



IMPROVEMENT PERMIT

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

For Office Use Only

*CDP File Number 399001 - 1
County ID Number: _____
Evaluated For: NEW

PERMIT VALID UNTIL: 09/08/2028

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

Applicant: MATTHEW WINSLOW
Address: PO BOX 1197
City: YOUNGSVILLE
State/Zip: NC 27596
Phone #: _____

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

Property Location & Site Information

Address: 50 ARBOR DR YOUNGSVILLE, Subdivision: ABBINGTON Block/Phase: NEW Lot: 8
NC 27596

Directions

Road #: _____
Structure: SINGLE FAMILY
of Bedrooms: 3
of People: 4
*Water Supply: N/A

System Specifications

Initial System

*Site Classification: Provisionally Suitable

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: 24 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

*Site Classification:

Minimum Trench Depth: _____ Inches

Soil Application Rate:

Maximum Trench: Depth: _____ Inches

*System Classification/Description:

N/A

Pump Required: ☐ Yes ☐ No ☐ May Be Required

*Proposed System:

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: 399001

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 (.1938(b)).

Authorized State Agent: Bendel, Joel Date of Issue: 09/08/2023

Total Time: (HH:MM)

☐ Hand Drawing

☐ Import Drawing

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

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Construction Authorization

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

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☐ Open Pump System Sheet

Applicant: MATTHEW WINSLOW

Address: PO BOX 1197

City: YOUNGSVILLE

State/Zip: NC 27596

Phone #: _____

Property Owner: _____

Address: _____

City: _____

State/Zip: _____

Phone #: _____

Property Location & Site Information

Address/Road #: 50 ARBOR DR YOUNGSVILLE, Subdivision: ABBINGTON Phase: NEW Lot: 8
NC 27596

Directions:

Structure: SINGLE FAMILY 50 ARBOR

of Bedrooms: 3

of People: 4

*Water Supply: NEW WELL

System Specifications

*Site Classification: Provisionally Suitable

Minimum Trench Depth: _____ Inches

Design Flow: 360

Maximum Trench Depth: 24 Inches

Soil Application Rate: 0.3000

Minimum Soil Cover: _____ Inches

*System Classification/Description:

TYPE III B. SYSTEM W/SINGLE EFFLUENT PUMP

Maximum Soil Cover: _____ Inches

*Proposed System:

25% REDUCTION

*Distribution Type: PUMP TO GRAVITY

Nitrification Field: _____ Sq. ft.

Septic Tank: 1,000 Gallons

No. Drain Lines: _____

Pump Required: ☒ Yes ☐ No ☐ May Be Required

Total Trench Length: 300 ft.

☐ Inches O.C.

Pump Tank: 1,000 Gallons

☒ Feet O.C.

Trench Spacing: _____ - 9

☐ Inches

Grease Trap: _____ Gallons

Trench Width: _____ - 3

☒ Feet

Septic Tank Installer

Aggregate Depth: _____ inches

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 (.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: Bendel, Joel

Date of Issue: 09/08/2023

☐ 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 399001

PIN Number: _____

Tax Lot #: 8 Tax Block #: 049427

Evaluated For: _____

PERMIT VALID UNTIL: 09/08/2028

Property Owner: _____

Address: _____

City: _____

State/Zip: NC

Phone #: _____

Applicant: MATTHEW WINSLOW

Address: PO BOX 1197

City: YOUNGSVILLE

State/Zip: NC / 27596

Phone #: _____

Property Location & Site Information

Address/Road #: _____ Subdivision: ABBINGTON Phase: _____ Lot: 8

50 ARBOR DR

YOUNGSVILLE NC, 27596

*Proposed use of Well:

If Other:

Applicant Email:

Owner Email:

Directions: 50 ARBOR

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

Authorized State Agent: _____

Owner/Applicant: _____

*Date of Issue: 09/08/2023

☒ Hand Drawing ☐ Import Drawing

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



CDP#
399001

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

Issued to: **Matthew Winslow**

Location: **50 Arbor Drive YOUNGSVILLE, NC NULL**

**NEW SEPTIC APPLICATION
NEW WELL APPLICATION**

Application Type: **NEW SEPTIC NEW WELL**

Application Number: **E-23-862**

Building Type:

Project Type: **Single Family Dwelling**

of Bedrooms: **4**

Residential Project Type: **Single Family Dwelling**

Building Foundation: **Crawlspace**

Water Source: **New Well**

Date: **August 14, 2023**

Acreage:

Zoning: **R-30**

of Occupants: **4**

Commercial Project Type:

Square Footage of Facility:

Number of Employees:

Number of Seats:

Preferred Type of Septic System: **(1) Conventional (rock)**

Notes:

Parcel ID #: **049427**

Subdivision: **NULL**

Applicant Information

Applicant Name: **Matthew Winslow**

Address: **PO Box 1197 Youngsville, North Carolina 27596**

Phone: **919-556-4700**

Email: **jchittum@winslowhomes.com**

Property Owner Information

Owner Name: **NULL**

Address: **NULL NULL, NULL NULL**

Phone:

Email:

General Contractor Information

Contractor Name: **Winslow Grand LLC Winslow Homes; Winslow Homes**

Address: **140 E. Main St. Youngsville, NC 27596**

Phone: **(919) 398-3618**

Email: **jchittum@winslowhomes.com**

Zoning

Zoning Permit #: **Z-23-1326**

County Water: **No**

Front Setback: **25**

Right Setback: **10**

Left Setback: **10**

Rear Setback: **20**

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) between 8:00 - 9:00 a.m. Monday - Friday in order to schedule an appointment with and environmental Health Specialist for your lot evaluation. Please contact the Environmental Health Department at 919-496-8100 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 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