IMPROVEMENT PERMIT

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

For Office Use Only

*CDP File Number: 393456 - 1
County ID Number:
Evaluated For: NEW

PERMIT VALID UNTIL: 07/27/2028

***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: 165 BROOKHAVEN DR SPRING HOPE, NC 27882
Subdivision: BROOKHAVEN Block/Phase: NEW Lot: 17

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

Directions

165 BROOKHAVEN

System Specifications

Initial System

*Site Classification: Provisionally Suitable
Design Flow: 360
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: 24 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 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: 393456 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: 07/27/2023

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: 393456 - 1
County ID Number:
Evaluated For: NEW

PERMIT VALID UNTIL: 07/27/2028

☐ 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 #: 165 BROOKHAVEN DR SPRING HOPE, NC 27882
Subdivision: BROOKHAVEN Phase: NEW Lot: 17

Structure: SINGLE FAMILY
# of Bedrooms: 3
# of People: 4
*Water Supply: NEW WELL

Directions:

165 BROOKHAVEN

System Specifications

*Site Classification: Provisionally Suitable
Design Flow: 360
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: 24 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: ____ - 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: 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: 07/27/2023

◯ 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 393456

PIN Number:

Tax Lot #: 17 Tax Block #: 048635

Evaluated For:

PERMIT VALID UNTIL: 07/27/2028

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 #: 165 BROOKHAVEN DR
SPRING HOPE NC, 27882

Subdivision: BROOKHAVEN Phase: Lot: 17

*Proposed use of Well:

If Other:

Applicant Email:

Owner Email:

Directions: 165 BROOKHAVEN

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: 07/27/2023

Authorized State Agent:

Owner/Applicant:

○ Hand Drawing ○ Import Drawing

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

Franklin County
NORTH CAROLINA

File # 393456 PIN# _____

Property Address: 165 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:** 7-27-23 **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.

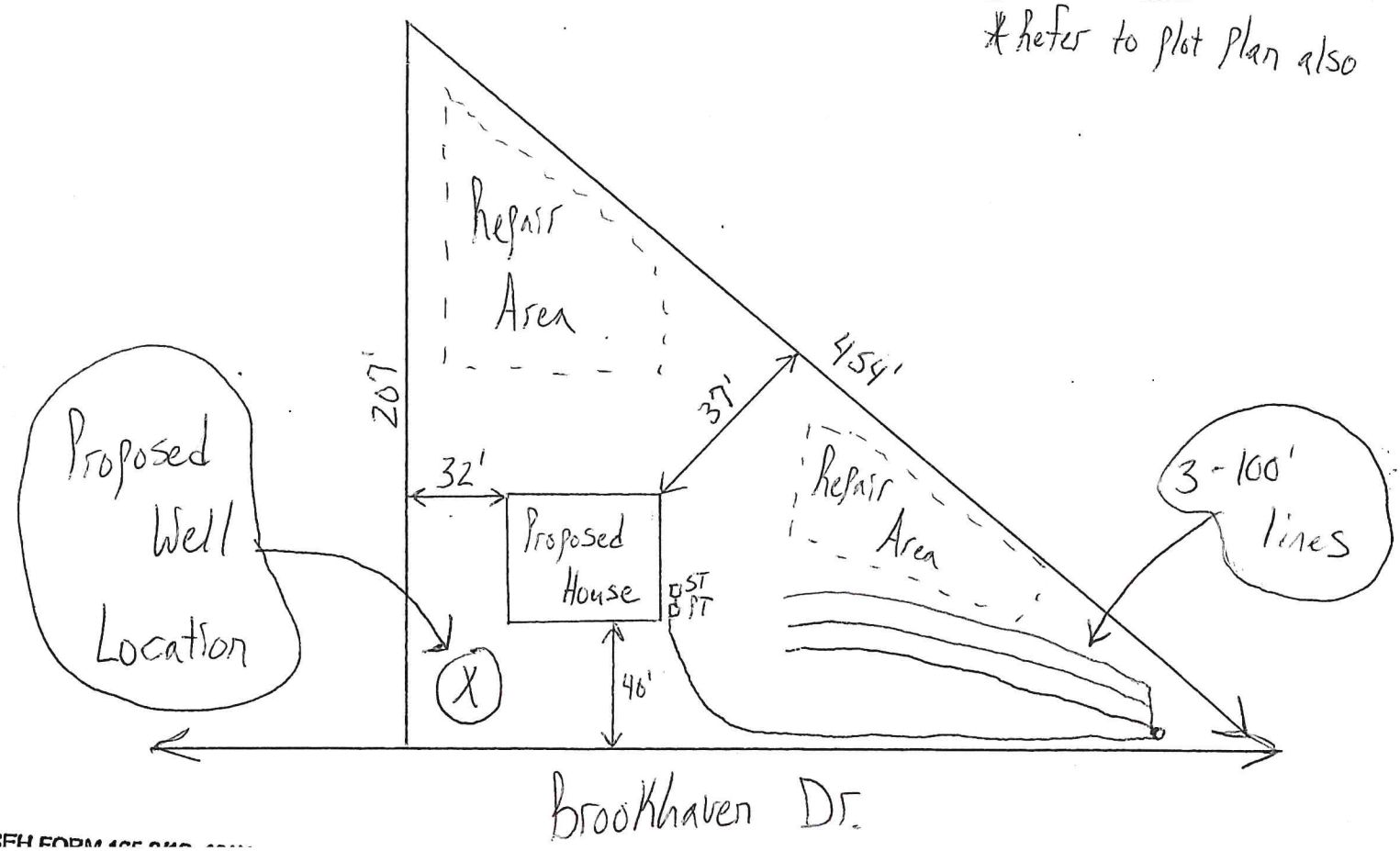
Septic Tank 1000 Pump Tank 1000 Drainfield 3'x300' Type System Pump Max Trench Depth 24"

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

Well Contractor _____ Well Grout date: _____

*Drawing not to scale

*Refer to plot plan also



Franklin County
NORTH CAROLINA

CDP# 393456

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

Issued to: Matthew Winslow **Location: 165 BROOKHAVEN DR SPRING HOPE , NC 27882**

NEW SEPTIC APPLICATION
NEW WELL APPLICATION

Application Type: NEW SEPTIC NEW WELL
Application Number: E-23-397
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 #: 048635

Date: April 17, 2023
Acreage:
Zoning: R-30
# of Occupants: 4
Commercial Project Type:
Square Footage of Facility: 1014 17
Number of Employees:
Number of Seats:
Notes:
Subdivsion: NULL

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

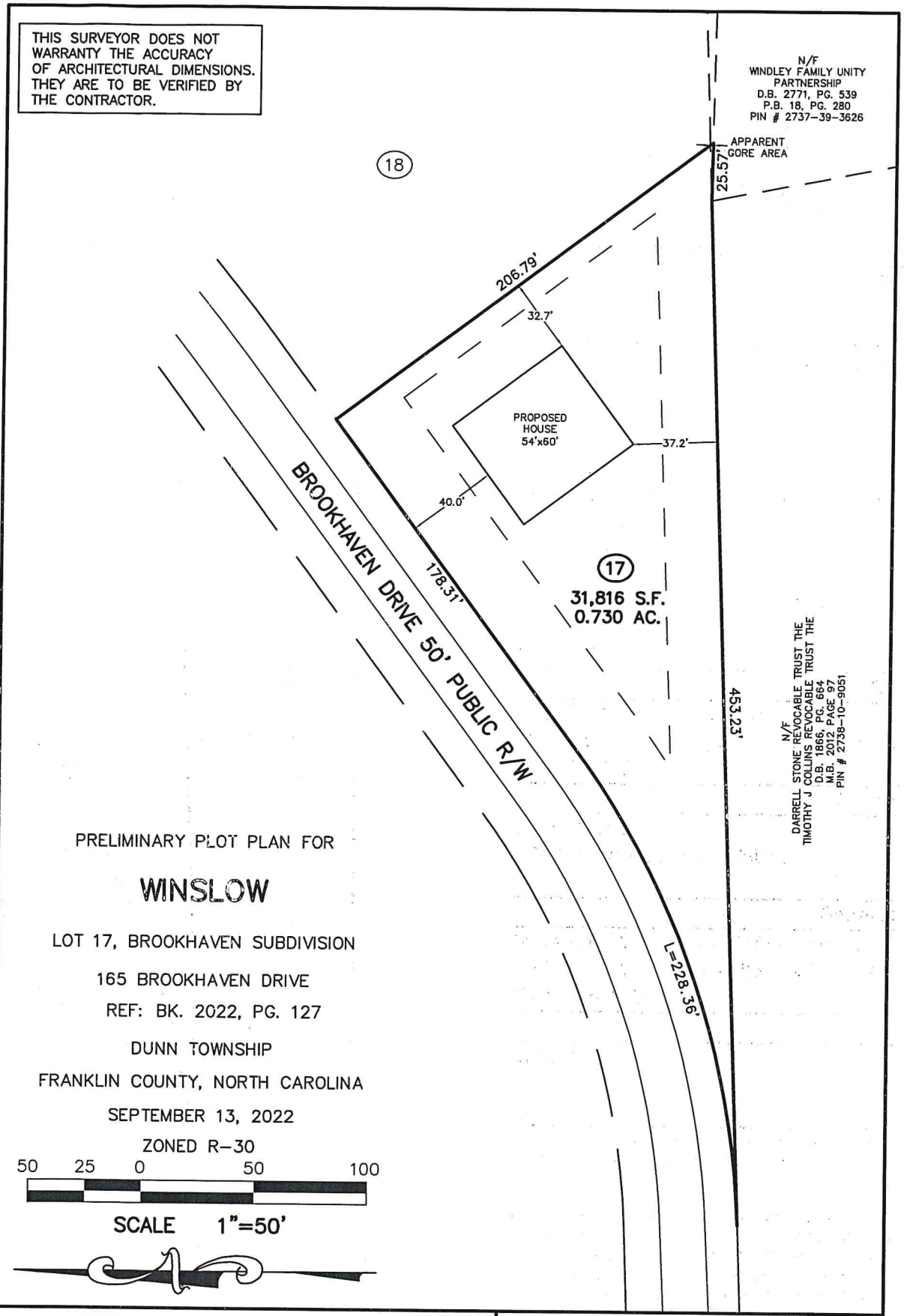
The applicant shall notify the Environmental Health Department upon submittal of this application if any of the following apply to the property/site in question. If this answer is "Yes" the applicant must attach supporting documentation and/or show their location on the plot/site plan.

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

THIS SURVEYOR DOES NOT WARRANTY THE ACCURACY OF ARCHITECTURAL DIMENSIONS. THEY ARE TO BE VERIFIED BY THE CONTRACTOR.



PRELIMINARY PLOT PLAN FOR

WINSLOW

LOT 17, BROOKHAVEN SUBDIVISION

165 BROOKHAVEN DRIVE

REF: BK. 2022, PG. 127

DUNN TOWNSHIP

FRANKLIN COUNTY, NORTH CAROLINA

SEPTEMBER 13, 2022

ZONED R-30

50 25 0 50 100

SCALE 1"=50'

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.

Filename:

Franklin County
NORTH CAROLINA

Health Department
107 Industrial Drive, Suite C
Louisburg, NC 27549
Phone: 919-496-2533
Fax: 919-496-8127
www.franklincountync.us

FRANKLIN COUNTY ENVIRONMENTAL HEALTH

SEPTIC SYSTEM PUMP REQUIREMENTS

PUMP SYSTEM FEE

An additional fee of fifty dollars ($50.00) is assessed when a pump and related components are required for a new septic system. This fee must be paid prior to the Operations Permit being issued. Franklin County Environmental Health request the fee is paid before beginning the septic installation to make the final inspection go smoothly. *The septic permit will not be signed off and a CO cannot be obtained until this fee is paid.* This fee may be paid in person or by mail at:

Franklin County Health Department
Environmental Health Section
107 Industrial Dr, Suite C
Louisburg NC 27549

When making payment, please provide the permit number and the applicant name to ensure the payment is applied to the correct permit.

PUMP TO GRAVITY DISTRIBUTION

Unless otherwise noted on your septic permit or related attachments, the minimum type distribution method for your septic system is by means of a distribution box (D-box). This is achieved by pumping the wastewater to a D-box and allowing gravity to naturally disperse the wastewater equally to each drain line. This type distribution may be used for up to four (4) drain line laterals. The D-box should be watertight. The supply line is to be terminated in the D-box with a 90 degree elbow directed downwards to prevent a "swirling" action of the wastewater. The D-box location should be marked on-site to make it easily identifiable and prevent damage.

REQUIREMENTS FOR PUMP SYSTEMS
(Pump to conventional, pressure manifold, or LPP)

The following requirements must be met, in addition to the requirements on the permit itself:

Tanks and Risers-
-all tanks shall be constructed according to plans which have been approved by the Division of Environmental Health
-pump tanks shall have a riser which extends to at least 6" above the finished grade (riser is recommended on septic tank)
-pump tanks should be of "one piece" construction; if not, it shall be tested for water tightness by the approved method (if a soil wetness condition exist within 5' of the tank top) -risers must be properly sealed to the top of the tank
-pipes shall be properly sealed into the tank
-pipes and conduit must exit riser through "knock-outs" provided
-vent shall be installed on pump tank if over 30' from facility

Supply Line-
-supply line shall be Schedule 40 PVC or stronger
-supply line shall have a check-valve, gate valve, and a threaded union(in order to allow easy removal of pump)-corrosion resistant rope or chain shall also be connected to pump
-supply line into box shall be elbowed with a 90 and extended down to within 2" of the bottom of the distribution box
-supply line shall be properly sealed at pump tank and box

Electrical-
-all connections, pump controllers, and alarm components shall be enclosed in a NEMA 4X (watertight) enclosure
-enclosure shall be securely mounted on a treated 4x4 post, adjacent to the pump tank, and at least 12" above grade
-wires from pumps and control floats shall be conveyed from the riser to the control panel through sealed electrical conduit(shall be sealed to be watertight and gastight)
-original plugs shall be used, with no splices in the wire cables
-control floats shall be sealed mercury type
-control floats shall be suspended from a PVC arm or "Christmas Tree" (not from the supply line) for unrestricted movement

Alarm System-
-power to high-water alarm shall be on a separate circuit from power to the pump
-alarm shall be audible and visible to system user
-alarm system shall be NEMA 4X or equivalent if mounted outside
-NEMA 4X junction box, containing a means of disconnection for the alarm float, shall be provided adjacent to the pump tank, if the alarm panel is located inside the facility

****electrical service or a generator must be available for final inspection in order to check pump and alarm system