Construction Authorization

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

For Office Use Only

*CDP File Number: 404713 - 1
County ID Number:
Evaluated For: NEW

PERMIT VALID UNTIL: 04/01/2029

☐ 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 #: 115 BEAUVIEW WAY ZEBULON, NC 27597
Subdivision: PILOT RIDGE Phase: NEW Lot: 59

Directions:

115 BEAUVIEW WY

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

System Specifications

Usuable Soil Depth: Yes
Design Flow: 480
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: 18 Inches
Minimum Soil Cover: ____ Inches
Maximum Soil Cover: ____ Inches
*Distribution Type: GRAVITY - SERIAL

Nitrification Field: ____ Sq. ft.
No. Drain Lines: ____
Total Trench Length: 420 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: ◯ Yes (X) 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 (.0204(k)(1)). The 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 and repair (per rule .0301((a)).

Authorized State Agent: Bendel, Joel
Date of Issue: 04/01/2024

****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 404713

PIN Number:

Tax Lot #: 59 Tax Block #: 049500

Evaluated For:

PERMIT VALID UNTIL: 04/01/2029

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

Property Location & Site Information

Address/Road #: 115 BEAUVIEW WAY
ZEBULON NC, 27597

Subdivision: PILOT RIDGE Phase: Lot: 59

*Proposed use of Well:

If Other:

Applicant Email:

Owner Email:

Directions: 115 BEAUVIEW WY

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: 04/01/2024

Authorized State Agent:

Owner/Applicant:

○ Hand Drawing ○ Import Drawing

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

Franklin County
NORTH CAROLINA
A Research Triangle Region Community

File# 404713 PIN#_____

Property Address: 115 Beanview Way

Applicant Or Owner Name: Brandywine Homes

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:** 4-1-24 **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 inspections may be scheduled the day before or the day of installation by 9am. Contact 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 permit 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 Drain field 3'X420' Type System Acc Max trench depth 18"

Septic Contractor_____ Septic/Pump tank dates_____ PUMP FEE PAID _____

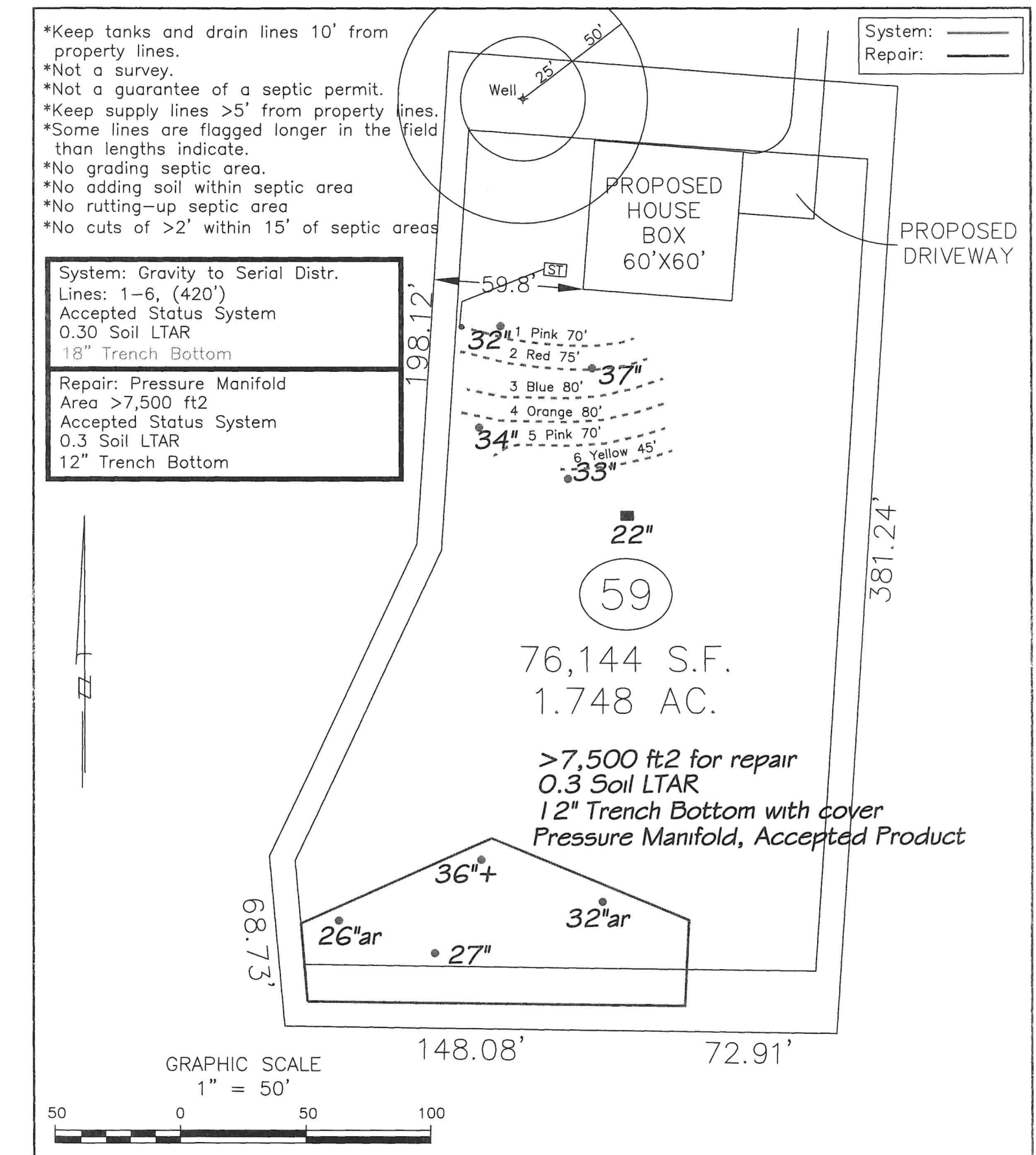
Well Contractor _____ Well Head Date: _____ PUMP FINAL: _____ N/A (CIRCLE)

* refer to attached CCSC septic/well documentation *

*Keep tanks and drain lines 10' from property lines.
*Not a survey.
*Not a guarantee of a septic permit.
*Keep supply lines >5' from property lines.
*Some lines are flagged longer in the field than lengths indicate.
*No grading septic area.
*No adding soil within septic area
*No rutting–up septic area
*No cuts of >2' within 15' of septic areas

System: Gravity to Serial Distr.
Lines: 1–6, (420')
Accepted Status System
0.30 Soil LTAR
18" Trench Bottom

Repair: Pressure Manifold
Area >7,500 ft2
Accepted Status System
0.3 Soil LTAR
12" Trench Bottom



Central Carolina Soil Consulting, PLLC
1900 South Main Street, Suite 110
Wake Forest, North Carolina 27587
Phone (919)569-6704 Fax (919)569-6703

4-Bedroom Septic Layout
Lot 59, Pilot Ridge Subdivision
Franklin County, North Carolina

Job#:	4510
Drawn By:	AH
Date:	03/27/2024
Revision:	

Central Carolina Soil Consulting, PLLC

1900 South Main Street, Suite 110, Wake Forest, NC 27587

PROPERTY ID #: ____

COUNTY: Franklin

SOIL/SITE EVALUATION *for* ON-SITE WASTEWATER SYSTEM

(Complete all fields in full)

OWNER: Brandywine Homes DATE EVALUATED: ____

ADDRESS: ____

PROPOSED FACILITY: 4-Bedroom PROPOSED DESIGN FLOW (.0400): 480 PROPERTY SIZE: ____

LOCATION OF SITE: Pilot Ridge lot 59 PROPERTY RECORDED: ____

WATER SUPPLY: ☐Public ☑Single Family Well ☐Shared Well ☐Spring ☐Other ____ WATER SUPPLY SETBACK: ____

EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut TYPE OF WASTEWATER: ☐ Domestic ☐ High Strength ☐ IPWW

PROFILE #	.0502 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY		OTHER PROFILE FACTORS				.0509 PROFILE CLASS & LTAR*	.0502(d) SLOPE CORRECTION
			.0503 TEXTURE/ STRUCTURE	.0503 CONSISTENCE/ MINERALOGY	.0504 SOIL WETNESS/ COLOR	.0505 SOIL DEPTH	.0506 SAPRO CLASS	.0507 RESTR HORIZON		
1	L-5%	A,, 0-7	SL, Gr	VFR, NS, NP						2"
		Bt, 7-32	Clay, SBK	FI, SS, SP, SEXP		S-32			S .3	
		Bt2, 32+	Clay, SBK	FI, SS, SP, SEXP	10 YR 6/2, 15%	UN				
2	R, 5%	A, 0-8	SL, Gr	VFR, NS, NP						2"
		Bt, 8-27	Clay, SBK	FI, SS, SP, SEXP		S-27"			S .3	
		Bt2, 27	Clay, SBK	FI, SS, SP, SEXP	10 YR 6/2, 10%	UN				

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.0508)	Yes	Yes
System Type(s)	Accepted	Accepted
Site LTAR	.3	.3
Maximum Trench Depth	18"	12"

SITE CLASSIFICATION (.0509): Suitable

EVALUATED BY: Jason Hall

OTHER(S) PRESENT: ____

Comments: ____

LEGEND

LANDSCAPE POSITION	SOIL GROUP	SOIL TEXTURE	CONVENTIONAL LTAR (gpd/ft²)	SAPROLITE LTAR (gpd/ft²)	LPP LTAR (gpd/ft²)	MINERALOGY/ CONSISTENCE		STRUCTURE
CC (Concave slope)	I	S (Sand)	0.8 - 1.2	0.6 - 0.8	0.4 -0.6	MOIST	WET	SG (Single grain)
CV (Convex Slope)		LS (Loamy sand)		0.5 -0.7		Lo (Loose)	NS (Non-sticky)	M (Massive)
D (Drainage way)	II	SL (Sandy loam)	0.6 - 0.8	0.4 -0.6	0.3 - 0.4	VFR (Very friable)	SS (Slightly sticky)	GR (Granular)
FP (Flood plain)		L (Loam)		0.2 - 0.4		FR (Friable)	S (Sticky)	SBK (Subangular blocky)
FS (Foot slope)	III	SiL (Silt loam)	0.3 - 0.6	0.1 - 0.3	0.15 - 0.3	FI (Firm)	VS (Very sticky)	ABK (Angular blocky)
H (Head slope)		SCL (Sandy clay loam)		0.05 - 0.15**		VFI (Very firm)	NP (Non-plastic)	PR (Prismatic)
L (Linear Slope)		CL (Clay loam)		None		EFI (Extremely firm)	SP (Slightly plastic)	PL (Platy)
N (Nose slope)		SiCL (Silty clay loam)					P (Plastic)	
R (Ridge/summit)		Si (Silt)					VP (Very plastic)	
S (Shoulder slope)	IV	SC (Sandy clay)	0.1 - 0.4		0.05 - 0.2	SEXP (Slightly expansive)		
T (Terrace)		SiC (Silty clay)				EXP (Expansive)		
TS (Toe Slope)		C (Clay)						
		O (Organic)	None					

* Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

**Sandy clay loam saprolite can only be used with advanced pretreatment in accordance with 15A NCAC 18E .1200.

HORIZON DEPTH In inches below natural soil surface

DEPTH OF FILL In inches from land surface

RESTRICTIVE HORIZON Thickness and depth from land surface

SAPROLITE S(suitable) or U(unsuitable); Evaluation of saprolite shall be by pits or auger borings.

SOIL WETNESS Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation

CLASSIFICATION S (Suitable) or U (Unsuitable)

Franklin County
NORTH CAROLINA

CDP# 404713

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

Issued to: Brandywine Homes **Location: 115 Beauview Way ZEBULON , NC 27597**

NEW SEPTIC APPLICATION
NEW WELL APPLICATION

Application Type: NEW SEPTIC NEW WELL

Application Number: E-24-10
Date: January 9, 2024
Building Type:
Acreage:
Project Type: Single Family Dwelling
Zoning: R-30
# of Bedrooms: 4
# of Occupants: 4
Residential Project Type: Single Family Dwelling
Commercial Project Type:
Building Foundation: Crawlspace
Square Footage of Facility:
Water Source: New Well
Number of Employees:
Number of Seats:

Lot #59 Pilot Ridge

Preferred Type of Septic System: (2) Accepted (polystyrene, chamber)
Notes:
Parcel ID #: 049500
Subdivsion: 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-24-19
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

Call Environmental Health (919-496-8100) in order to schedule an appointment with and environmental Health Specialist for your lot evaluation. Please contact the Environmental Health Department 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 request with proper documentation. The applicant is responsible for the proper identification and labeling of all property lines, and existing utilities

PRELIMINARY PLOT PLAN FOR

BRANDYWINE HOMES

LOT 59, PILOT RIDGE PH.2

115 BEAUVIEW WAY

REF: P.B. 2023, PAGE 58

REF: PLAT

DUNN TOWNSHIP

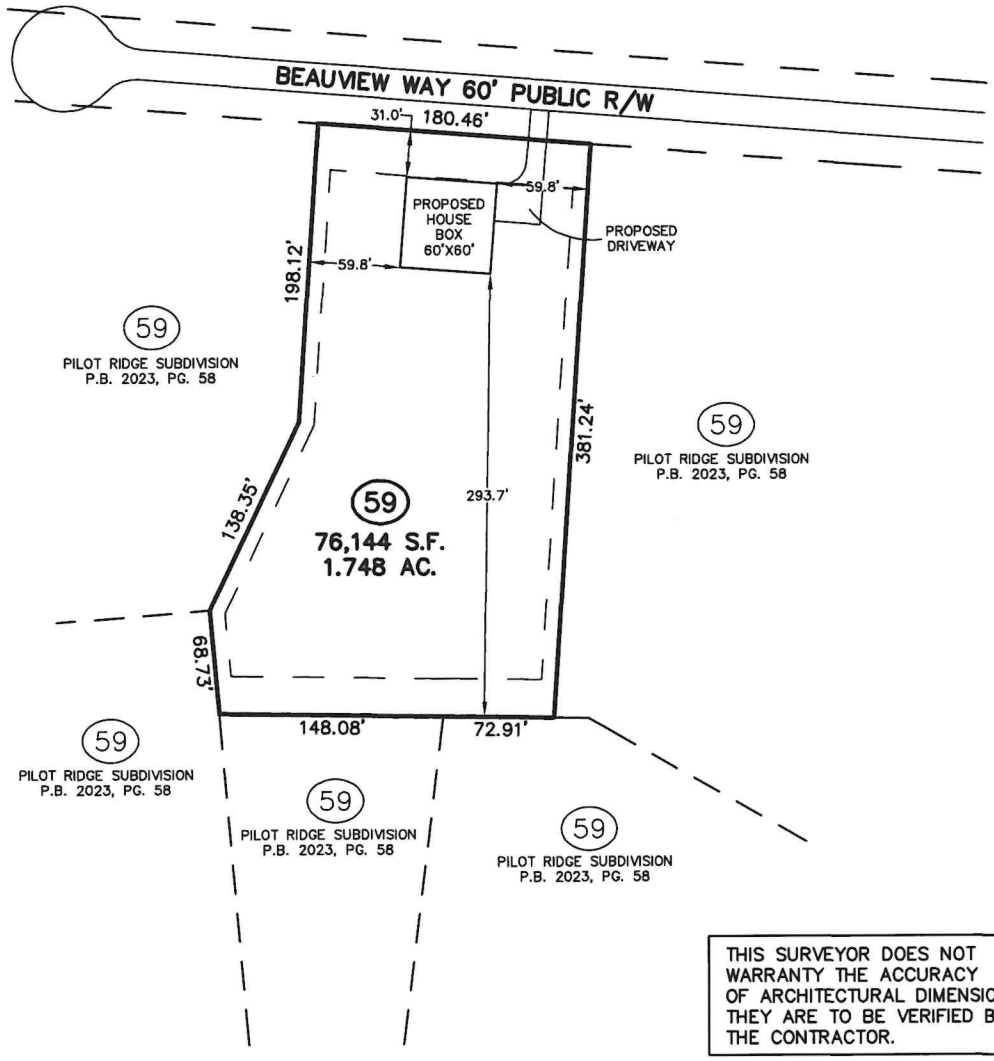
FRANKLIN COUNTY, NORTH CAROLINA

JANUARY 2, 2024

ZONED R-30

100 50 0 100 200

SCALE 1"=100'



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.

IMPROVEMENT PERMIT

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

For Office Use Only

*CDP File Number: 404713 - 1
County ID Number:
Evaluated For: NEW

PERMIT VALID UNTIL: 04/01/2029

***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: 115 BEAUVIEW WAY ZEBULON, NC 27597
Subdivision: PILOT RIDGE
Block/Phase: NEW
Lot: 59

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

Directions

115 BEAUVIEW WY

System Specifications

Initial System

Usable Soil Depth: Yes
Design Flow: 480
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: 18 Inches

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

Repair System Required: (X) Yes (O) No (O) No, but has Available Space

Repair System

Usable Soil Depth:
Soil Application Rate:

*System Classification/Description:
N/A

*Proposed System:

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

Pump Required: (O) Yes (O) No (O) 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: 404713 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 (per rule .0301((a).

Authorized State Agent: Bendel, Joel Date of Issue: 04/01/2024

Total TIme: (HH:MM)

◯ Hand Drawing ◯ Import Drawing ****Site Plan/Drawing attached.**** ____ : ____