IMPROVEMENT PERMIT

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

For Office Use Only

*CDP File Number: 393447 - 1
County ID Number:
Evaluated For: NEW

PERMIT VALID UNTIL: 07/07/2028

***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: 125 BROOKHAVEN DR SPRING HOPE, NC 27882
Subdivision: BROOKHAVEN Block/Phase: NEW Lot: 21

Road #:
Structure: SINGLE FAMILY
# of Bedrooms: 3
# of People: 4
*Water Supply: N/A

Directions

125 BROOKHAVEN DR

System Specifications

Initial System

*Site Classification: Provisionally 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: 24 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: 393447

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: 07/07/2023

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: 393447 - 1
County ID Number:
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PERMIT VALID UNTIL: 07/07/2028

☐ 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 #: 125 BROOKHAVEN DR
SPRING HOPE, NC 27882

Subdivision: BROOKHAVEN Phase: NEW Lot: 21

Structure: SINGLE FAMILY

# of Bedrooms: 3

# of People: 4

*Water Supply: NEW WELL

Directions:

125 BROOKHAVEN DR

System Specifications

*Site Classification: Provisionally 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: 24 Inches

Minimum Soil Cover: ____ Inches

Maximum Soil Cover: ____ Inches

*Distribution Type: GRAVITY - PARALLEL (eq. d-box)

Septic Tank: 1,000 Gallons

Nitrification Field: ____ Sq. ft.

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

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

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: 07/07/2023

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 393447

PIN Number:

Tax Lot #: 21 Tax Block #: 048639

Evaluated For:

PERMIT VALID UNTIL: 07/07/2028

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 #: 125 BROOKHAVEN DR
SPRING HOPE NC, 27882

Subdivision: BROOKHAVEN Phase: Lot: 21

*Proposed use of Well:

If Other:

Applicant Email:

Owner Email:

Directions: 125 BROOKHAVEN 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.

*Date of Issue: 07/07/2023

*Issued By: Bendel, Joel

○ Hand Drawing ○ Import Drawing

Authorized State Agent:

Site Plan/Drawing attached.

Owner/Applicant:

Franklin County
NORTH CAROLINA

File # 393447 PIN# _____

Property Address: 125 Brookhaven Dr.

Applicant or Owner Name: Matthew Winslow

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:** 7-6-23 **EHS:** Joel Bendel

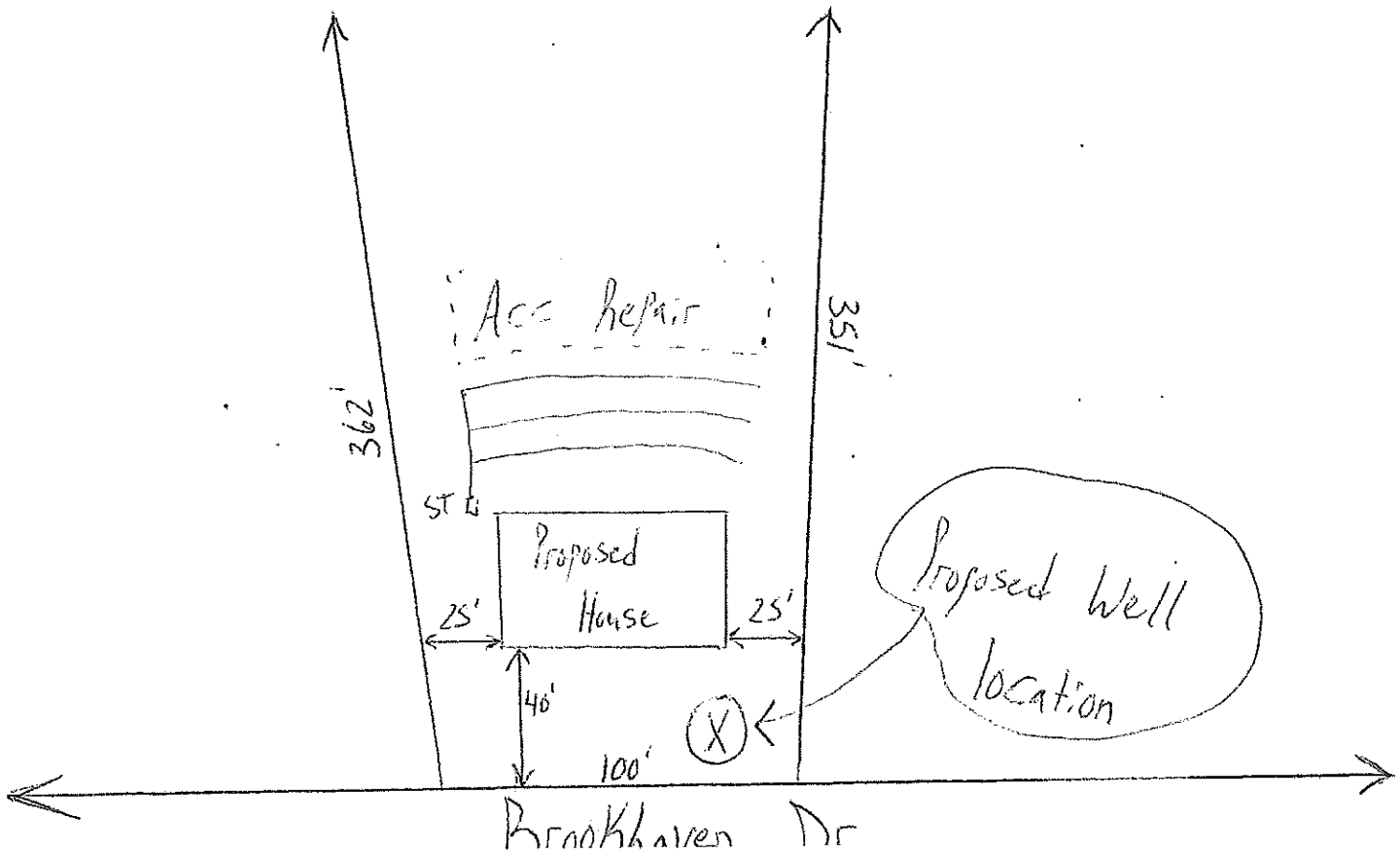
****Any previously dated CA diagram is revoked and/or invalid. Confirm this is the valid diagram for the site before beginning any construction.**

Installation/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 N/A Drainfield 3'x300' Type System Acc Max Trench Depth 24"

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

Well Contractor _____ Well Grout date: _____



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

Sheet 1 of 1 (f+b)
PROPERTY ID #:
COUNTY: Franklin

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

lot: ___

OWNER: Matthew Winslow 125 Brookhaven Dr
ADDRESS:
APPLICATION DATE:
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)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
1	3%	1-10	Gr/SL	Fr/NS/NP/SEN		24"			.3
		10-36	BK/CL	Fi/SS/SP/SEN					
		36"SAP							
2	4%	1-11	Gr/SL	Fr/NS/NP/SEN		26"			.3
		11-40	BK/CL	Fi/SS/SP/SEN					
		38"SAP							
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): PS
EVALUATED BY: Joel Bendel
OTHER(S) PRESENT:

COMMENTS:

over

Dated February 2014

PRELIMINARY PLOT PLAN FOR

WINSLOW

LOT 21, BROOKHAVEN SUBDIVISION

125 BROOKHAVEN DRIVE

REF: BK. 2022, PG. 127

DUNN TOWNSHIP

FRANKLIN COUNTY, NORTH CAROLINA

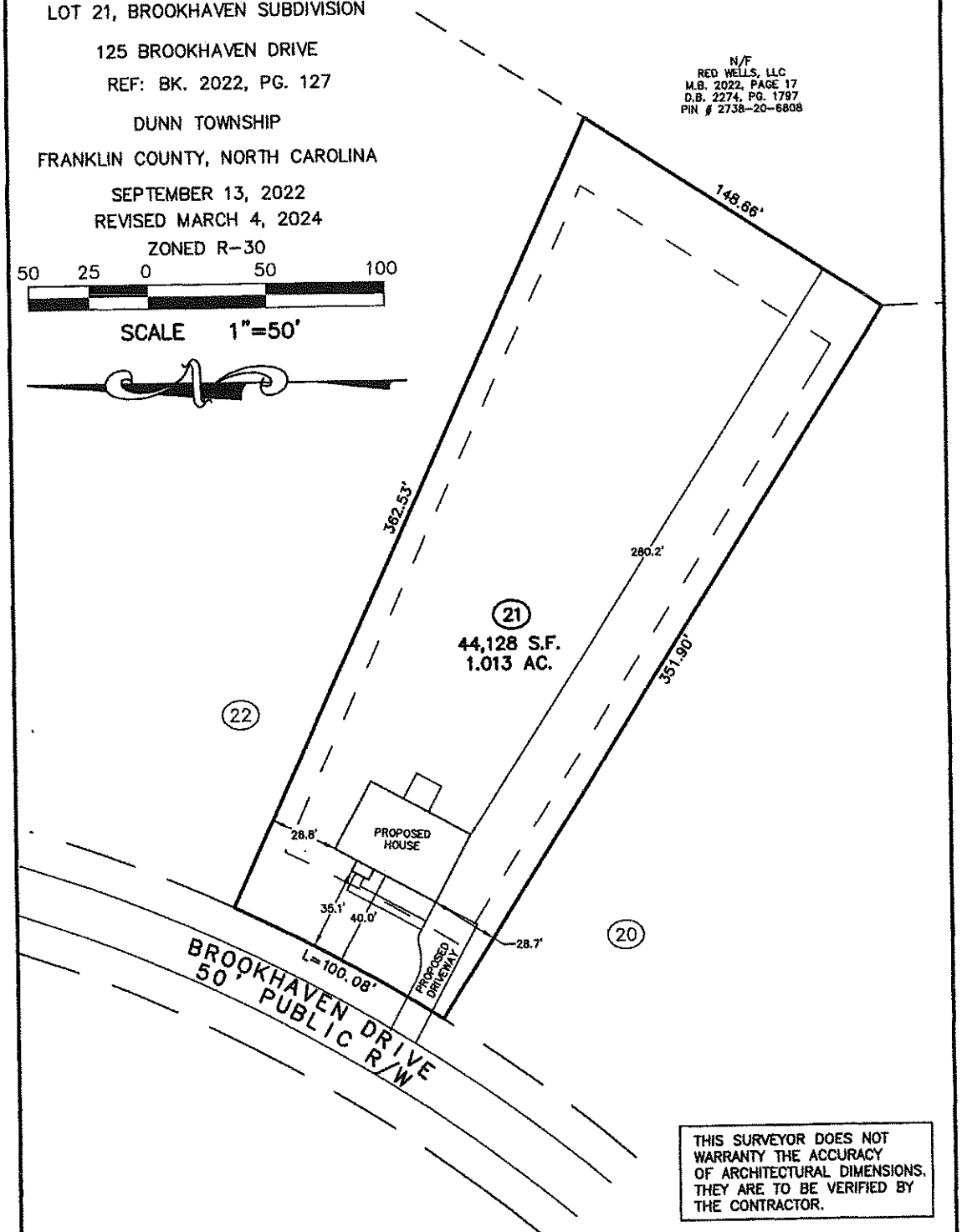
SEPTEMBER 13, 2022

REVISED MARCH 4, 2024

ZONED R-30

50 25 0 50 100

SCALE 1"=50'



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.

Franklin County
NORTH CAROLINA

CDP# 393447

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

Issued to: Matthew Winslow **Location: 125 BROOKHAVEN DR SPRING HOPE , NC 27882**

NEW SEPTIC APPLICATION
NEW WELL APPLICATION

Application Type: NEW SEPTIC NEW WELL
Application Number: E-23-403
Building Type:
Project Type:
# of Bedrooms: 3
Residential Project Type: Single Family Dwelling
Building Foundation: Crawlspace
Water Source: New Well

Preferred Type of Septic System: (1) Conventional (rock)
Parcel ID #: 048639

Date: April 17, 2023
Acreage:
Zoning: R-30
# of Occupants: 4
Commercial Project Type:
Square Footage of Facility:
Number of Employees:
Number of Seats:
Notes:
Subdivsion: NULL

10+21

Applicant Information

Applicant Name: Matthew Winslow
Address: PO Box 610 Youngsville , North Carolina 27596
Phone: 919-556-4700 Email: jchittum@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: jchittum@winslowhomes.com

Zoning

Zoning Permit #: County Water:
Front Setback: Right Setback:
Left Setback: Rear Setback:

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 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