IMPROVEMENT PERMIT

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

For Office Use Only

*CDP File Number: 393454 - 1
County ID Number:
Evaluated For: NEW

PERMIT VALID UNTIL: 07/10/2028

***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: 145 BROOKHAVEN DR SPRING HOPE, NC 27882
Subdivision: BROOKHAVEN Block/Phase: NEW Lot: 19

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

Directions

145 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: 393454 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: 07/10/2023

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:

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*CDP File Number: 393454 - 1
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PERMIT VALID UNTIL: 07/10/2028
☐ 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 #: 145 BROOKHAVEN DR, SPRING HOPE, NC 27882
Subdivision: BROOKHAVEN Phase: NEW Lot: 19

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

Directions:
145 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: 07/10/2023

◯ 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 393454

PIN Number:

Tax Lot #: 19 Tax Block #: 048637

Evaluated For:

PERMIT VALID UNTIL: 07/10/2028

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 #: 145 BROOKHAVEN DR
SPRING HOPE NC, 27882

Subdivision: BROOKHAVEN Phase: Lot: 19

*Proposed use of Well:

If Other:

Applicant Email:

Owner Email:

Directions: 145 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: 07/10/2023

Authorized State Agent:

Owner/Applicant:

◯ Hand Drawing ◯ Import Drawing

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

Franklin County
NORTH CAROLINA

CDP# 393454

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

Issued to: Matthew Winslow **Location: 145 BROOKHAVEN DR SPRING HOPE , NC 27882**

NEW SEPTIC APPLICATION
NEW WELL APPLICATION

Application Type: NEW SEPTIC NEW WELL
Application Number: E-23-399
Building Type:
Project Type:
# of Bedrooms: 3
Residential Project Type: Single Family Dwelling
Building Foundation: Crawlspace
Water Source: New Well

Preferred Type of Septic System: (1) Conventional (rock)
Parcel ID #: 048637

Date: April 17, 2023
Acreage:
Zoning: R-30
# of Occupants: 4
Commercial Project Type:
Square Footage of Facility:
Number of Employees:
Number of Seats:
Notes:
Subdivsion: NULL

10+19

Applicant Information
Applicant Name: Matthew Winslow
Address: PO Box 610 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 Custom Homes, LLC
Address: PO Box 610 Youngsville , NC 27596
Phone: (919) 556-4700 Email: jchittum@winslowhomes.com

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

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 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