# IMPROVEMENT PERMIT

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

For Office Use Only

*CDP File Number: 430077 - 1
County ID Number:
Evaluated For: NEW

PERMIT VALID UNTIL: 11/06/2029

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

| | |
|---|---|
| Applicant: | Robert Lee |
| Address: | 425 Duke Memorial Rd |
| City: | Louisburg |
| State/Zip: | NC 27549 |
| Phone #: | |

| | |
|---|---|
| Property Owner: | |
| Address: | |
| City: | |
| State/Zip: | |
| Phone #: | |

## Property Location & Site Information

Address: 105 Purslane Dr Franklinton, NC 27525
Subdivision:
Block/Phase: NEW
Lot:

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

### Directions

105 Purslane Dr

## System Specifications

**Initial System**

Usable Soil Depth: 42"
Design Flow: 360
Soil Application Rate: 0.3000

*System Classification/Description:
TYPE III B. SYSTEM W/SINGLE EFFLUENT PUMP

*Proposed System:
25% REDUCTION

Minimum Trench Depth: _____ Inches
Maximum Trench Depth: 30 Inches

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

Repair System Required: (X) Yes ( ) No ( ) 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: ( ) 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**

CDP File Number: 430077

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: Leonard, Shad

Date of Issue: 11/06/2024

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: 430077 - 1
County ID Number:
Evaluated For: NEW

PERMIT VALID UNTIL: 11/06/2029
☐ Open Pump System Sheet

| | |
|---|---|
| Applicant: | Robert Lee |
| Address: | 425 Duke Memorial Rd |
| City: | Louisburg |
| State/Zip: | NC 27549 |
| Phone #: | |

| | |
|---|---|
| Property Owner: | |
| Address: | |
| City: | |
| State/Zip: | |
| Phone #: | |

## Property Location & Site Information

Address/Road #: 105 Purslane Dr Franklinton, NC 27525
Subdivision:
Phase: NEW
Lot:

**Directions:**
105 Purslane Dr

Structure: SINGLE FAMILY
# of Bedrooms: 3
# of People: 3
*Water Supply: NEW WELL

## System Specifications

Usable Soil Depth: 42"
Design Flow: 360
Soil Application Rate: 0.3000
*System Classification/Description: TYPE III B. SYSTEM W/SINGLE EFFLUENT PUMP
*Proposed System: 25% REDUCTION

Minimum Trench Depth: ____ Inches
Maximum Trench Depth: 30 Inches
Minimum Soil Cover: ____ Inches
Maximum Soil Cover: ____ Inches
*Distribution Type: PUMP TO GRAVITY

Nitrification Field: ____ Sq. ft.
No. Drain Lines: 4
Total Trench Length: 300 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: (X) Yes ◯ No ◯ May Be Required
Pump Tank: 1,000 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: Leonard, Shad
Date of Issue: 11/06/2024

****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 430077

PIN Number:

Tax Lot #: Tax Block #: 051030

Evaluated For: SINGLE FAMILY \ WELL

PERMIT VALID UNTIL: 11/06/2029

| | | | |
|---|---|---|---|
| Property Owner: | | Applicant: | Robert Lee |
| Address: | | Address: | 425 Duke Memorial Rd |
| City: | | City: | Louisburg |
| State/Zip: | NC | State/Zip: | NC / 27549 |
| Phone #: | | Phone #: | |

## Property Location & Site Information

Address/Road #: Subdivision: Phase: Lot:

105 Purslane Dr
Franklinton NC, 27525

*Proposed use of Well: SINGLE FAMILY

If Other:

Applicant Email:

Owner Email:

**Directions:** 105 Purslane Dr

## 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: Leonard, Shad

*Date of Issue: 11/06/2024

Authorized State Agent:

Hand Drawing ○ Import Drawing

**Site Plan/Drawing attached.**

Owner/Applicant:

# Well Construction Permit

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

For Office Use Only

*CDP File Number 430077

PIN Number:

Tax Lot #: _____ Tax Block #: 051030

Evaluated For: SINGLE FAMILY \ WELL

PERMIT VALID UNTIL: 11/06/2029

# WPDT Screening Report

## Area of Interest (AOI) Information

Area : 3,134,508.61 ft²

Nov 6 2024 13:30:26 Eastern Standard Time

North Carolina Parcels (Polygons) - Parcels
County Boundary
Non-System Roads
Non-System
Secondary Route

1:4,514

0 0.06 0.09 0.18 mi
0 0.05 0.1 0.2 km

Franklin County
NORTH CAROLINA

File # 430077 PIN# _____

Property Address: 105 Purslane Dr

Applicant or Owner Name: Robert Lee

# 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**:** 11-6-2024 **EHS:** _____

****Any previously dated CA diagram is revoked and/or invalid. Confirm this is the valid diagram for the site before beginning any construction.**

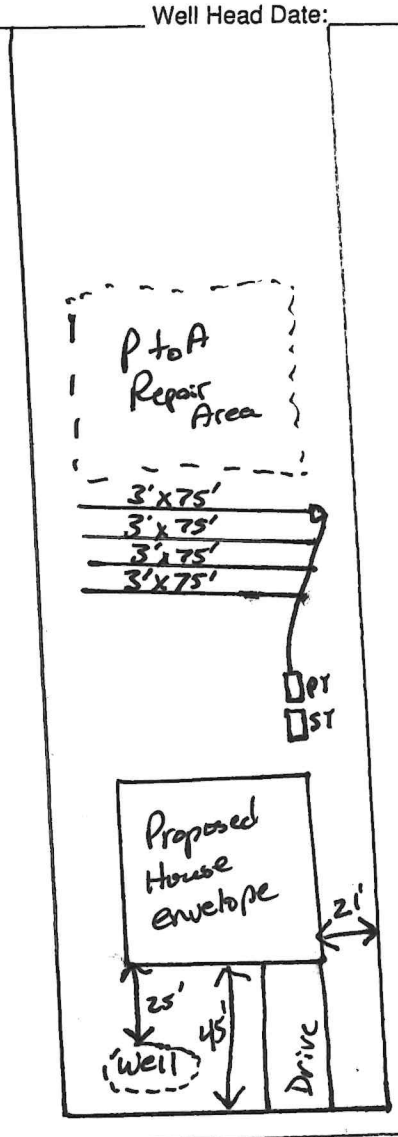
Installation/grouting inspections may be scheduled the day before, or, the day of installation until 9am by contacting the Environmental Health office at 919 496 8100. A revisit fee may apply if installation is not ready for inspection at the time requested. ***Septic Operations Permits*** will be issued 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 3'x300' Type System PtoA Max Trench Depth 30"

Septic Contractor _____ Septic/Pump tank dates _____ Pump Fee Paid _____

Well Contractor _____ Well Head Date: _____ Pump Final: _____ N/A (circle)

- Drawing not to scale
- Maintain proper setbacks
- Install drainlines on contour.




FCEH FORM 165 9/19, 10/19,1/24

Nov 8

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH



PROPERTY ID #:
COUNTY: Franklin

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

(Complete all fields in full)

OWNER: Robert Lee DATE EVALUATED: 11/6/24
ADDRESS:
PROPOSED FACILITY: Residence PROPOSED DESIGN FLOW (.0400): 3100 PROPERTY SIZE:
LOCATION OF SITE: 105 Purslane 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 .0503 STRUCTURE/ TEXTURE | SOIL MORPHOLOGY .0503 CONSISTENCE/ MINERALOGY | OTHER PROFILE FACTORS .0504 SOIL WETNESS/ COLOR | .0505 SOIL DEPTH | .0506 SAPRO CLASS | .0507 RESTR HORIZ | .0509 PROFILE CLASS & LTAR* | .0502 SLOI CORI CTIC |
|---|---|---|---|---|---|---|---|---|---|---|
| 1 | LS 4-6% | 0-48 | SBK/C | Fr/SS | | 48" | | | S .3 | |
| 2 | LS 4-6% | 0-42 | SBK/C | Fr/SS | | 42" | | | S .3 | |
| | | 42-44 | SAP | | | | | | | |
| 3 | | | | | | | | | | |
| 4 | | | | | | | | | | |

| DESCRIPTION | INITIAL SYSTEM | REPAIR SYSTEM |
|---|---|---|
| Available Space (.0508) | S | S |
| System Type(s) | P to A | P to A |
| Site LTAR | .3 | .3 |
| Maximum Trench Depth | 30" | 30" |

SITE CLASSIFICATION (.0509): S
EVALUATED BY: [redacted] S. Strickland
OTHER(S) PRESENT: Jacob Harris (Intern)

Comments:

Nov 8
Cdp- 430077

Franklin County
NORTH CAROLINA

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

**Issued to: Robert Lee** **Location: 105 Purslane Drive FRANKLINTON , NC 27525**

## NEW SEPTIC APPLICATION
## NEW WELL APPLICATION

**Application Type: NEW SEPTIC NEW WELL**

LORI

**Application Number: E-24-813**
Date: October 22, 2024
Building Type:
Acreage:
Project Type:
Zoning: R-30
# of Bedrooms: 3
# of Occupants: 3
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:
Preferred Type of Septic System: (2) Accepted (polystyrene, chamber)
Notes:
**Parcel ID #: 051030**
Subdivsion: NULL

## Applicant Information

Applicant Name: Robert Lee
Address: 425 Duke Memorial rd Louisburg , NC 27549
Phone: 9197231822
Email: greylandbuildersllc@gmail.com

## Property Owner Information

Owner Name: NULL
Address: NULL NULL , NULL NULL
Phone:
Email:

## General Contractor Information

Contractor Name: Greyland Builders, LLC
Address: 425 Duke Memorial Rd. Louisburg , NC 27549
Phone: (919) 723-1822
Email:

## 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**

**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 (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 taken as a guarantee a septic system will function in a satisfactory manner for any given period of time. By signing below, the applicant attest he/she is the property owner or has been granted permission to be the property owner's legal representative, for the purposes of obtaining a septic permit for the referenced property.

Robert Lee

**October 22, 2024**

Signature of Owner or Owner's Legal Representative

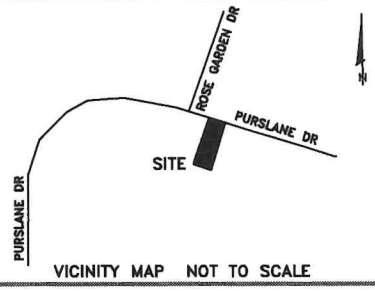
**Expires: October 22, 2025**

Book of maps 2024 Vol. — Page 199 Book — Page — County FRANKLIN

Block — Lot 138 Subdivision WOODLAND PARK II PHASE THREE

◉ IPF=Iron Pipe Found  O IPS=Iron Pipe Set
◙ ECM=Existing Concrete Monument  ⌀ PP=Power Pole
▲ PK=PK Nail  • CP=Calculated Point  LP=Light Pole

SCALE 1"=60'
0' 60' 120'




VICINITY MAP NOT TO SCALE

I certify that this map was drawn under my supervision from an actual survey made under my supervision (deed description recorded in Book —, page — or other reference source —); that the boundaries not surveyed are indicated as drawn from information in Book MAP 2024 PAGE 199 or other reference source —; that the ratio of precision or positional accuracy is 1 : 10,000+ ; and that this survey meets the requirements of The Standards of Practice for Land Surveying in North Carolina (21 NCAC 56. 1600)." This 15 day of OCTOBER, 20 24.

SEAL 5615 L. THOMASON LAND SURVEYOR JOHNATHAN L THOMASON

Johnathan L. Thomason

Johnathan L. Thomason, PLS, L-5615

SARAH H. WHITFIELD
DB 2096 PG 726

N 86°19'23" W
100.22'

LOT
138
36814 SF

364.81'

N 07°29'05" E

S 07°29'05" W

371.47'

LOT
139

LOT
137

SEE
INSERT "A"

SCR. POR.

21.2'

PROPOSED FOUNDATION

PORCH

21.2'

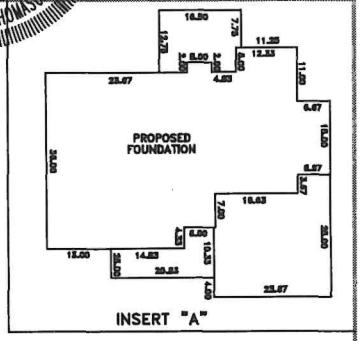
PROPOSED DRIVEWAY

45.0'

100.00'

S 82°30'55" E

PURSLANE DRIVE
( 50' PUBLIC R/W )




MAP NOT FOR RECORDATION

Drawn By JLT Surveyed By JLT Date 10-15-24 Dwg.# TLS-0009

PROPERTY OF:
GREYLAND BUILDERS, LLC
105 PURSLANE DRIVE
FRANKLINTON, NC 27525


JOHNATHAN L. THOMASON, PLS
127 FISHING ROCK ROAD
CASTALIA, NC 27816
PHONE: 919-556-3307