



IMPROVEMENT PERMIT

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

For Office Use Only

*CDP File Number 406932 - 1

County ID Number:

Evaluated For: NEW

PERMIT VALID UNTIL: 03/18/2029

***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: 25 BASIL CT FRANKLINTON, NC 27525 Subdivision: BELLA TERRA Block/Phase: NEW Lot: 19

Directions

Road #: 25 BASIL CT

Structure: SINGLE FAMILY

of Bedrooms: 4

of People: 4

*Water Supply: N/A

System Specifications

Initial System

Usable Soil Depth: 32

Design Flow: 480

Soil Application Rate: 0.3000

*System Classification/Description:

*Proposed System:
25% REDUCTION

Minimum Trench Depth: _____ Inches

Maximum Trench Depth: 20 Inches

Septic Tank: 1000 Gallons

Pump Required ☒ Yes ☐ No ☐ May Be Required

Pump Tank: 1000 Gallons

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

Repair System

Usable Soil Depth: 32

Soil Application Rate: 0.300

*System Classification/Description:

N/A

*Proposed System: 25% REDUCTION

Minimum Trench Depth: _____ Inches

Maximum Trench Depth: 20 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

Contour online and onsite, after clearing lot, appear contradictory. Adjust line length according to contour. See notes on sketch.

CDP File Number: 406932

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 (per rule .0301(a)).

Authorized State Agent:

Jones, Lori

Date of Issue:

03/18/2024

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: 406932 - 1
County ID Number: _____
Evaluated For: NEW

PERMIT VALID UNTIL: 03/18/2029

☐ 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 #: 25 BASIL CT FRANKLINTON, NC 27525 Subdivision: BELLA TERRA Phase: NEW Lot: 19
Directions:
Structure: SINGLE FAMILY 25 BASIL CT
of Bedrooms: 4
of People: 4
*Water Supply: _____

System Specifications

Usuable Soil Depth: 32 Minimum Trench Depth: _____ Inches
Design Flow: 480 Maximum Trench Depth: 20 Inches
Soil Application Rate: 0.3000 Minimum Soil Cover: _____ Inches

*System Classification/Description: _____

Maximum Soil Cover: _____ Inches

*Proposed System:
25% REDUCTION

*Distribution Type: PUMP TO GRAVITY

Nitrification Field: _____ Sq. ft.
No. Drain Lines: 4
Total Trench Length: 400 ft. ☐ Inches O.C.
Trench Spacing: _____ - 9 ☒ Feet O.C.
Trench Width: _____ - 3 ☒ Feet
Aggregate Depth: _____ inches

Septic Tank: 1,000 Gallons
Pump Required: ☒ Yes ☐ No ☐ May Be Required

Pump Tank: 1,000 Gallons

Grease Trap: _____ Gallons

Septic Tank Installer

Grade Level Required: ☐ I ☐ II ☐ III ☐ IV

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*Permit Conditions:

Contour online and onsite, after clearing lot, appear contradictory. Adjust line length according to contour. See notes on sketch.

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 (.0204(k)(1)). 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 and repair (per rule .0301(a)).

Authorized State Agent: Jones, Lori

Date of Issue: 03/18/2024

☒ 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 406932

PIN Number: _____

Tax Lot #: 19 Tax Block #: 049658

Evaluated For: _____

PERMIT VALID UNTIL: 03/18/2029

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

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

Property Location & Site Information

Address/Road #: _____ Subdivision: BELLA TERRA Phase: _____ Lot: 19
25 BASIL CT
FRANKLINTON NC, 27525
*Proposed use of Well:
If Other:
Applicant Email:
Owner Email:
Directions: 25 BASIL CT

Well Contractor Information

Drilling Contractor: _____ Driller Registration: _____

Permit Conditions

*Permit Conditions
Well sited front center of house due to driveway location and utilities.

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: Jones, Lori
Authorized State Agent: _____
Owner/Applicant: _____

*Date of Issue: 03/18/2024

☒ Hand Drawing ☐ Import Drawing

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



Well Construction Permit

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

For Office Use Only

*CDP File Number 406932

PIN Number: _____

Tax Lot #: 19

Tax Block #: 049658

Evaluated For: _____

PERMIT VALID UNTIL: 03/18/2029



File #: 406932 Lot # 19

Property Address: 25 Basil Ct

Applicant or Owner Name: Brandywine Hms

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: 3-18-2024 EHS: Lori Jones

**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 _____ Type System Pump/Dbox Max Trench Depth 20"

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

Well Contractor _____ Well Head date: _____ (If pump) Final Complete Date: _____

Bedrooms: 4

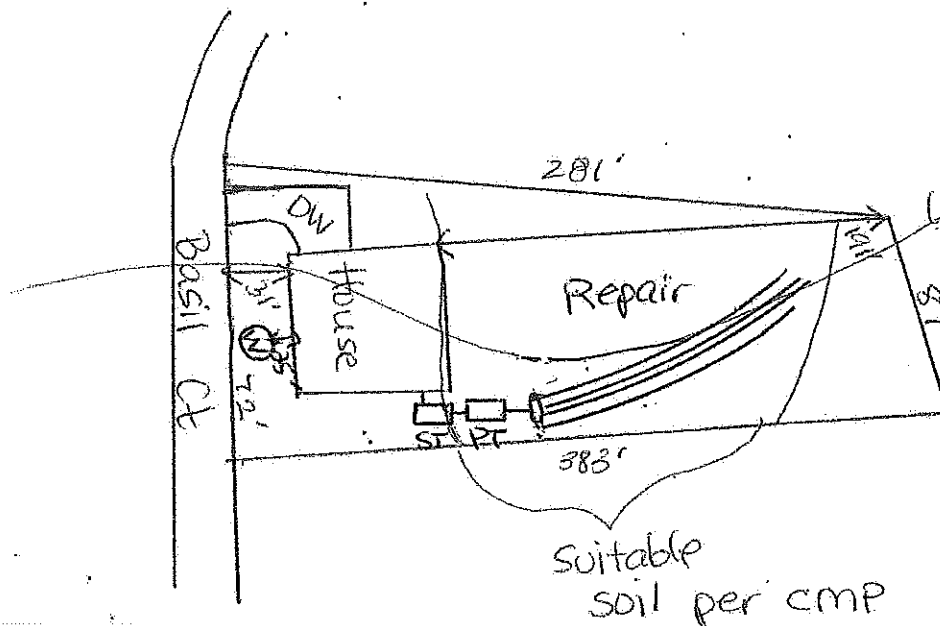
If Repair: na

Acreage: .1694

Parcel ID: 049658

*Drawing not to scale (if large acreage, may be portion)

(If not as built, indicate changes on front or back of sheet.)



Contractor according to online tool
* lot appears different after clearing, line lengths may need to be adjusted to 5 lines @ 80' each if more left to right.



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

CDP#
406932

Issued to: **Brandywine Homes**

Location: **25 Basil Court FRANKLINTON, NC 27525**

**NEW SEPTIC APPLICATION
NEW WELL APPLICATION**

Application Type: **NEW SEPTIC NEW WELL**

Application Number: **E-24-98**

Building Type:

Project Type: **Single Family Dwelling**

of Bedrooms: **4**

Residential Project Type: **Single Family Dwelling**

Building Foundation: **Crawlspac**

Water Source: **New Well**

Date: **February 12, 2024**

Acreage:

Zoning: **AR**

of Occupants: **4**

Commercial Project Type:

Square Footage of Facility:

Number of Employees:

Number of Seats:

Lot #19
Bella Terra

Preferred Type of Septic System: **(2) Accepted
(polystyrene, chamber)**

Notes:

Parcel ID #: **049658**

Subdivision: **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-24-174**

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**

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 request with proper documentation. The applicant is responsible for the proper identification and labeling of all property lines, and existing utilities (including septic), and the desired features on site, as well as making the site accessible for evaluation. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. Permit issuance shall in no way be

PRELIMINARY PLOT PLAN FOR

BRANDYWINE

LOT 19, BELLA TERRA SUBDIVISION

25 BASIL COURT

REF: B.M. 2023, PG. 105-107

FRANKLINTON TOWNSHIP

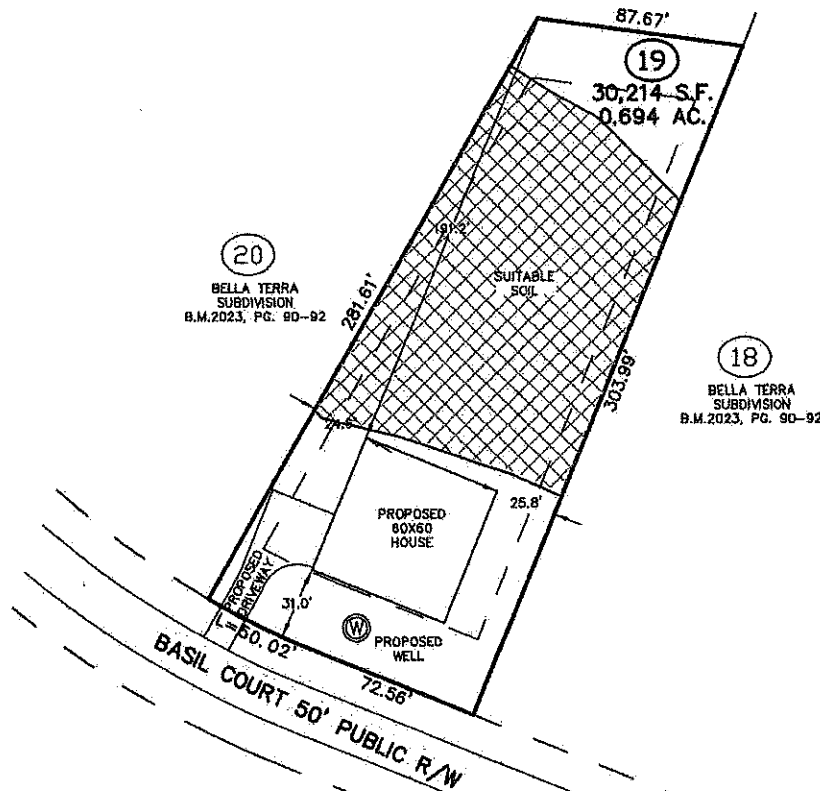
FRANKLIN COUNTY, NORTH CAROLINA

JANUARY 25, 2024

ZONED AR



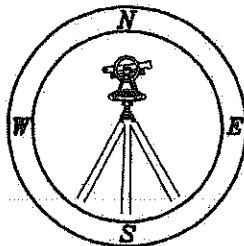
SCALE 1"=60'



IMPERVIOUS SURFACE TABLE

HOUSE	3,600 S.F.
COVERED PORCH	S.F.
DRIVEWAY	1,086 S.F.
SIDEWALKS	S.F.
MISC/UTILITIES	18 S.F.
TOTAL IMPERVIOUS AREA	4,686 S.F.
MAX IMPERVIOUS ALLOWED	15,226 S.F.

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



CMP

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
GENESIS BUILDING NC

LOT 19, BELLA TERRA SUBDIVISION

25 BASIL COURT

REF: B.M. 2023, PG. 105-107

FRANKLINTON TOWNSHIP

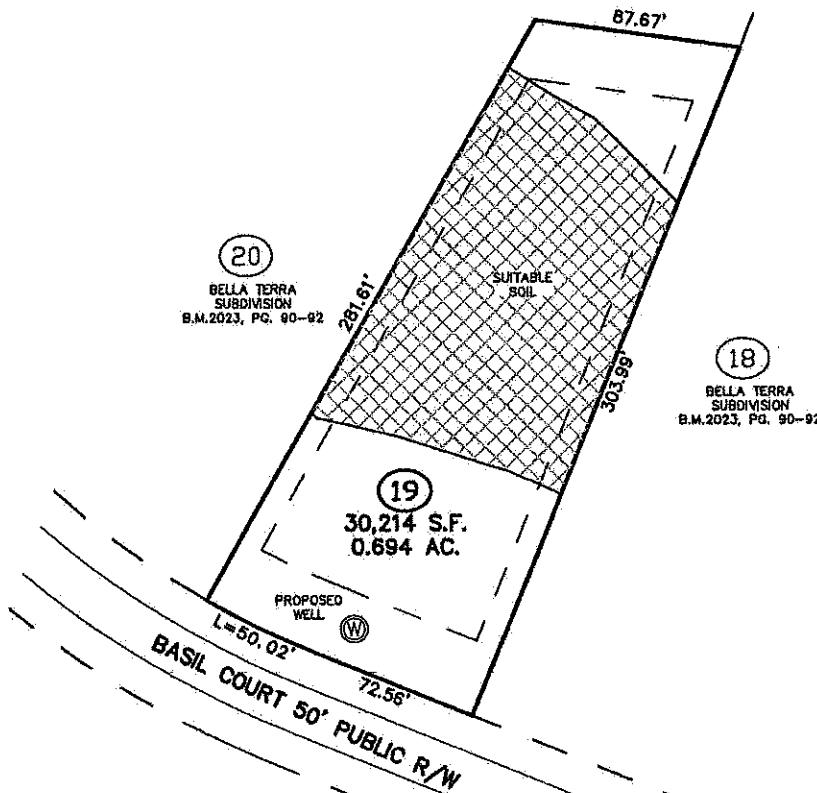
FRANKLIN COUNTY, NORTH CAROLINA

JUNE 1, 2023

ZONED AR



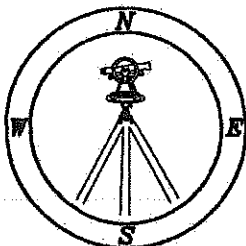
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OR SALES.

2/20/24

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

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

OWNER: Brandyn Wine Hms

ADDRESS: PO Box 910

PROPOSED FACILITY: R.R.

LOCATION OF SITE: 25 Basil Ct

WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other

EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut

PROPOSED DESIGN FLOW (1949): 480

APPLICATION DATE 2-12-2024

DATE EVALUATED: 2-20-24

PROPERTY SIZE: 1.9

PROPERTY RECORDED: 19

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	Ureac	0-4	Gr CL	Fr SSS	SE	(32")			S
		4-32	mod/C-S	Fr SBE		12			1.3
	30%		Much parent mat on this 20 instag						
			lot but forms clay ball to 32"						
			SOIL WORK CAMP						

Attempted
2-20-24
cannot
get onto/
walk lot.
Needs to
be cleared

clear
lot
msg
2-20-24

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM	OTHER FACTORS (1946):
Site Space (1945)			SITE CLASSIFICATION (1948): <u>S</u>
Type(s)			EVALUATED BY: <u>John Jones</u>
AR	1.3	1.3	OTHER(S) PRESENT:
NTS:			

→



Franklin County, NC

Feb 20, 2024

E-24-98

Septic Construction Authorization

Septic Recheck/New Septic/New Well

Status: Active

Became Active: Feb 12, 2024

Assignee: Lori Jones

Completed:

Applicant

Brandywine Homes
bwhomesfranklin@gmail.com
P.O. Box 910
Wake forest, Nc 27588
919-427-8982

Primary Location

25 Basil Court
FRANKLINTON, NC 27525

Owner:

NULL
NULL NULL, NULL NULL

Comments

Lori Jones, Feb 13, 2024

I have your 2 lots 25 and 35 Basil Ct scheduled for Feb 20/21. Please have both lots ready. I had a cancelled training on these days so squeezed you in !!!

Lori Jones, Feb 20, 2024

Attempted lot visit today. Unable to evaluate lot and soil. The lot was not passable to evaluate. Overrun with brush, briars and downed trees. Please let us know once lot is cleared so I can reschedule. Thank you. lgjones@franklincountync.gov (mailto:lgjones@franklincountync.gov)