



IMPROVEMENT PERMIT

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

For Office Use Only

*CDP File Number 393450 - 1
County ID Number: _____
Evaluated For: NEW

PERMIT VALID UNTIL: 07/05/2028

***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: 115 BROOKHAVEN DR SPRING HOME, NC 27882 Subdivision: BROOKHAVEN Block/Phase: NEW Lot: 22

Directions

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

System Specifications

Initial System

*Site Classification: Provisionally Suitable
Design Flow: 360
Soil Application Rate: 0.3000

Minimum Trench Depth: _____ Inches
Maximum Trench Depth: 24 Inches

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

Septic Tank: 1000 Gallons
Pump Required: ☐ Yes ☒ No ☐ May Be Required

*Proposed System:
25% REDUCTION

Pump Tank: _____ Gallons

Repair System Required: ☒ Yes ☐ No ☐ No, but has Available Space

Repair System

*Site Classification:
Soil Application Rate:

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

*System Classification/Description:
N/A

Pump Required: ☐ Yes ☐ No ☐ May Be Required

*Proposed System:

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: 393450

County ID Number:

The Department and Local Health Department may impose conditions on the issuance 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 if 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: 07/05/2023

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: 393450 - 1
County ID Number: _____
Evaluated For: NEW

PERMIT VALID UNTIL: 07/05/2028

☐ 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 #: 115 BROOKHAVEN DR Subdivision: BROOKHAVEN Phase: NEW Lot: 22
SPRING HOME, NC 27882

Directions:

Structure: SINGLE FAMILY 115 BROOKHAVEN

of Bedrooms: 3

of People: 4

*Water Supply: NEW WELL

System Specifications

*Site Classification: Provisionally Suitable

Design Flow: 360

Soil Application Rate: 0.3000

Minimum Trench Depth: _____ Inches

Maximum Trench Depth: 24 Inches

*System Classification/Description:

TYPE II A. CONV SYSTEM (SINGLE-FAMILY OR 480 GPD OR LESS)

Minimum Soil Cover: _____ Inches

Maximum Soil Cover: _____ Inches

*Proposed System:

25% REDUCTION

*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.

☒ Feet O.C.

☐ Inches

☒ Feet

Septic Tank: 1,000 Gallons

Pump Required: ☐ 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:

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)). The person owning or controlling the system shall be responsible for assuring compliance with the laws, rules, and permit conditions regarding system location, installation, operation, maintenance, monitoring, reporting

Authorized State Agent: Bendel, Joel

Date of Issue: 07/05/2023

☐ 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 393450

PIN Number: _____

Tax Lot #: 22 Tax Block #: 048640

Evaluated For: _____

PERMIT VALID UNTIL: 07/05/2028

Property Owner: MATTHEW WINSLOW

Address: PO BOX 610

City: YOUNGSVILLE

State/Zip: NC / 27596

Phone #: _____

Applicant: MATTHEW WINSLOW

Address: PO BOX 610

City: YOUNGSVILLE

State/Zip: NC / 27596

Phone #: _____

Property Location & Site Information

Address/Road #: _____ Subdivision: BROOKHAVEN Phase: _____ Lot: 22

115 BROOKHAVEN DR

SPRING HOME NC, 27882

*Proposed use of Well:

If Other:

Applicant Email:

Owner Email:

Directions: 115 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: 07/05/2023

Authorized State Agent: _____

Owner/Applicant: _____

☐ Hand Drawing ☐ Import Drawing

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



File # 393450

PIN#

Property Address: 115 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.

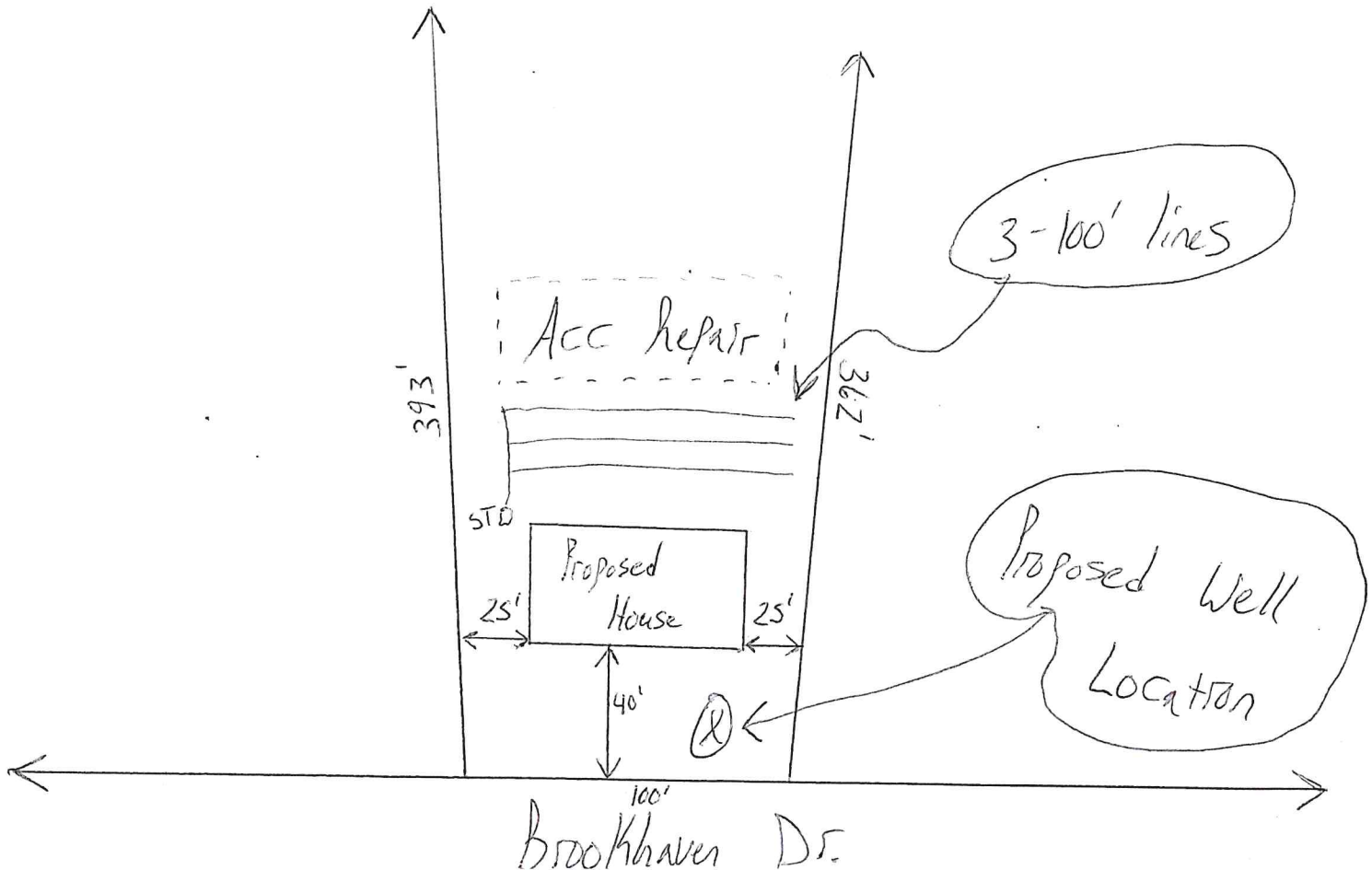
☒ Septic Improvement Permit ☒ Septic Construction Authorization (CA) ☐ CA Reissue** ☐ As Built
☒ Well Construction Authorization ☐ Additional Diagram/Specifications Attached

Diagram Date**: 7-5-23 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? ☒ YES ☐ NO
Well Contractor _____ Well Grout date: _____





CDP#
393450

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

Issued to: **Matthew Winslow**

Location: **115 BROOKHAVEN DR SPRING HOPE, NC 27882**

**NEW SEPTIC APPLICATION
NEW WELL APPLICATION**

Application Type: **NEW SEPTIC NEW WELL**

Application Number: **E-23-402**

Building Type:

Project Type:

of Bedrooms: **3**

Residential Project Type: **Single Family Dwelling**

Building Foundation: **Crawlspace**

Water Source: **New Well**

Date: **April 17, 2023**

Acreage:

Zoning: **R-30**

of Occupants: **4**

Commercial Project Type:

Square Footage of Facility:

Number of Employees:

Number of Seats:

Preferred Type of Septic System: **(1) Conventional (rock)**

Notes:

Parcel ID #: **048640**

Subdivision: **NULL**

10+ 22

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 SITE IS ALTERED, 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

PRELIMINARY PLOT PLAN FOR

WINSLOW

LOT 22, BROOKHAVEN SUBDIVISION

115 BROOKHAVEN DRIVE

REF: BK. 2022, PG. 127

DUNN TOWNSHIP

FRANKLIN COUNTY, NORTH CAROLINA

SEPTEMBER 13, 2022

ZONED R-30

50 25 0 50 100

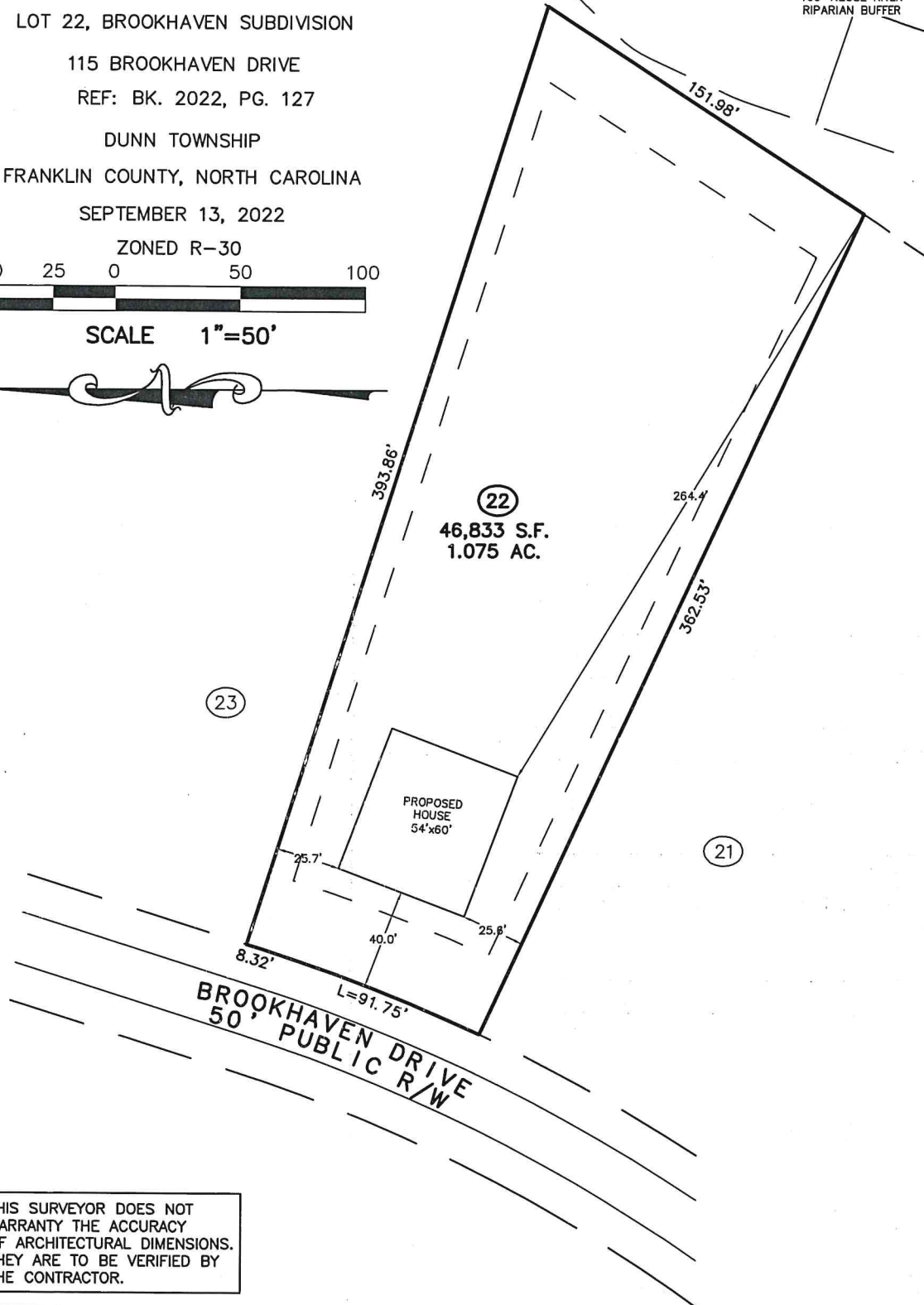


SCALE 1"=50'

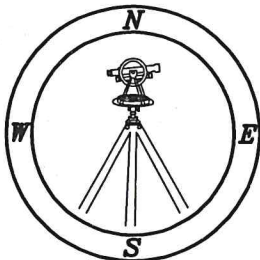


N/F
RED WELLS, LLC
M.B. 2022, PAGE 17
D.B. 2274, PG. 1797
PIN # 2738-20-6808

100' NEUSE RIVER
RIPARIAN BUFFER



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.

PRELIMINARY PLOT PLAN FOR

WINSLOW

LOT 22, BROOKHAVEN SUBDIVISION

115 BROOKHAVEN DRIVE

REF: BK. 2022, PG. 127

DUNN TOWNSHIP

FRANKLIN COUNTY, NORTH CAROLINA

SEPTEMBER 13, 2022

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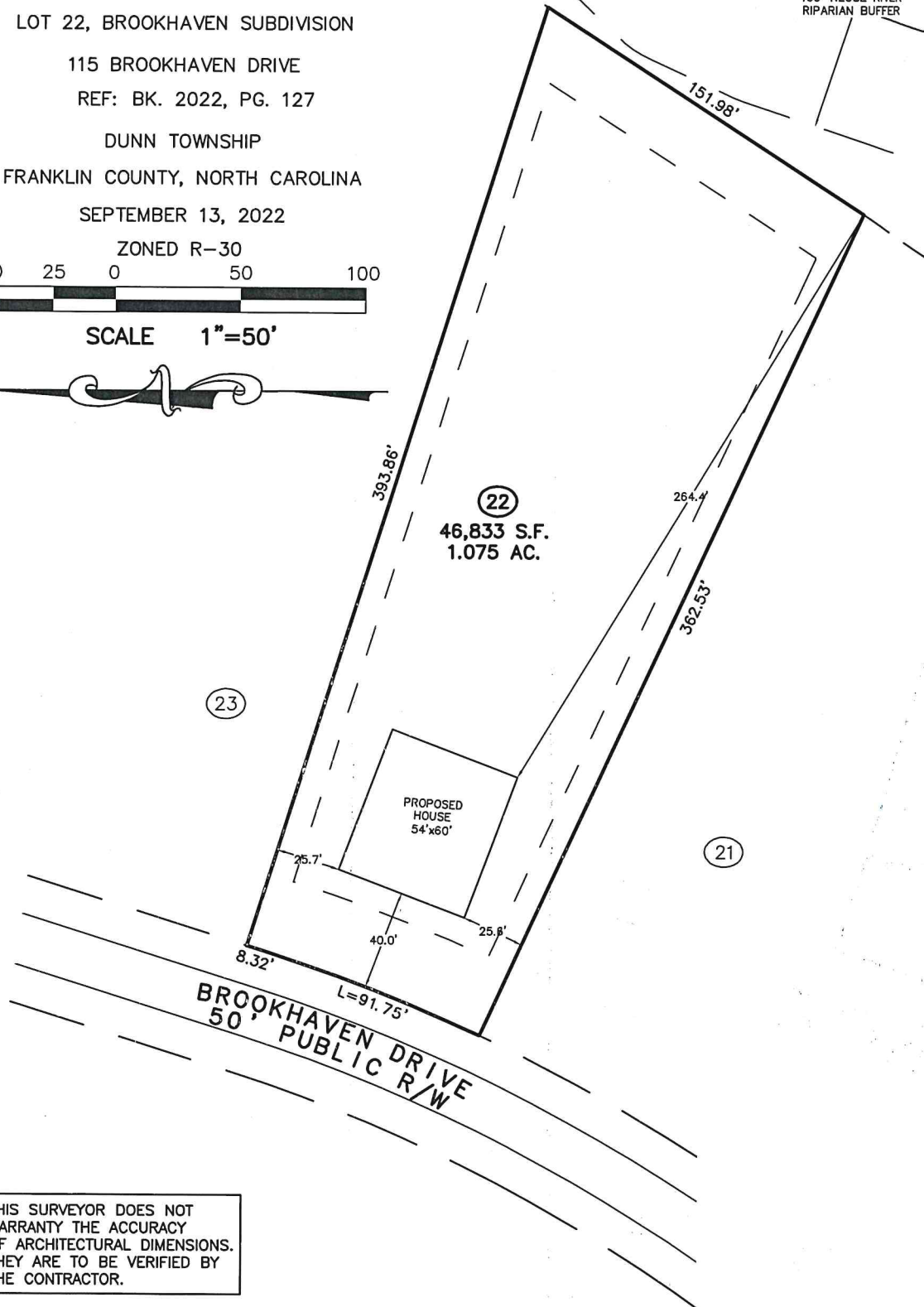


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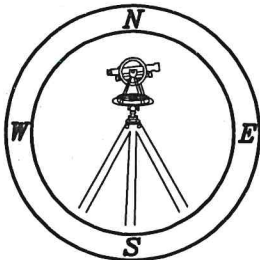


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