



OPERATION PERMIT

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

For Office Use Only

*CDP File Number 297296 - 1
County ID Number: 2716943982
Evaluated For: NEW

Property Owner: TIDEWATER INVESTORS

Owner Address:

City:

State/Zip: /

Phone #:

Address: 10 Chaucer Ct E
ZEBULON, NC 27597

Road #:

Township:

Subdivision: WOODFORD

Phase : ACTIVE Lot: 54

Structure: OTHER

of Bedrooms:

of People:

Water Supply: N/A

Saprolite System?: ☐ Yes ☒ No

Pump Required?: ☐ Yes ☒ No

Design Flow: 360

System Classification/Description: N/A

Installer: TRUE WORKS

Certification #:

Specific System UNKNOWN

Installed:

STB: 1000

PT:

Comments:

Septic Tank Date: 03/16/2020

Pump Tank Date: _____

This system has been installed in compliance with applicable NC General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.

PERMIT CONDITIONS:

I. Performance: System shall perform in accordance with Rule .1961.

II. Monitoring: As required by Rule .1961.

III. Maintenance: Ground absorption sewage treatment and disposal systems shall be checked, and the contents of the septic tank removed, periodically from all compartments, to ensure proper operation of the system. The contents shall be pumped whenever the solids level is found to be more than 1/3 of the liquid depth in any compartment.

Other:

Subsurface Operator Required: ☐ Yes ☒ No

If yes, see attached sheet for additional operation conditions, maintenance and reporting.

Operation:

Other:

Authorized State Agent: Bendel, Joel

Date of Issue: 06/18/2020

Owner/Applicant: _____



IMPROVEMENT PERMIT
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PERMIT VALID UNTIL: 02 / 18 / 2025

*NOTE TO INSPECTIONS DIVISION: Building Permits cannot be issued with only an Improvement Permit. ☐ Fill Sheet ☐ CA?

Applicant: ANGE CONSTRUCTION CO
Address: 113 EDINBURGH DR, STE 100
City: CARY
State/Zip: NC 27511
Phone #:

Property Owner: TIDEWATER INVESTORS
Address:
City:
State/Zip:
Phone #:

Address 10 LEXINGTON AVE
Road # ZEBULON NC 27597
Township:
Structure: OTHER
of Bedrooms:
of People:
*Water Supply: N/A

Property Location & Site Information
Subdivision: WOODFORD Phase: Lot: 54
Directions
10 CHAUNCER/ OR LEXINGTON AVE

Initial System

System Specifications

*Site Classification: Suitable

Saprolite System? ☐ Yes ☐ No

Design Flow: 3 6 0

Soil Group: IV

Soil Application Rate: 0 . 3

*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: 3 6 Inches

Fill Depth: _____ Inches

Septic Tank: 9 0 0 Gallons

Pump Required: ☐ Yes ☒ No ☐ May Be Required

Pump Tank: _____ Gallons

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

Repair System

*Site Classification: Suitable

Soil Application Rate: 0 . 3

*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: 3 6 Inches

Fill 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

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 shall be responsible for assuring compliance with the laws, rules, and permit conditions regarding system location, installation, operation, maintenance, monitoring, reporting, and repair (.1938(b)).

*Authorized State Agent: 2739 - Joel Bendel

Date of Issue: 02 / 18 / 2020

Authorized State Agent Signature: _____

Owner/Applicant Signature: _____

** Site Plan/Drawing attached.**



CONSTRUCTION AUTHORIZATION
Franklin County Health Department
107 Industrial Drive
Louisburg NC 27549

For Office Use Only Page 1 of 2

*CDP File Number 297296 - 1
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Evaluated For: NEW

PERMIT VALID UNTIL: 02 / 18 / 2025

☐ Open Pump System Sheet

Applicant: ANGE CONSTRUCTION CO
Address: 113 EDINBURGH DR, STE 100
City: CARY
State/Zip: NC 27511
Phone #:

Property Owner: TIDEWATER INVESTORS
Address:
City:
State/Zip:
Phone #:

Address 10 LEXINGTON AVE
Road # ZEBULON NC 27597
Township:
Structure: OTHER
of Bedrooms:
of People:
*Water Supply: N/A

Property Location & Site Information
Subdivision: WOODFORD Phase: Lot: 54
Directions
10 CHAUNCEY OR LEXINGTON AVE

System Specifications

*Site Classification: Suitable

Saprolite System? ☐ Yes ☐ No

Design Flow: 3 6 0

Soil Application Rate: 0 . 3

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

*Proposed System: 25% REDUCTION

Nitrification Field _____ Sq. ft.

No. Drain Lines _____

Total Trench Length: 3 0 0 ft.

Trench Spacing: _____
☐ Inches O.C.
☐ Feet O.C.

Trench Width: _____
☐ Inches
☐ Feet

Aggregate Depth: _____ inches

Minimum Trench Depth: _____ Inches

Maximum Trench Depth: 3 6 Inches

Minimum Soil Cover: _____ Inches from "Natural Ground Level"

Maximum Soil Cover: _____ Inches "Natural Ground Level"

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

Septic Tank: 9 0 0 Gallons

Pump Required: ☐ Yes ☐ No

Pump Tank: _____ Gallons

Grease Trap: _____ Gallons

Septic Tank Installer ☐ I ☐ II ☐ III ☐ IV

Grade Level Required: _____

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**

This 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 is found to have been incorrect, falsified or changed, or the site is altered, the 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 and repair (1936(b)).

*Authorized State Agent: 2739 - Joel Bendel *Date of Issue: 02 / 18 / 2025

Authorized State Agent Signature: _____ **Site Plan/Drawing attached.**

Owner/Applicant Signature: _____ Malfunction Log ☐ Yes

☐ Hand Drawing ☐ Import Drawing



File # 297296 PIN# 2716-44-3982

Property Address: 10 Lexington Ave

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.

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

Diagram Date**: 2-18-20 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.

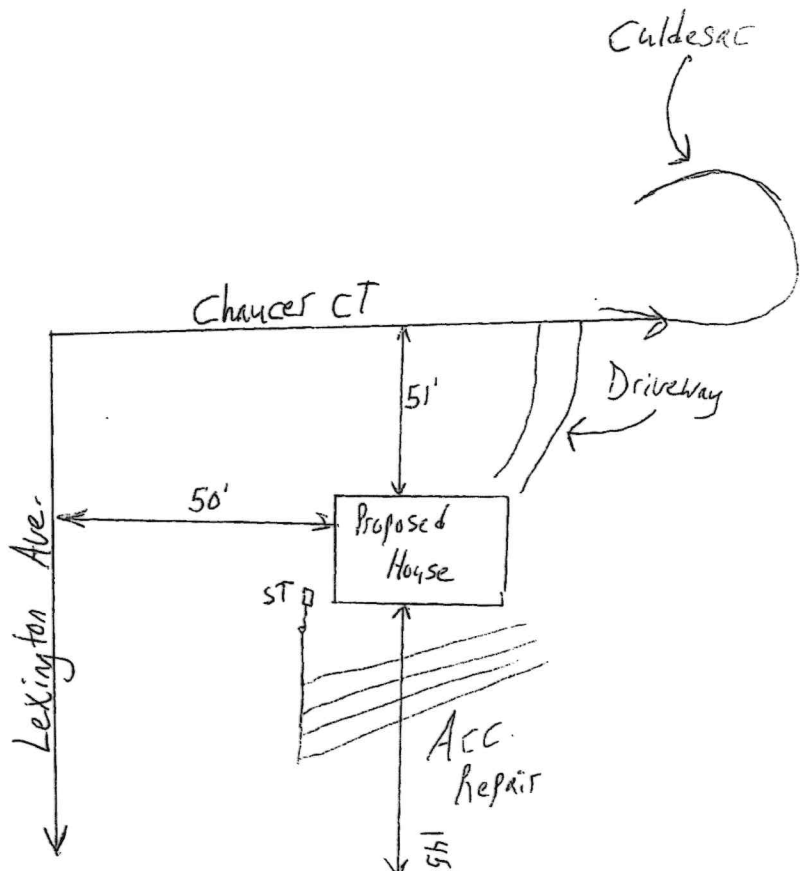
Installation/grouting inspections may be scheduled the day before, or, the day of installation until 9am by contacting the Environmental Health office at 919 496 8100. A revisit fee may apply if installation is not ready for inspection at the time requested. Septic Operations Permits will be issued after 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 900 Pump Tank N/A Drainfield 3'x300' Type System ACC Max Trench Depth 36'

Septic Contractor _____ Septic/Pump tank dates _____ Pump fee? Yes ☒ No

Well Contractor _____ Well Grout date: _____

*Drawing not to Scale



OWNER: Brandywine Homes 10 Lexington Ave APPLICATION DATE _____
ADDRESS: _____ DATE EVALUATED: _____
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ 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

P R O F I L E #	.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	2-4%	1-12	Gr/SL	Fr/bs/np/sep		48"			- 3
		12-48	Bk/CL	Fr/ss/sp/sep					
2	2%	1-10	Gr/SL	Fr/bs/np/sep		48"			, 3
		10-48	Bk/CL	Fr/ss/sp/sep					
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM	OTHER FACTORS (.1946): _____
Available Space (.1945)			SITE CLASSIFICATION (.1948): _____
System Type(s)			EVALUATED BY: _____
Site LTAR			OTHER(S) PRESENT: _____

Dated February 2014

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

PRELIMINARY PLOT PLAN FOR

BRANDYWINE

LOT 54, WOODFORD SUBDIVISION

10 CHAUCER COURT

REF: P.B. 2008, PAGE 2-5

DUNN TOWNSHIP

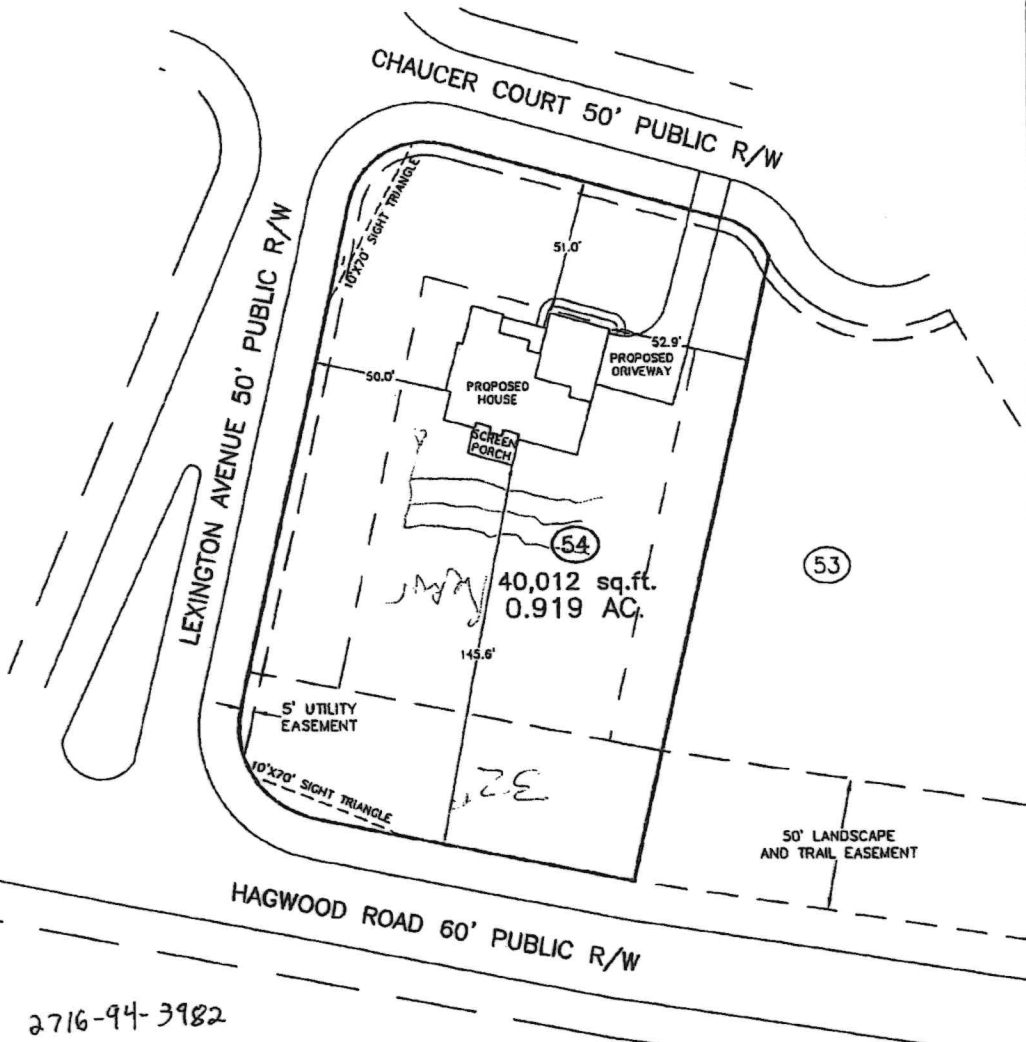
FRANKLIN COUNTY, NORTH CAROLINA

FEBRUARY 14, 2020

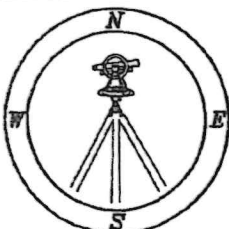
ZONED AR-40



SCALE 1"=50'



2716-94-3982



**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 Development Permit

Zoning Permit #: 1048

RESIDENTIAL



ADDRESS: 10 LEXINGTON AVE , ZEBULON NC 27597
 PARCEL NO.: 2716-94-3982 ZONING: R-40
 ISSUED TO: BRANDYWINE HOMES LOT: 54
 PO BOX 910 SUBDIVISION: WOODFORD
 (COMMUNITY WELL)
 WAKE FOREST, NC 27588
 PHONE NUMBER: 919-427-8982 EMAIL: DJCBWHOMES@GMAIL.COM
 CONTRACTOR: BRANDYWINE ADDRESS: PO BOX 910
 HOMES INC.
 LICENSE #: 52812
 SETBACK:FRONT: 50 RIGHT: 20 Left: 20 Rear: 50
 COUNTY WATER: No FLOODPLAIN: No
 PERMIT TYPE: Residential PERMIT DATE: 02/14/2020
 TYPE OF CONSTRUCTION: SFD - NEW SEPTIC/COMMUNITY WELL
 WATER SHED: No TOWNSHIP: DUN EXPIRE DATE: 08/14/2020

It is hereby certified that the above use as shown on the plats and plans submitted with this application conforms with all applicable provisions of the Franklin County Zoning Ordinance. The issuance of this application does not allow the violation of Franklin County Zoning Ordinance or other governing regulations. The applicant is responsible for obtaining a building permit (if required) prior to commencing work on the proposed improvement. A final zoning inspection must be scheduled by the applicant.

NOTES:

I hereby certify that all information I have provided to the planning department is true and accurate.

APPLICANTS SIGNATURE: David Cunningham

UTILITY COMPANY:	PROGRESS ENERGY	WAKE ELECTRIC	OTHER
NUMBER OF STORIES:	1 1/2	# of Bedrooms 3	# of People 2
SQUARE FOOTAGE:	HEATED 2290	UNHEATED 803	TOTAL 3093
BASEMENT:	YES	NO	
FIREPLACE:	NO	MASONARY	MANUFACTURED
PLAN SETS:	MODULAR	STICKBUILT	

SUB CONTRACTOR

ELECTRICAL: The Electrician Physician
 MECHANICAL: Carey Services
 PLUMBING: Whites Plumbing
 COST OF CONSTRUCTION: 250,000

NO MORE THAN 2 STRUCTURAL DEVIATIONS OR PLANS MUST BE REDRAWN

DEPARTMENTAL USE ONLY

	INITIALS (IN)	DATE	INITIALS (OUT)	DATE
ZONING	<u>JK</u>	<u>2/14/20</u>		
PLAN REVIEW				
SEPTIC/SEWER				



COUNTY OF FRANKLIN
ENVIRONMENT HEALTH APPLICATION (496-8100)

Permit #: **8164** Permit Type: **Septic Permit** Date Issued: **02/14/2020**
 Project Address: **10 LEXINGTON AVE**
 Location: **10 LEXINGTON AVE** Size #: **0.920**
 Subdivision: **WOODFORD (COMMUNITY WELL)** Lot #: **54**
 Applicant: **BRANDYWINE HOMES** Phone: **919.427.8982**
 PO BOX 910
 WAKE FOREST NC 27588
 Owner Name: **TIDEWATER INVESTORS VII LLC** Phone:
 Address:

Tax record: **40356** Pin #: **J14E00 054** Parcel #: **2716-94-3982**
 Zoned: **R-40** Setbacks- Front: **50** Rear: **50** Side: **20 / 20**
 Proposed Use: # of bedrooms: **3** # of people: **2**
 Township: **DUN** Public Water/Sewer: **Yes / NO**
 Desc: [description] Fees Due: **400.00** Date Paid: **02/14/2020**

*** Please complete all sections below ***

- ☐ Does this site contain any previously identified jurisdictional wetlands?
 - ☐ Is any wastewater, other than domestic, going to be generated?
 - ☐ Is the site subject to approval by any other public agency?
- * If the answer to any of the above is "yes", applicant must submit supporting documentation.

Please indicate desired system type(s). systems can be ranked in order of preference.

- ☐ Conventional ☐ Accepted ☐ Modified Conventional ☐ Alternative
☐ Other ☐ No Preference

Call Environmental Health (919.496.8100) between 8:00 - 9:00 am Monday - Friday in order to schedule an appointment with an environmental health specialist for your lot evaluation. This application for an improvement permit/construction authorization and well permit does not constitute approval for zoning, septic or building permits. It will be necessary to meet all guidelines for zoning, septic and building permits prior to construction. The permit is valid for either 60 months or without expiration, depending upon documentation submitted. (complete site plan=60 months---complete surveyed plat=without expiration.)

Please contact the Environmental Health Department at 919.496.8100 or visit their website at www.franklincountyenvironmentalhealth.com to determine the status of your application prior to visiting the Planning & Inspections Department to obtain a building permit.

I hereby certify that I am the owner, or authorized by the owner to act as his/her legal representation. Furthermore, as legal representative (if applicable) I have advised the owner of my intention to apply for this wastewater treatment and disposal system and drinking water and well system permit.

I also certify that all of the statements made in this application and any attached documents are true, complete, and correct, to be the best of my knowledge and belief, and are made in good faith. If information in this application for these improvements is falsified, changed or site is altered, then improvement permits and authorization to construct these improvements shall become invalid. Authorized county representatives are granted right of entry to make these evaluations or inspections, and to release information upon public request.

Daniel S Cunningham
 x *Daniel S Cunningham*
 Print & Signature of Owner or Owner's Legal Representative

02/14/2020