IMPROVEMENT PERMIT

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

For Office Use Only

*CDP File Number: 378005 - 4
County ID Number:
Evaluated For: NEW

PERMIT VALID UNTIL: 07/13/2027

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

Applicant:	BRC HOMES INC	Property Owner:	
Address:	12801 CAMP KANATA RD	Address:	
City:	WAKE FOREST	City:	
State/Zip:	NC 27587	State/Zip:	
Phone #:		Phone #:	

Property Location & Site Information

Address/Road #: 40 CARNATION RD
YOUNGSVILLE, NC 27596
Subdivision: LILYS MEADOW Phase: NEW Lot: 4
Structure: SINGLE FAMILY
# of Bedrooms: 4
# of People: 2
*Water Supply: NEW WELL

Directions

40 CARNATION DR

System Specifications

Initial System

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

*System Classification/Description:
TYPE II A. CONV SYSTEM (SINGLE-FAMILY OR 480 GPD OR LESS)

*Proposed System:
25% REDUCTION

Minimum Trench Depth: _____ Inches
Maximum Trench Depth: 20 Inches

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

Repair System Required: (X) Yes ( ) No ( ) No, but has Available Space

Repair System

*Site Classification: Provisionally Suitable
Soil Application Rate: 0.300

*System Classification/Description:
TYPE II A. CONV SYSTEM (SINGLE-FAMILY OR 480 GPD OR LESS)

*Proposed System:
25% REDUCTION

Minimum Trench Depth: _____ Inches
Maximum Trench Depth: 20 Inches

Pump Required: (X) 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**

Please install septic system in accordance with attached dsign sheets submitted by CCSC. Respect all measurements indicated and setbacks.

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: Jones, Lori Date of Issue: 07/13/2022

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

Total Time: (HH:MM) ____ : ____

Construction Authorization

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

For Office Use Only

*CDP File Number: 378005 - 4
County ID Number:
Evaluated For: NEW

PERMIT VALID UNTIL: 07/13/2027

☐ Open Pump System Sheet

Applicant:	BRC HOMES INC
Address:	12801 CAMP KANATA RD
City:	WAKE FOREST
State/Zip:	NC 27587
Phone #:	

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

Property Location & Site Information

Address/Road #: 40 CARNATION RD
YOUNGSVILLE, NC 27596

Subdivision: LILYS MEADOW Phase: NEW Lot: 4

Structure: SINGLE FAMILY

# of Bedrooms: 4

# of People: 2

*Water Supply: NEW WELL

Directions:

40 CARNATION DR

System Specifications

*Site Classification: Provisionally Suitable

Design Flow: 480

Soil Application Rate: 0.3000

*System Classification/Description:
TYPE II A. CONV SYSTEM (SINGLE-FAMILY OR 480 GPD OR LESS)

*Proposed System:
25% REDUCTION

Minimum Trench Depth: _____ Inches

Maximum Trench Depth: 20 Inches

Minimum Soil Cover: _____ Inches

Maximum Soil Cover: _____ Inches

*Distribution Type: GRAVITY - SERIAL

Nitrification Field: _____ Sq. ft.

No. Drain Lines: 5

Total Trench Length: 405 ft.

Trench Spacing: _____ - 9

Trench Width: _____ - 3

Aggregate Depth: _____ inches

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

Septic Tank: 1,000 Gallons

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

Pump Tank: _____ 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:**

Please install septic system in accordance with attached dsign sheets submitted by CCSC. Respect all measurements indicated and setbacks.

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: Jones, Lori Date of Issue: 07/13/2022

◯ 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 378005

PIN Number:

Tax Lot #: 4 Tax Block #: 048827

Evaluated For: SINGLE FAMILY \ WELL

Property Owner:		Applicant:	BRC HOMES INC
Address:		Address:	12801 CAMP KANATA RD
City:		City:	WAKE FOREST
State/Zip:	NC	State/Zip:	NC / 27587
Phone #:		Phone #:	

Property Location & Site Information

Address/Road #: 40 CARNATION RD
YOUNGSVILLE NC, 27596

Subdivision: LILYS MEADOW Phase: Lot: 4

*Proposed use of Well: SINGLE FAMILY

If Other:

Applicant Email:

Owner Email:

Directions: 40 CARNATION DR

Well Contractor Information

Drilling Contractor:

Driller Registration:

Permit Conditions

*Permit Conditions

Please install well in accordance with attached dsign sheets submitted by CCSC. Respect all measurements indicated and setbacks.

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: Jones, Lori

Authorized State Agent:

Owner/Applicant:

*Date of Issue: 01/13/2022

○ Hand Drawing ○ Import Drawing

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

Franklin County
NORTH CAROLINA

File # 378005 Parcel ID: 048827 PIN# _____

Property Address: 40 Carnation Rd. Youngs.

Applicant or Owner Name: BRC Home Inc.

Environmental Health Septic/Well Permit Diagram Lot 4

Building permits cannot be issued nor should construction begin without Construction Authorization issuance.

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

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

Diagram Date:** 7-13-2022 **EHS:** Lori Jones

****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 na Drainfield 3'X40S' Gravity to Serial Type System Accepted Max Trench Depth 20"

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

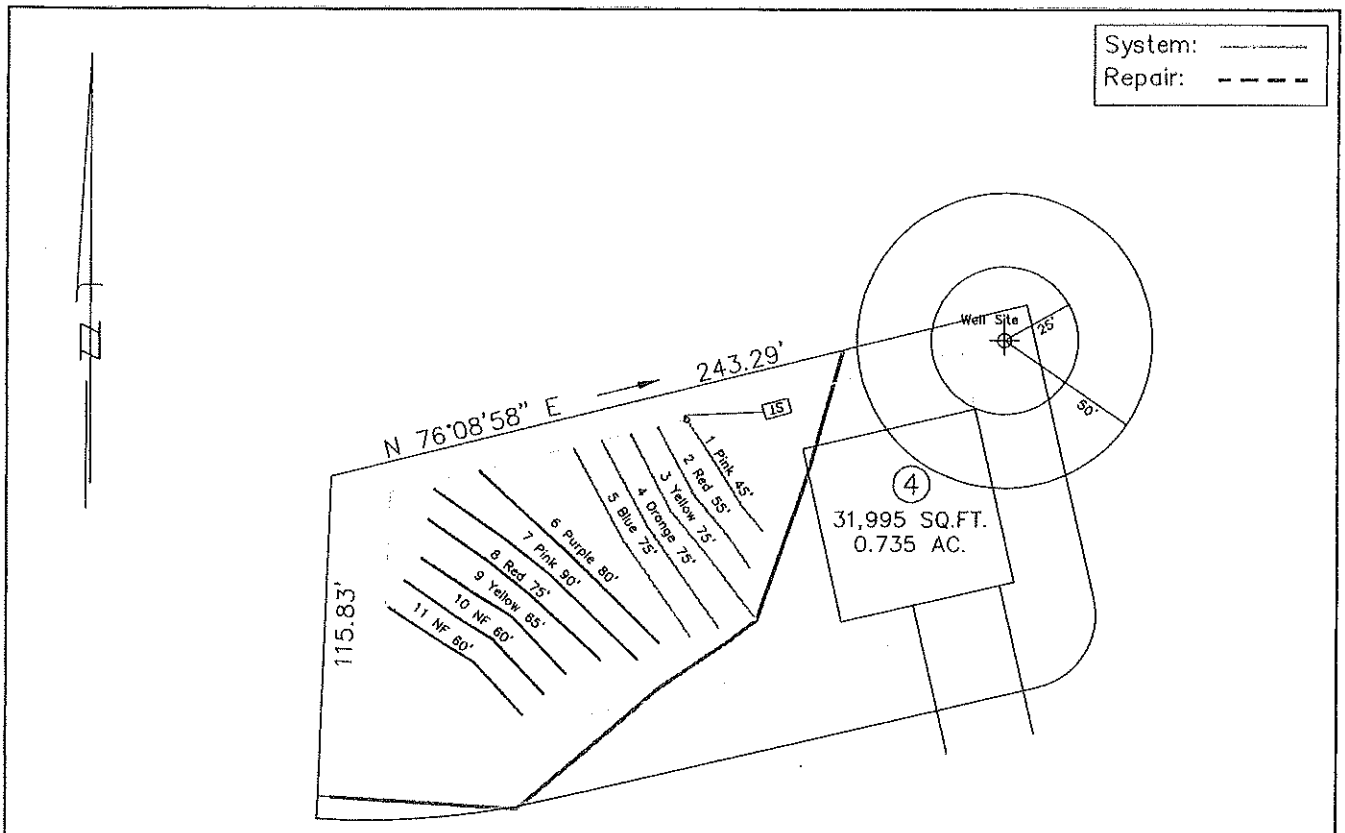
Well Contractor _____ Well Grout date: _____

Bedrooms: 4

☆ Drawing submitted by Soil Scientist

Please install septic system in accordance with attached design sheet(s) submitted by CCSC. Respect all setbacks.

> Enclosures / Attachments

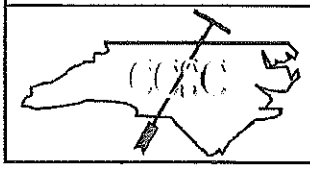


*Keep tanks and drain lines 10' from property lines.
*Not a survey.
*Not a guarantee of a septic permit.
*Keep supply lines >5' from property lines.
*Some lines are flagged longer in the field than lengths indicate.
*No grading septic area.

System: Gravity to Serial Dist. Lines: 1–6, (405') Accepted Status System 0.3 Soil LTAR, 20" TB
Repair: Gravity to Serial Dist. Lines: 6–11, (430') Accepted Status System 0.3 Soil LTAR, 20" TB

GRAPHIC SCALE
1" = 60'

60 0 60 120



Central Carolina Soil Consulting, PLLC
1900 South Main Street, Suite 110
Wake Forest, North Carolina 27587
Phone (919)569-6704 Fax (919)569-6703

4-Bedroom Septic Layout
Lot 4, Lilys Meadows Subdivision
Franklin County, North Carolina

Job# : 2967
Drawn By : AH
Date : 04/15/2022
Revision: