



IMPROVEMENT PERMIT

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

For Office Use Only

*CDP File Number 369878 - 1
County ID Number: 1882-41-7328
Evaluated For: NEW

PERMIT VALID UNTIL: 03/10/2027

***NOTE TO INSPECTIONS DIVISION:** Building Permits cannot be issued with this Improvement Permit.

Applicant: BRETT BOWERS
Address: 1122 VICK CHARLES DR
City: RALEIGH
State/Zip: NC 27606
Phone #: _____

Property Owner: NEW VILLAGE LLC
Address: 124 WINN
City: LOUISBURG
State/Zip: NC. 27549
Phone #: _____

Property Location & Site Information

Address/Road #: 124 WINN DR LOUISBURG, NC Subdivision: FOX RIDGE Phase: NEW Lot: 28
27549
Structure: SINGLE FAMILY **Directions** FARM
of Bedrooms: 4 124 WINN DR
of People: 6
*Water Supply: N/A

System Specifications

Initial System

*Site Classification: Provisionally Suitable
Design Flow: 480
Soil Application Rate: 0.3000

Minimum Trench Depth: _____ Inches
Maximum Trench Depth: 22 Inches

*System Classification/Description:
TYPE II A. CONV SYSTEM (SINGLE-FAMILY OR 480 GPD OR LESS)
*Proposed System:
25% REDUCTION

Septic Tank: 1000 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: Provisionally Suitable
Soil Application Rate: 0.300
*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: 22 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 location, installing, operation, maintenance, monitoring, reporting, and repair (.1938(b)).

Authorized State Agent: Jones, Lori Date of Issue: 03/10/2022

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: _____

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*CDP File Number: 369878 - 1

County ID Number: 1882-41-7328

Evaluated For: NEW

PERMIT VALID UNTIL: 03/10/2027

☐ Open Pump System Sheet

Applicant: BRETT BOWERS

Address: 1122 VICK CHARLES DR

City: RALEIGH

State/Zip: NC 27606

Phone #: _____

Property Owner: NEW VILLAGE LLC

Address: 124 WINN

City: LOUISBURG

State/Zip: NC. 27549

Phone #: _____

Property Location & Site Information

Address/Road #: 124 WINN DR LOUISBURG, NC 27549 Subdivision: FOX RIDGE Phase: NEW Lot: 28

Directions: FARM

Structure: SINGLE FAMILY 124 WINN DR

of Bedrooms: 4

of People: 6

*Water Supply: NEW WELL

System Specifications

*Site Classification: Provisionally Suitable

Design Flow: 480

Soil Application Rate: 0.3000

Minimum Trench Depth: _____ Inches

Maximum Trench Depth: 22 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: 4

Total Trench Length: 400 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:

Trees must be cleared.

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: Jones, Lori

Date of Issue: 03/10/2022

☒ 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 369878

PIN Number: 1882-41-7328

Tax Lot #: 28 Tax Block #: 003131

Evaluated For: SINGLE FAMILY \ WELL

Property Owner: NEW VILLAGE LLC

Address: 124 WINN

City: LOUISBURG

State/Zip: NC / 27549

Phone #: _____

Applicant: BRETT BOWERS

Address: 1122 VICK CHARLES DR

City: RALEIGH

State/Zip: NC / 27606

Phone #: _____

Property Location & Site Information

Address/Road #:

124 WINN DR

LOUISBURG NC, 27549

124 WINN DR

Subdivision:

FOX RIDGE FARM

Phase:

Lot:

28

*Proposed use of Well: SINGLE FAMILY

Directions

If Other:

Well Contractor Information

Drilling Contractor:

Driller Registration:

Permit Conditions

*Permit Conditions

Left front property, 10 feet from left property line. 15 feet from front property line.

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: 03/10/2022



Hand Drawing



Import Drawing

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

Fox Ridge



File # 369878 PIN# 003131

Property Address: 124 Winn Dr. Lsbg

Applicant or Owner Name: Brett Bowers

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**: 3/10/2022 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.

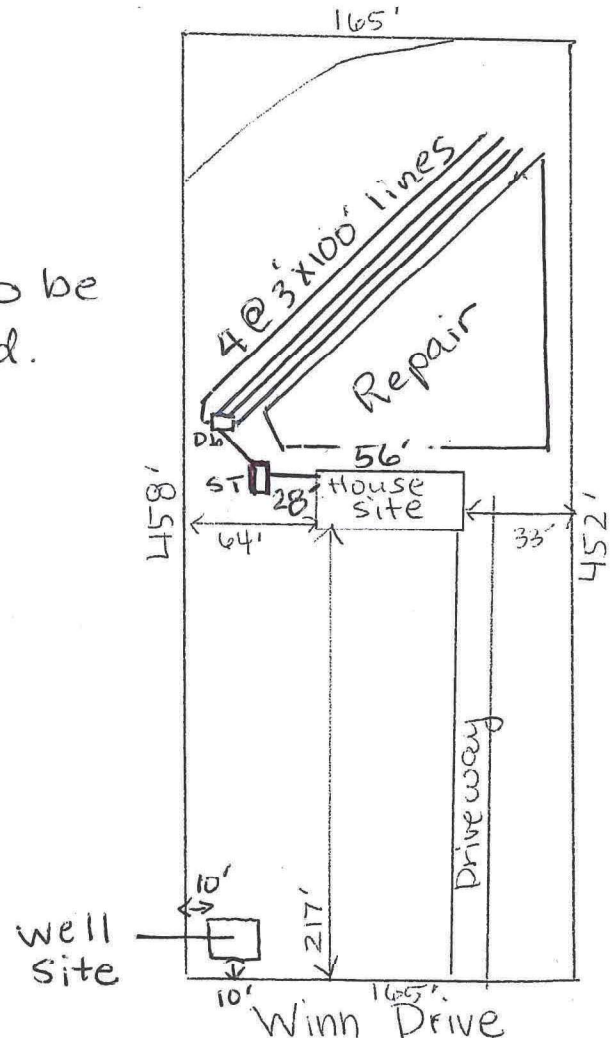
Septic Tank 1000 Pump Tank na Drainfield 3' x 400' Type System Gravity Accepted Max Trench Depth 22'

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

Well Contractor _____ Well Grout date: _____

Bedrooms: 4
* Drawing not to scale

• Trees need to be cleared.



2-23-2022
will text me when marked.

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

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

OWNER: Brett Bowers / New Village LLC APPLICATION DATE 2-21-2022
ADDRESS: 124 Winn Way, Salisbury, NC DATE EVALUATED:
PROPOSED FACILITY: Residential PROPOSED DESIGN FLOW (.1949): 480 PROPERTY SIZE: 1.72 acres
LOCATION OF SITE: 124 Winn Dr. Lshg PROPERTY RECORDED:

WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut 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	Linear 270	0-12	Gr/SC		AR				
2		0-9	Gr/SC	FrSSpSE					FS
		9-20	Gr/SC	FSPSE					
		20-30	Gr/C	FSPSE					
		30	Sep		Install 22"				3
3									
4									

38
12
22

wooded lot
unnatural piles of soil have there

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM	OTHER FACTORS (.1946): SITE CLASSIFICATION (.1948):
Available Space (.1945)			
System Type(s)			
Site LTAR	.3	.3	

COMMENTS:
Updated