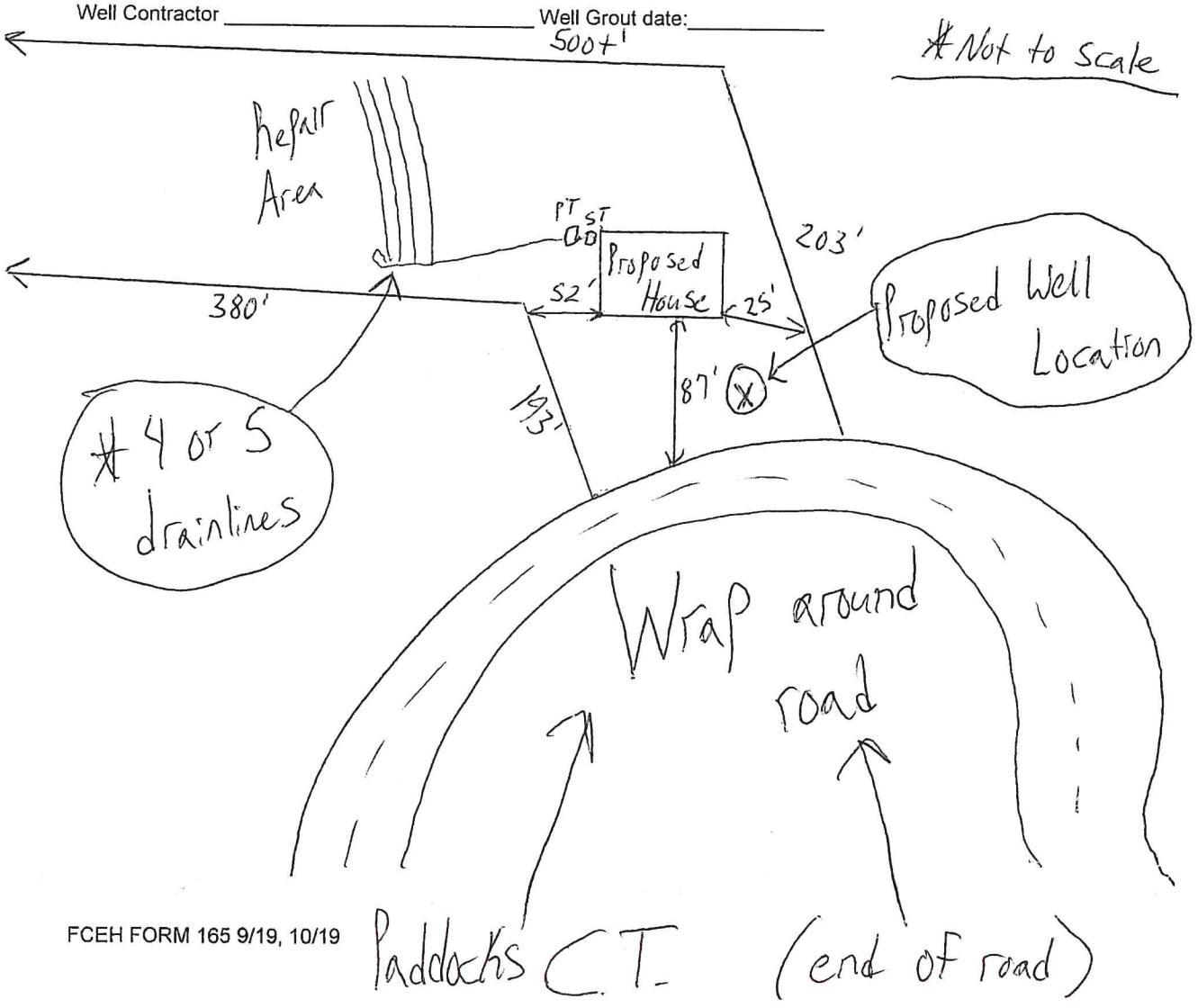
****Any previously dated CA diagram is revoked and/or invalid. Confirm this is the valid diagram for the site before beginning any construction.**

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 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.

Septic Tank 1000 Pump Tank 1000 Drainfield 3'x400' Type System Pump Max Trench Depth 30"

Septic Contractor _____ Septic/Pump tank dates _____ Pump fee? NO YES pd _____

Well Contractor _____ Well Grout date: _____



PRELIMINARY PLOT PLAN FOR

BRANDYWINE

LOT 9, PADDOCKS SUBDIVISION

80 PADDOCKS COURT

REF: P.B. 2019, PAGE 126

DUNN TOWNSHIP

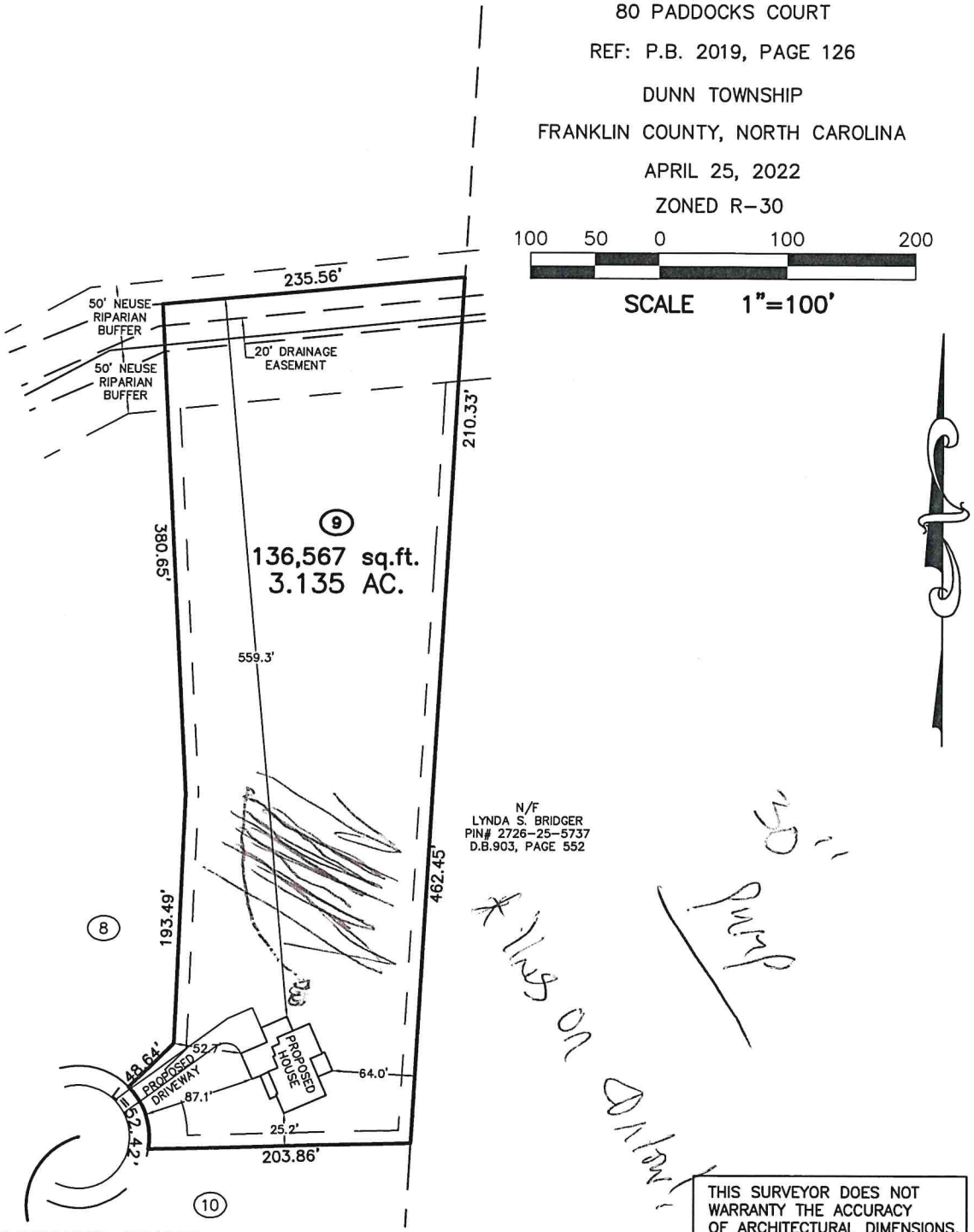
FRANKLIN COUNTY, NORTH CAROLINA

APRIL 25, 2022

ZONED R-30

100 50 0 100 200

SCALE 1"=100'



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.