



IMPROVEMENT PERMIT

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

For Office Use Only

*CDP File Number 410142 - 1

County ID Number: _____

Evaluated For: NEW

PERMIT VALID UNTIL: 04/05/2029

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

Applicant: KEVIN DILLISTIN

Address: 290 JOE DENTON RD

City: LOUISBURG

State/Zip: NC 27549

Phone #: _____

Property Owner: _____

Address: _____

City: _____

State/Zip: _____

Phone #: _____

Property Location & Site Information

Address: 140 PILOT RIDGE RD
ZEBULON, NC 27597

Subdivision: PILOT RIDGE

Block/Phase: NEW

Lot: 76

Directions

Road #: _____

140 PILOT RIDGE RD

Structure: SINGLE FAMILY

of Bedrooms: 4

of People: 4

*Water Supply: N/A

System Specifications

Initial System

Usable Soil Depth: Yes

Design Flow: 480

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: 18 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

Usable Soil Depth: Yes

Soil Application Rate: 0.300

*System Classification/Description:

TYPE III B. SYSTEM W/SINGLE EFFLUENT PUMP

*Proposed System: 25% REDUCTION

Minimum Trench Depth: _____ Inches

Maximum Trench: Depth: 18 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 (per rule .0301((a)).

Authorized State Agent: Bendel, Joel Date of Issue: 04/05/2024

☐ Hand Drawing ☐ Import Drawing ****Site Plan/Drawing attached.**** Total Time: (HH:MM) :



Construction Authorization

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

For Office Use Only

*CDP File Number: 410142 - 1
County ID Number: _____
Evaluated For: NEW

PERMIT VALID UNTIL: 04/05/2029

☐ Open Pump System Sheet

Applicant: KEVIN DILLISTIN
Address: 290 JOE DENTON RD
City: LOUISBURG
State/Zip: NC 27549
Phone #: _____

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

Property Location & Site Information

Address/Road #: 140 PILOT RIDGE RD Subdivision: PILOT RIDGE Phase: NEW Lot: 76
ZEBULON, NC 27597 **Directions:**
Structure: SINGLE FAMILY 140 PILOT RIDGE RD
of Bedrooms: 4
of People: 4
*Water Supply: NEW WELL

System Specifications

Usable Soil Depth: Yes Minimum Trench Depth: _____ Inches
Design Flow: 480 Maximum Trench Depth: 18 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: PRESSURE MANIFOLD
Nitrification Field: _____ Sq. ft. Septic Tank: 1,000 Gallons
No. Drain Lines: _____ Pump Required: ☒ Yes ☐ No ☐ May Be Required
Total Trench Length: 400 ft. ☐ Inches O.C. Pump Tank: 1,000 Gallons
☒ Feet O.C. Grease Trap: _____ Gallons
Trench Spacing: _____ - 9 ☐ Inches
Trench Width: _____ - 3 ☒ Feet
Aggregate Depth: _____ inches 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 regarding system location, installation, operation, maintenance, monitoring, reporting and repair (per rule .0301(a)).

Authorized State Agent: Bendel, Joel Date of Issue: 04/05/2024

☐ 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 410142

PIN Number: _____

Tax Lot #: 76 Tax Block #: 049517

Evaluated For: _____

PERMIT VALID UNTIL: 04/05/2029

Property Owner: _____

Address: _____

City: _____

State/Zip: NC

Phone #: _____

Applicant: KEVIN DILLISTIN

Address: 290 JOE DENTON RD

City: LOUISBURG

State/Zip: NC / 27549

Phone #: _____

Property Location & Site Information

Address/Road #: _____ Subdivision: PILOT RIDGE Phase: _____ Lot: 76

140 PILOT RIDGE RD

ZEBULON NC, 27597

*Proposed use of Well:

If Other:

Applicant Email:

Owner Email:

Directions: 140 PILOT RIDGE RD

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: 04/05/2024

☐ Hand Drawing ☐ Import Drawing

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



File# 410142 PIN# _____

Property Address: 140 Pilot Ridge Rd.

Applicant Or Owner Name: Kevin Dillistin

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**: 4-4-24 EHS: Joel Berdel

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

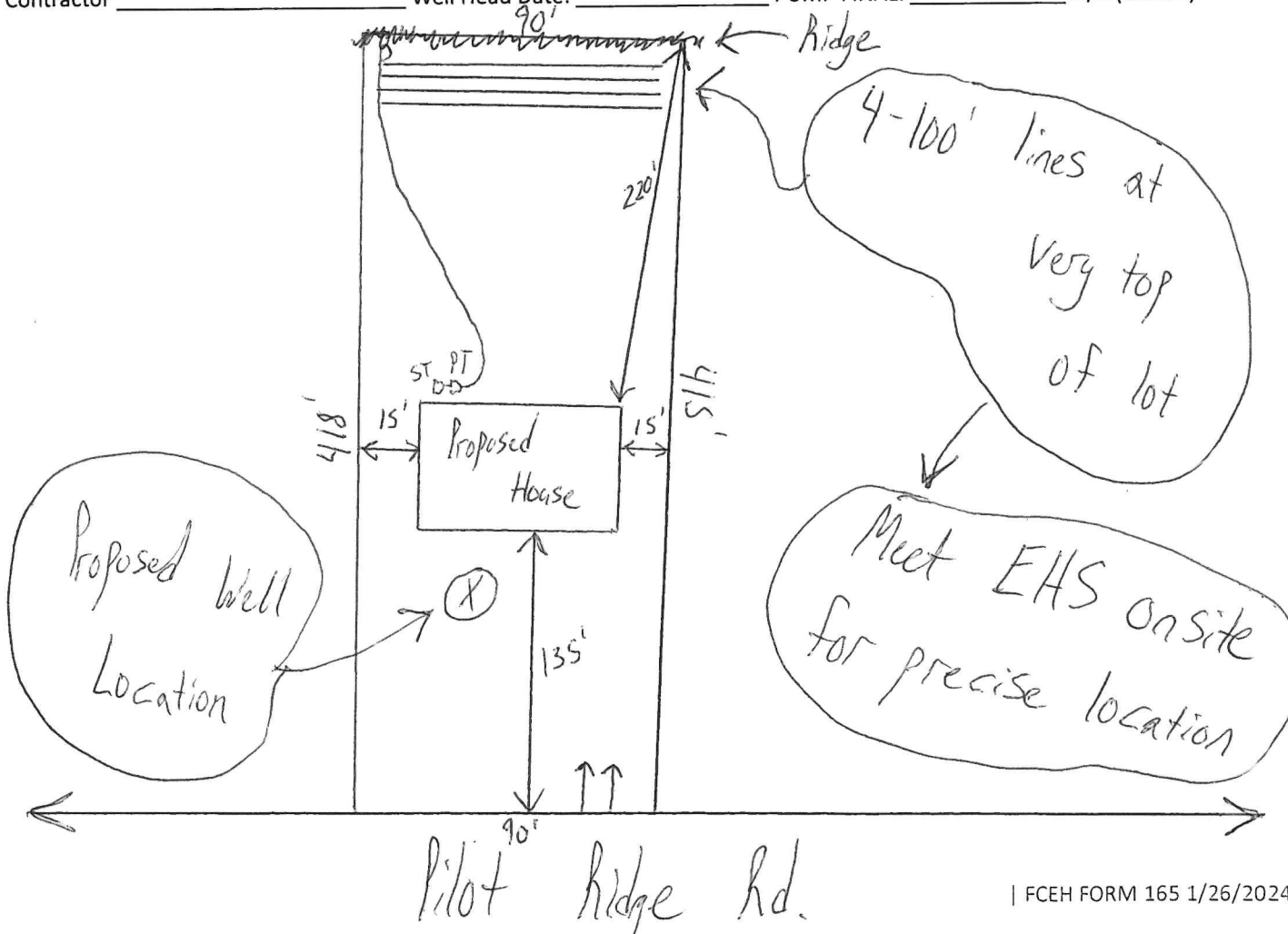
Installation inspections may be scheduled the day before or the day of installation by 9am. Contact the Environmental Health office at 919 496-8100. A revisit fee may apply if installation is not ready for inspection at the time requested.

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 1000 Drain field 3' x 400' Type System Pump Max trench depth 18"

Septic Contractor _____ Septic/Pump tank dates _____ PUMP FEE PAID _____

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





CDR#
410142

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

Issued to: Kevin Dillistin

Location: 140 Pilot Ridge Road ZEBULON , NC 27597

**NEW SEPTIC APPLICATION
NEW WELL APPLICATION**

Application Type: NEW SEPTIC NEW WELL

Application Number: E-24-242

Building Type:

Project Type: Single Family Dwelling

of Bedrooms: 4

Residential Project Type: Single Family Dwelling

Building Foundation: Crawlspace

Water Source: New Well

Date: March 20, 2024

Acreage:

Zoning: R-30

of Occupants: 4

Commercial Project Type:

Square Footage of Facility:

Number of Employees:

Number of Seats:

Lot # 76

Pilot Ridge

Preferred Type of Septic System: (2) Accepted
(polystyrene, chamber)

Parcel ID #: 049517

Notes:

Subdivision: NULL

Applicant Information

Applicant Name: Kevin Dillistin

Address: 290 Joe Denton Rd Louisburg , North Carolina 27549

Phone: 9198800562

Email: awbhomes@aol.com

Property Owner Information

Owner Name: NULL

Address: NULL NULL , NULL NULL

Phone:

Email:

General Contractor Information

Contractor Name: AWB Homes, L.L.C.

Address: 290 Joe Denton Rd Louisburg , NC 27549

Phone: (919) 880-0562

Email: kevin@wesbolc.com

Zoning

Zoning Permit #: Z-24-340

Front Setback: 30

Left Setback: 10

County Water: No

Right 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? Yes

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 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 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

PRELIMINARY PLOT PLAN FOR

AWB HOMES, LLC

LOT 76, PILOT RIDGE PH.2

140 PILOT RIDGE ROAD

REF: P.B. 2023, PAGE 58

DUNN TOWNSHIP

FRANKLIN COUNTY, NORTH CAROLINA

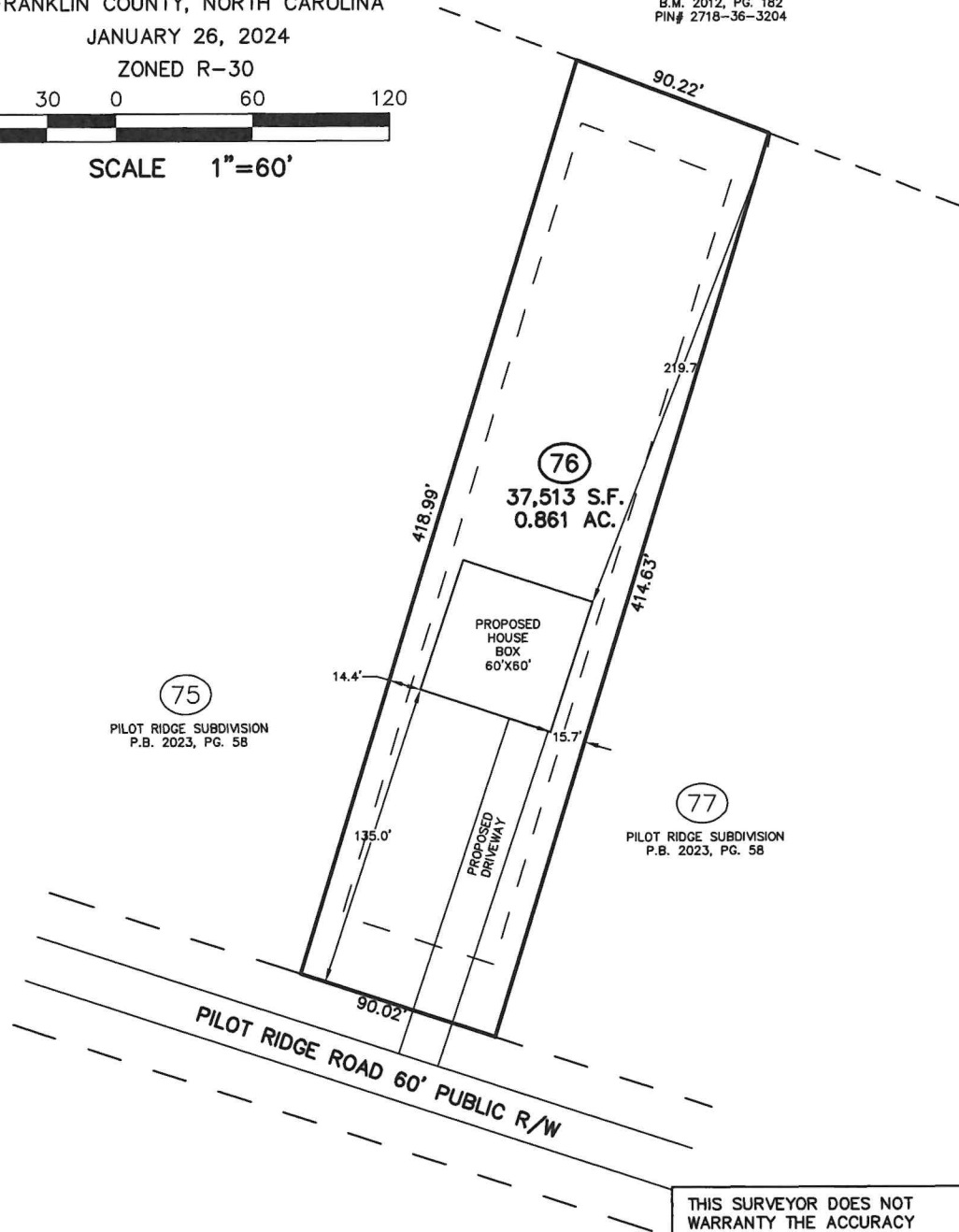
JANUARY 26, 2024

ZONED R-30

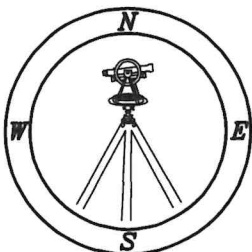


SCALE 1"=60'

N/F
DAVID A. FITZGERALD &
CATHY V. FITZGERALD
D.B. 1889, PG. 627
B.M. 2012, PG. 182
PIN# 2718-36-3204



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.