2/5/2021

Franklin County
NORTH CAROLINA

Franklin County
215 E. Nash St. Louisburg, NC 27549
Phone (919) 496-2281
www.franklincountync.us

341219

Issued to: BRC INC **Location: 137 WAGON WHEEL CIR LOUISBURG , NC 27549**

NEW SEPTIC APPLICATION

2830-05-8571

Application Type: NEW SEPTIC
Application Number: E-21-98
Building Type:
Project Type: Single Family Dwelling
# of Bedrooms: 3
Parcel ID #; 020955

Date: February 5, 2021
Acreage: 0.36
Zoning: R-1
# of People: 3
Subdivsion: LOT ROYALE Lot 169

Applicant Information

Applicant Name: BRC INC
Address: 12801 CAMP KANATA RD WAKE FOREST , North Carolina 27587
Phone: 9194220355 Email: brchomes1@gmail.com

Property Owner Information

Owner Name: WILLIAMS SUSAN STRICKLAND
Address: 618 WESTERN AVE NASHVILLE , NC 27856
Phone: Email:

General Contractor Information

Contractor Name: BRC Homes, Inc.
Address: 12801 Camp Kanata Rd Wake Forest , NC 27587-8067
Phone: (919) 562-1081 Email:

Zoning

Zoning Permit #: Z-21-171
Front Setback: 30
Left Setback: 10

County Water: TESI
Right Setback: 10
Rear Setback: 25

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. This application for an improvement permit/construction authorization and well permit does not constitute approval for zoning, septic, and building permits. It will be necessary to meet all guidelines for zoning, septic, and building permits prior to construction. The application is valid for either 12 months or without expiration, depending upon documentation submitted.

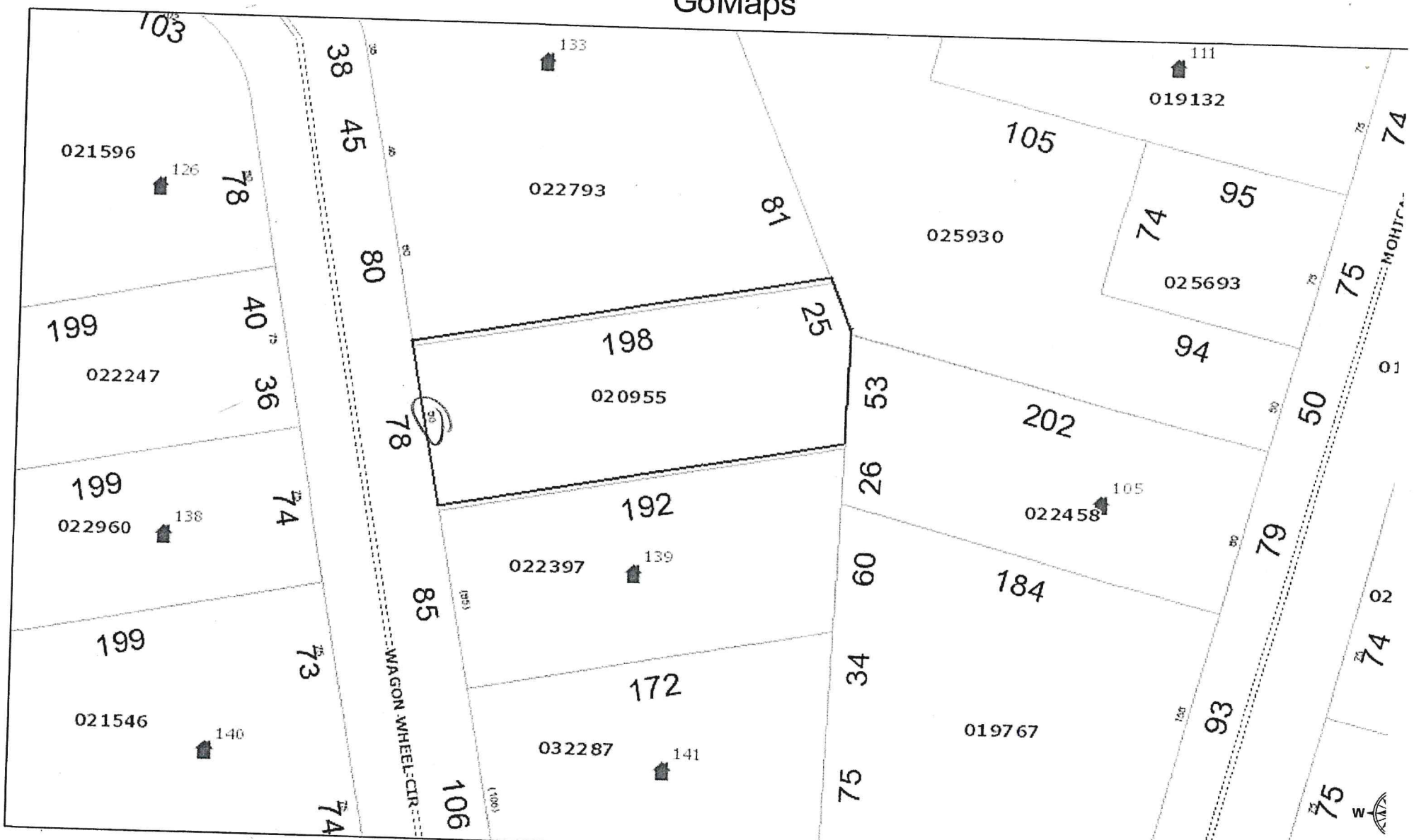
Please contact the Environmental Health Department at 919-496-8100 to determine the status of your application prior to visiting the Planning & Inspections Department to obtain a building permit.

I hereby certify that I am the owner, or authorized by the owner to act as his/her legal representation. Furthermore, as legal representative (if applicable) I have advised the owner of my intention to apply for this wastewater treatment and disposal system and drinking water and well system permit.

I also certify that all of the statements made in this application and any attached documents are true, complete, and correct, to the best of my knowledge and belief, and are made in good faith. If information in this application for these improvements is falsified, changed or site is altered, then improvement permits and authorization to construct these improvements shall become invalid. Authorized county representatives are granted right of entry to make these evaluations or inspections, and to be release information upon public request.

February 5, 2021

GoMaps



January 31, 2021

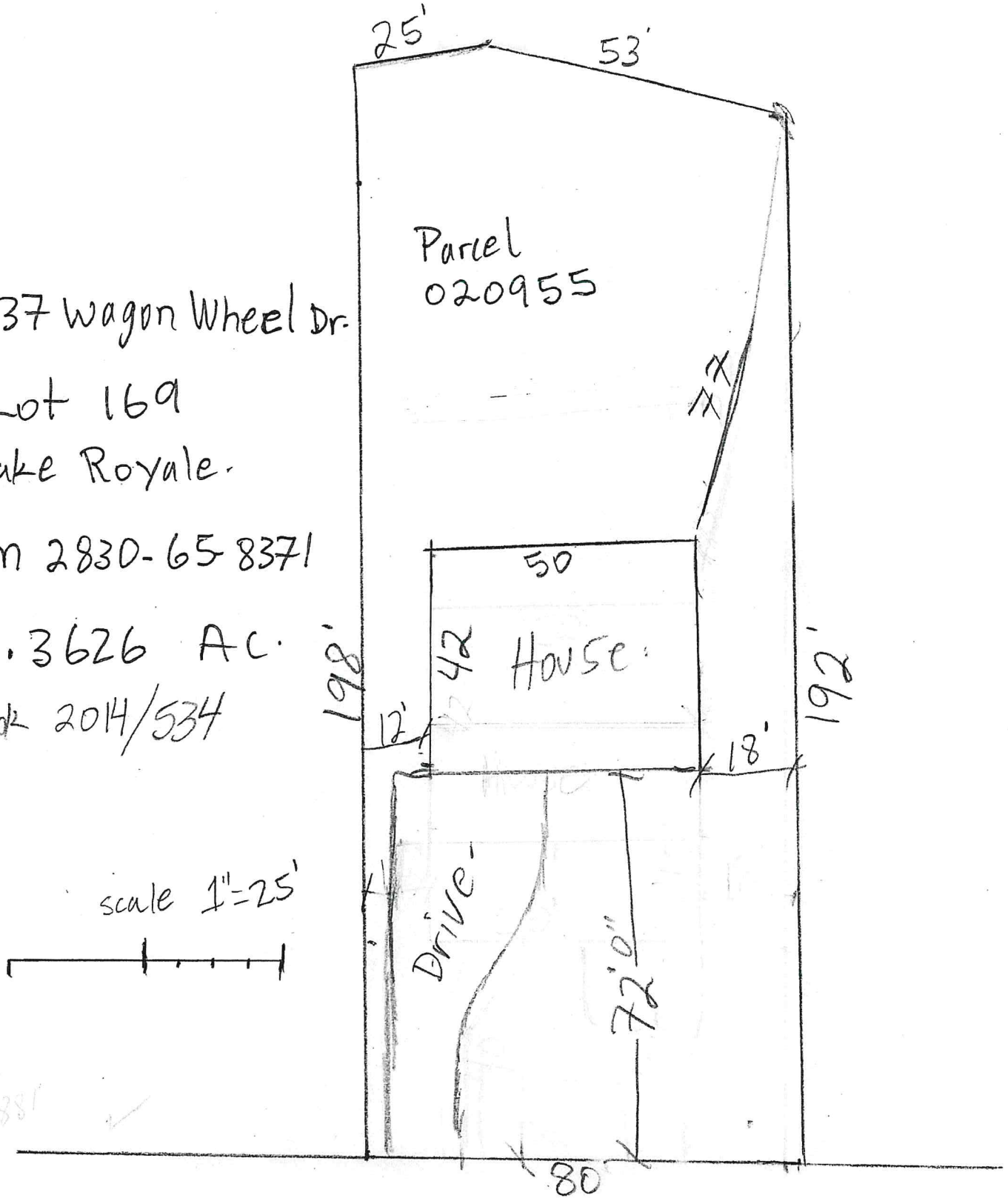
1:915

0 40 80 160 ft

0 12.5 25 50 m

Updated Site Plan
BRC Homes

#1



IMPROVEMENT PERMIT

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

For Office Use Only

*CDP File Number	341219 - 1
County ID Number:	2830-65-8371
Evaluated For:	NEW

PERMIT VALID UNTIL: 03/17/2026

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

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

Property Owner:	SUSAN STRICKLAND WILLIAMS
Address:	618 WESTERN AVE
City:	NASHVILLE
State/Zip:	NC. 27856
Phone #:	

Property Location & Site Information

Address/Road #: 137 WAGON WHEEL CIRCLE LOUISBURG, NC 27549
Subdivision: LAKE ROYALE Phase: NEW Lot: 169
Structure: SINGLE FAMILY
# of Bedrooms: 3
# of People: 3
*Water Supply: N/A

Directions

137 WAGON WHEEL CIRCLE

System Specifications

Initial System

*Site Classification:
Design Flow: 360
Soil Application Rate:

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

*Proposed System:
25% REDUCTION

Minimum Trench Depth: ____ Inches
Maximum Trench Depth 36 Inches

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

Repair System Required: ( ) Yes (X) No ( ) No, but has Available Space * 15A NCAC 18A. 1945 * Repair Area Exempt

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: 03/17/2021

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: 341219 - 1
County ID Number: 2830-65-8371
Evaluated For: NEW

PERMIT VALID UNTIL: 03/17/2026

☐ Open Pump System Sheet

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

Property Owner:	SUSAN STRICKLAND WILLIAMS
Address:	618 WESTERN AVE
City:	NASHVILLE
State/Zip:	NC. 27856
Phone #:	

Property Location & Site Information

Address/Road #: 137 WAGON WHEEL CIRCLE LOUISBURG, NC 27549
Subdivision: LAKE ROYALE Phase: NEW Lot: 169

Structure: SINGLE FAMILY

# of Bedrooms: 3

# of People: 3

*Water Supply:

Directions:

137 WAGON WHEEL CIRCLE

System Specifications

*Site Classification:

Design Flow: 360

Soil Application Rate:

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

*Proposed System:
25% REDUCTION

Minimum Trench Depth: ____ Inches

Maximum Trench Depth: 36 Inches

Minimum Soil Cover: ____ Inches

Maximum Soil Cover: ____ Inches

*Distribution Type: PUMP TO GRAVITY

Nitrification Field: ____ Sq. ft.

No. Drain Lines: ____

Total Trench Length: 300 ft.

Trench Spacing: ____ - ____

Trench Width: ____ - ____

Aggregate Depth: ____ inches

◯ Inches O.C.
◯ Feet O.C.
◯ Inches
◯ Feet

Septic Tank: 1,000 Gallons

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: 03/17/2021

◯ Hand Drawing ◯ Import Drawing

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

Total Time : (HH:MM) ____

Franklin County
NORTH CAROLINA

File # 34219 PIN# _____

Property Address: 137 Wagon Wheel Cir.

Applicant or Owner Name: BRC INC

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

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

Diagram Date:** 3-17-21 **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'x300' Type System Pto Acc Max Trench Depth 36"

Septic Contractor _____ Septic/Pump tank dates _____ Pump fee? (Yes) No

Well Contractor _____ Well Grout date: _____