IMPROVEMENT PERMIT

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

For Office Use Only

*CDP File Number: 393341 - 1
County ID Number:
Evaluated For: NEW

PERMIT VALID UNTIL: 06/26/2028

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

Applicant:	MATTHEW WINSLOW	Property Owner:	
Address:	PO BOX 610	Address:	
City:	YOUNGSVILLE	City:	
State/Zip:	NC 27596	State/Zip:	
Phone #:		Phone #:	

Property Location & Site Information

Address: 90 BROOKHAVEN DR SPRING HOPE, NC 27882
Subdivision: BROOKHAVEN
Block/Phase: NEW
Lot: 6

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

Directions

90 BROOKHAVEN

System Specifications

Initial System

*Site Classification: Provisionally Suitable
Design Flow: 360
Soil Application Rate: 0.3000

*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: 23 Inches

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

Repair System Required: (X) Yes ◯ No ◯ No, but has Available Space

Repair System

*Site Classification:
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: 393341 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 (.1938(b)).

Authorized State Agent: Bendel, Joel Date of Issue: 06/26/2023

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: 393341 - 1
County ID Number:
Evaluated For: NEW

PERMIT VALID UNTIL: 06/26/2028

☐ Open Pump System Sheet

Applicant:	MATTHEW WINSLOW
Address:	PO BOX 610
City:	YOUNGSVILLE
State/Zip:	NC 27596
Phone #:	

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

Property Location & Site Information

Address/Road #: 90 BROOKHAVEN DR SPRING HOPE, NC 27882
Subdivision: BROOKHAVEN Phase: NEW Lot: 6

Structure: SINGLE FAMILY
# of Bedrooms: 3
# of People: 4
*Water Supply: NEW WELL

Directions:

90 BROOKHAVEN

System Specifications

*Site Classification: Provisionally Suitable
Design Flow: 360
Soil Application Rate: 0.3000
*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: 23 Inches
Minimum Soil Cover: ____ Inches
Maximum Soil Cover: ____ Inches
*Distribution Type: GRAVITY - PARALLEL (eq. d-box)

Nitrification Field: ____ Sq. ft.
No. Drain Lines: ____
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: ◯ Yes (X) 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:**

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)). Ther 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

Authorized State Agent: Bendel, Joel
Date of Issue: 06/26/2023

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 393341

PIN Number:

Tax Lot #: 6 Tax Block #: 048624

Evaluated For:

PERMIT VALID UNTIL: 06/26/2028

Property Owner:		Applicant:	MATTHEW WINSLOW
Address:		Address:	PO BOX 610
City:		City:	YOUNGSVILLE
State/Zip:	NC	State/Zip:	NC / 27596
Phone #:		Phone #:	

Property Location & Site Information

Address/Road #: 90 BROOKHAVEN DR
SPRING HOPE NC, 27882

Subdivision: BROOKHAVEN Phase: Lot: 6

*Proposed use of Well:

If Other:

Applicant Email:

Owner Email:

Directions: 90 BROOKHAVEN

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

*Date of Issue: 06/26/2023

Authorized State Agent:

Owner/Applicant:

◯ Hand Drawing ◯ Import Drawing

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

Franklin County
NORTH CAROLINA

File # 393341 PIN# _____

Property Address: 90 Brookhaven Dr.

Applicant or Owner Name: Matthew Winslow

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:** 6-26-23 **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 1000 Pump Tank N/A Drainfield 3'x300' Type System Acc Max Trench Depth 23"

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

Well Contractor _____ Well Grout date: _____