IMPROVEMENT PERMIT

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

For Office Use Only

*CDP File Number: 403493 - 1
County ID Number:
Evaluated For: NEW

PERMIT VALID UNTIL: 12/13/2028

***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:	
Address:	
City:	
State/Zip:	
Phone #:	

Property Location & Site Information

Address: 30 WEATHERED OAK WAY
YOUNGSVILLE, NC 27596

Subdivision: PRESERVE AT NORRIS CREEK

Block/Phase: NEW

Lot: 4

Directions
30 WEATHERED OAK WY

Road #:
Structure: SINGLE FAMILY
# of Bedrooms: 3
# of People: 3
*Water Supply: N/A

System Specifications

Initial System

*Site Classification: Suitable
Design Flow: 360
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: 36 Inches

Septic Tank: 1000 Gallons
Pump Required ◯ Yes (X) No ◯ May Be Required
Pump Tank: ____ 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 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: 403493 County ID Number:

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: 12/13/2023

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:

For Office Use Only

*CDP File Number: 403493 - 1
County ID Number:
Evaluated For: NEW

PERMIT VALID UNTIL: 12/13/2028

☐ Open Pump System Sheet

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

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

Property Location & Site Information

Address/Road #: 30 WEATHERED OAK WAY YOUNGSVILLE, NC 27596
Subdivision: PRESERVE AT NORRIS CREEK
Phase: NEW
Lot: 4

Directions: 30 WEATHERED OAK WY

Structure: SINGLE FAMILY
# of Bedrooms: 3
# of People: 3
*Water Supply: NEW WELL

System Specifications

*Site Classification: Suitable
Design Flow: 360
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: 36 Inches
Minimum Soil Cover: ____ Inches
Maximum Soil Cover: ____ Inches
*Distribution Type: GRAVITY - PARALLEL (eq. d-box)

Nitrification Field: ____ Sq. ft.
No. Drain Lines: ____
Total Trench Length: 300 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: ◯ Yes (X) 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:**

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: 12/13/2023

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

◯ Hand Drawing ◯ Import Drawing

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 403493

PIN Number:

Tax Lot #: 4 Tax Block #: 049361

Evaluated For:

PERMIT VALID UNTIL: 12/12/2028

Property Owner:		Applicant:	BRANDYWINE HOMES
Address:		Address:	PO BOX 910
City:		City:	WAKE FOREST
State/Zip:	NC	State/Zip:	NC / 27588
Phone #:		Phone #:	

Property Location & Site Information

Address/Road #: 30 WEATHERED OAK WAY
YOUNGSVILLE NC, 27596

Subdivision: PRESERVE AT NORRIS CREEK Phase: Lot: 4

*Proposed use of Well:

If Other:

Applicant Email:

Owner Email:

Directions: 30 WEATHERED OAK WY

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: 12/13/2023

Authorized State Agent:

Owner/Applicant:

○ Hand Drawing ○ Import Drawing

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

Franklin County
NORTH CAROLINA
A Research Triangle Region Community

File# 403493 PIN#

Property Address: 30 Weathered Oak 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.

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

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

Diagram Date:** 12-13-23 **EHS:** Joel Bendel

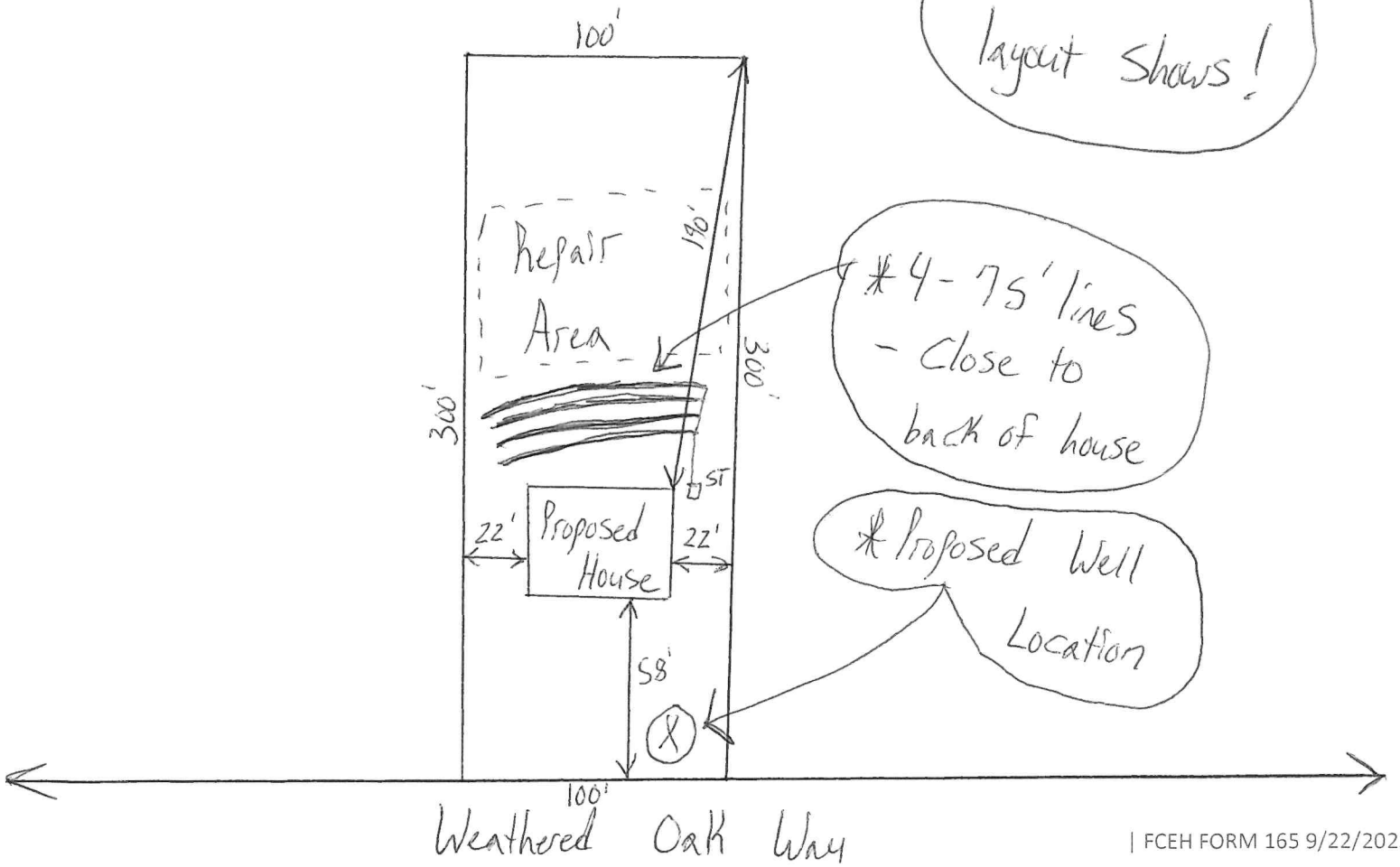
****Any previously dated CA diagram is revoked and/or invalid. Confirm this is the valid diagram for the site before beginning any construction.**

Installation inspections may be scheduled the day before or the day of installation by 9am. Contact 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 N/A Drain field 3 x 300' Type System Acc Max trench depth 36"

Septic Contractor Septic/Pump tank dates PUMP FEE? NO YES

Well Contractor Well Grout Date:



Franklin County
NORTH CAROLINA

CDP# 403493

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

Issued to: Brandywine Homes **Location: 30 Weathered Oak Way YOUNGSVILLE , NC 27596**

NEW SEPTIC APPLICATION
NEW WELL APPLICATION

Application Type: NEW SEPTIC NEW WELL
Application Number: E-23-1161
Date: November 30, 2023
Building Type:
Acreage:
Project Type: Single Family Dwelling
Zoning: R-30
# of Bedrooms: 3
# of Occupants: 3
Residential Project Type: Single Family Dwelling
Commercial Project Type:
Building Foundation: Slab
Square Footage of Facility:
Water Source: New Well
Number of Employees:
Number of Seats:

Lot #4 Preserve at Norris Creek

Preferred Type of Septic System: (2) Accepted (polystyrene, chamber)
Notes:
Parcel ID #: 049361
Subdivsion: NULL

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: NULL
Address: NULL NULL , NULL NULL
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-23-1798
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) in order to schedule an appointment with and environmental Health Specialist for your lot evaluation. Please contact the Environmental Health Department 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 STIE IS ALETERED, 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

PRELIMINARY PLOT PLAN FOR

BUILDER

LOT 4, PRESERVE AT NORRIS CREEK

30 WEATHER OAK WAY

REF: B.M. 2023, PAGE 9–11

HARRIS TOWNSHIP

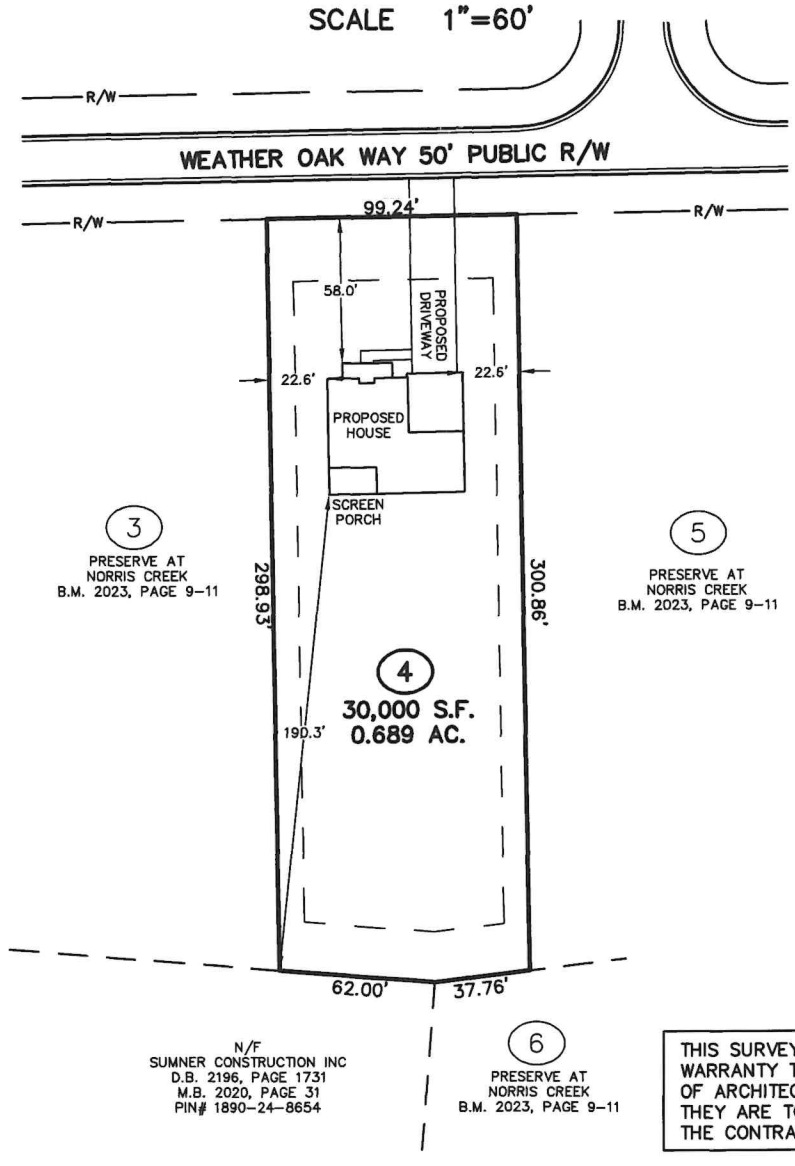
FRANKLIN COUNTY, NORTH CAROLINA

NOVEMBER 21, 2023

ZONED R–30

60 30 0 60 120

SCALE 1"=60'



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.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

Sheet ____ *of* ____
PROPERTY ID #: _____
COUNTY: _____

SOIL/SITE EVALUATION
***for* ON-SITE WASTEWATER SYSTEM**
(Complete all fields in full)

OWNER: Brandywine Homes 30 Weathered Oak Way _____ APPLICATION DATE _____
ADDRESS: _____ DATE EVALUATED: _____
PROPOSED FACILITY: SFD PROPOSED DESIGN FLOW (.1949): 360 PROPERTY SIZE: _____
LOCATION OF SITE: _____ PROPERTY RECORDED: _____
WATER SUPPLY: ☐ Private ☐ Public ☑ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	3%	1-26	Bk/CL	Fi/ss/sp/SEW		36"			.3
		26-48	Gr/SL	Fr/NS/wp/SEW					
2	3%	1-24	Bk/CL	Fi/ss/sp/SEW		36"			.3
		24-48	Gr/SL	Fr/NS/wp/SEW					
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	yes	yes
System Type(s)	Acc	Acc
Site LTAR	.3	.3

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): S
EVALUATED BY: _____
OTHER(S) PRESENT: _____

COMMENTS: _____