Franklin County
NORTH CAROLINA

File # 450698 PIN# _____

Property Address: 155 Cherry Bark Dr

Applicant or Owner Name: Blake Whitaker

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
( ) Well Construction Authorization (X) Additional Diagram/Specifications Attached

Diagram Date:** 3-17-25 **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 1200 Drainfield 3'x410' Type System _____ Max Trench Depth _____

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

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

- I.P. + C.A issued under "aZ" rules.
- See attached packet from CCSC.

Permit/File #: 450698

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
MARK BENTON • Chief Deputy Secretary for Health
SUSAN KANSAGRA • Assistant Secretary for Public Health
Division of Public Health

Submittal Includes: ☑ (a2) Improvement Permit ☑ (a2) Construction Authorization ☐ Fee $_____

IMPROVEMENT PERMIT FOR G.S. 130A-335(a2)

County: Franklin

PIN/Lot Identifier: 050379

Issued To: Wade Built

Property Location: 155 Cherry Bark Drive, Youngsville, NC

Subdivision (if applicable) Sorrell Oaks Lot #: 81 Block: _____ Section: _____

LSS Report Provided: Yes ☑ No ☐

If yes, name and license number of LSS: Jason Hall, NC LSS #1248

New ☑ Expansion ☐ System Relocation ☐ Change of Use ☐

Facility Type: Single-Family Dwelling, 4-Bedroom

Number of bedrooms: 4 Number of Occupants: ≤8 Other: _____

Design Wastewater Strength: ☑ Domestic ☐ High Strength ☐ Industrial Process Wastewater

Proposed Design Daily Flow: 480 GPD Proposed LTAR (Initial): 0.3 Proposed LTAR (Repair): 0.3

Proposed Wastewater System Type*: IIIbg, accepted (25% reduction) (Initial) Pump Required: ☑ Yes ☐ No ☐ May be required

Proposed Wastewater System Type*: IIIbg, accepted (25% reduction) (Repair) Pump Required: ☑ Yes ☐ No ☐ May be required

**Please include system classification for proposed wastewater system types in accordance with Rule .1301 Table XXXII*

Effluent Standard: ☑ DSE ☐ HSE ☐ NSF/ANSI 40 ☐ TS-I ☐ TS-II ☐ RCW

Saprolite System (Initial): ☐ Yes ☑ No Saprolite System (Repair): ☐ Yes ☑ No

Fill System (Initial): ☐ Yes ☑ No If yes, specify: ☐ New ☐ Existing (when adding more than 6 inches of fill to system area provide a fill plan)

Fill System (Repair): ☐ Yes ☑ No If yes, specify: ☐ New ☐ Existing (when adding more than 6 inches of fill to system area provide a fill plan)

Usable Depth to LC (Initial)[x]: 38" Usable Depth to LC (Repair)[x]: 38" ***[x] Limiting Condition***

Max. Trench Depth (Initial)[‡]: 20" Max. Trench Depth (Repair)[‡]: 20" ***[‡] Measured on the downhill side of the trench***

Artificial Drainage Required: ☐ Yes ☑ No If yes, please specify details: _____

Type of Water Supply: ☐ Private well ☐ Public well ☐ Shared well ☑ Municipal Supply ☐ Spring ☐ Other: _____

Drainfield location meets requirements of Rule .0508: Yes ☑ No ☐ Drainfield location meets requirements of Rule .0601: Yes ☑ No ☐

Permit valid for: ☑ Five years [site plan submitted pursuant to GS 130A-334(13a)] ☐ No expiration [plat submitted pursuant to GS 130A-334(7a)]

Permit conditions:

LICENSED SOIL SCIENTIST JASON M. HALL STATE OF NORTH CAROLINA 1248

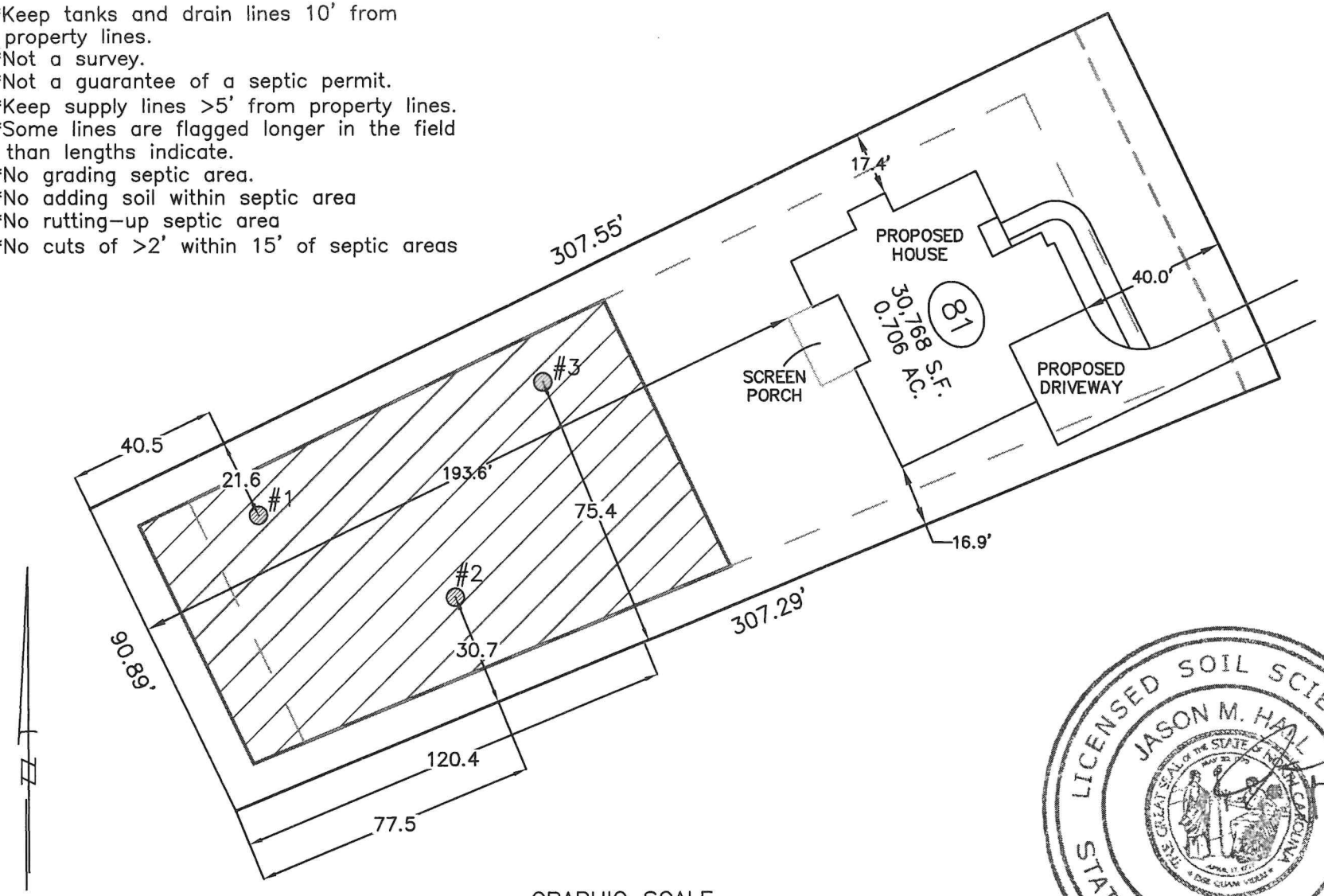
Licensed Soil Scientist Print Name: Jason Hall

Licensed Soil Scientist Signature: _____ Date: 03/14/2025

The LSS evaluation is being submitted pursuant to and meets the requirements of G.S. 130A-335(a2).

See attached site sketch

*Keep tanks and drain lines 10' from property lines.
*Not a survey.
*Not a guarantee of a septic permit.
*Keep supply lines >5' from property lines.
*Some lines are flagged longer in the field than lengths indicate.
*No grading septic area.
*No adding soil within septic area
*No rutting–up septic area
*No cuts of >2' within 15' of septic areas



GRAPHIC SCALE
1" = 40'

40 0 40 80

LICENSED SOIL SCIENTIST
JASON M. HALL
STATE OF NORTH CAROLINA
1248

System and Repair Area:
- ~10,600ft²
- 0.3 soil LTAR
- 4–bedroom: Accepted Product Primary and Repair

#2 = profile description locations

Central Carolina Soil Consulting, PLLC
1900 South Main Street, Suite 110
Wake Forest, North Carolina 27587
Phone (919)569–6704 Fax (919)569–6703

Soils Map
Lot 81, Sorrell Oaks Subdivision
Franklin County, North Carolina

Job#:	5149
Drawn By:	JR
Date:	03/14/2025
Revision:	

Central Carolina Soil Consulting, PLLC
1900 South Main Street, Suite 110, Wake Forest, NC 27587
Office Number: 919-569-6704

Acknowledgment of Subsurface wastewater evaluation and septic design by Central Carolina Soil Consulting, PLLC. for Sorrell Oaks, Lot 81, for issuance of an IP and CA.

For Improvement Permit (IP) issuance:
"The LSS/LG evaluation(s) attached to this application is to be used to issue an Improvement Permit in accordance with G.S. 130A-335(a2) and (a3)."

For Construction Authorization (CA) issuance:
"The plans or evaluations attached to this application are to be used to issue a Construction Authorization in accordance with G.S. 130A-335(a2), (a5) and (a6)."

The LSS evaluation attached to this application was used to produce and design a subsurface wastewater septic system for permitting to obtain an IP and CA in accordance G.S. 130A-335(a2), (a3), (a5) and (a6).

Owner or Owner's Representative (print): WADE BUILT LLC - BLAKE WHITAKER

Owner or Owner's Representative (signature): [signature]

Date: 3/14/25

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Public Health

Permit/File #: 450688

CONSTRUCTION AUTHORIZATION FOR G.S. 130A-335(a2)

County: Franklin **Pre-Construction Conference Required:** Yes ☐ No ☑

PIN/Lot Identifier: 050379

Issued To: Wade Built

Property Location: 155 Cherry Bark Drive, Youngsville, NC (Sorrell Oaks, Lot 81)

AOWE/PE Plans/Evaluations Provided: Yes ☑ No ☐ If yes, name and license number of AOWE/PE: Jason Hall, AOWE #10004E

Facility Type: Single-Family Dwelling, 4-Bedroom

Number of bedrooms: 4 Number of Occupants: ≤8 Other:

☑ New ☐ Expansion ☐ Repair ☐ System Relocation ☐ Change of Use

Basement? ☐ Yes ☑ No Basement Fixtures? ☐ Yes ☑ No

Crawl Space? ☑ Yes ☐ No Slab Foundation? ☐ Yes ☑ No

Type of Wastewater System* IIIbg, accepted (25% reduction) (Initial) IIIbg, accepted (25% reduction) (Repair)

**Please include system classification for proposed wastewater system types in accordance with Rule .1301 Table XXXII*

Design Daily Flow: 480 GPD Wastewater Strength: ☑ Domestic ☐ High Strength ☐ Industrial Process WW

Session Law 2014-120 Section 53, Engineering Design Utilizing Low-flow Fixtures and Low-flow Technologies? ☐ Yes ☑ No
(if yes, please provide engineering documentation)

Effluent Standard: ☑ DSE ☐ HSE ☐ NSF/ANSI 40 ☐ TS-I ☐ TS-II ☐ RCW

Type of Water Supply: ☐ Private well ☐ Public well ☐ Shared well ☑ Municipal Supply ☐ Spring ☐ Other:

Installation Requirements/Conditions

Septic Tank Size: 1000 gallons Total Trench/Bed Length: 410 feet Trench/Bed Spacing: 9 feet on center

Trench/Bed Width: 36 inches LTAR: 0.3 gpd/ft² Usable Depth to LC (Initial)[x]: 38" [x]***Limiting condition***

Additional Soil Cover: 0 inches Slope Corrected Maximum Trench/Bed Depth[‡]: 20" inches [‡] ***Measured on the downhill side of the trench***

Pump Tank Size (if applicable): 1200 gallons Requires more than 1 pump? ☐ Yes ☑ No

Pump Requirements: 20.14 ft. TDH vs. 30.3 GPM Grease Trap Size (if applicable): gallons

Distribution Method: ☐ Serial ☐ D-Box or Parallel ☑ Pressure Manifold(s) ☐ LPP ☐ Other:

Artificial Drainage Required: Yes ☐ No ☑ If yes, please specify details:

Legal Agreements *(If the answer is "Yes" to any type of legal agreements, please attach a copy of the agreement.)*

Multi-party Agreement Required [.0204(g)]: ☐ Yes ☑ No Declaration of Restrictive Covenants: ☐ Yes ☑ No

Easement, Right-of-Way, or Encroachment Agreement Required [.0301(b)]: ☐ Yes ☑ No

Management Entity Required: ☐ Yes ☑ No Minimum O&M Requirements:

Permit conditions:
fence of the entire septic area from construction traffic

The requirements of 15A NCAC 18E are incorporated by reference into this permit and shall be met. Systems shall be installed in accordance with the attached site sketch. *This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes.* The Construction Authorization shall not be affected by a change in ownership of the site. This Construction Authorization is subject to compliance with the provisions of 15A NCAC 18E, or 15A NCAC 18A .1900, as applicable, and to the conditions of this permit.

AOWE/PE Print Name: Jason Hall

AOWE/PE Signature: Jason Hall Date: 03/14/2025

This AOWE/PE submittal is pursuant to and meets the requirements of G.S. 130A-335(a2) and (a5).

See attached site sketch

ON-SITE WASTEWATER EVALUATOR Certificate Number 10004

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Public Health

Permit/File #: 450698

This Section for Local Health Department Use Only

Initial submittal received: 3-17-25 (Date) by SEL (Initials)

G.S. 130A-335(a5) states the following:

When an applicant for a Construction Authorization, or an Improvement Permit and Construction Authorization together, submits a Construction Authorization, or an Improvement Permit and Construction Authorization application together, the permit fee charged by the local health department, the common form developed by the Department, and any necessary signed and sealed plans or evaluations conducted by a person licensed pursuant to Chapter 89C of the General Statutes as a licensed engineer or a person certified pursuant to Article 5 of Chapter 90A of the General Statutes as an Authorized On-Site Wastewater Evaluator, the local health department shall, within five business days of receiving the application, conduct a completeness review of the submittal. A determination of completeness means that the Construction Authorization or Improvement Permit and Construction Authorization includes all of the required components. If the local health department determines that the Construction Authorization or Improvement Permit and Construction Authorization is incomplete, the local health department shall notify the applicant of the components needed to complete the Construction Authorization or Improvement Permit and Construction Authorization. The applicant may submit additional information to the local health department to cure the deficiencies in the Construction Authorization or Improvement Permit and Construction Authorization. The local health department shall make a final determination as to whether the Construction Authorization or Improvement Permit and Construction Authorization is complete within five business days after the local health department receives the additional information from the applicant. If the local health department fails to act within any period set out in this subsection, the applicant may treat the failure to act as a determination of completeness. The applicant may apply for the building permit for the project upon the decision of completeness of the Construction Authorization or Improvement Permit and Construction Authorization by the local health department or if the local health department fails to act within five business days. The Authorized On-Site Wastewater Evaluator or licensed engineer submitting the evaluation pursuant to this subsection may request that the local health department revoke or suspend the Construction Authorization or Improvement Permit and Construction Authorization for cause. Upon written request of the Authorized On-Site Wastewater Evaluator or licensed engineer, the local health department shall suspend or revoke the Construction Authorization or Improvement Permit and Construction Authorization pursuant to G.S. 130A-23. The Department shall develop a common form for use as the Construction Authorization.

The review for completeness of this Construction Authorization was conducted in accordance with G.S. 130A-335(a5). This Construction Authorization is determined to be:

☐ Incomplete (If box is checked, information in this section is required.)

The following items are missing: _____

_____

Copies of this were sent to the AOWE/PE and the Applicant on _____ (Date)

State Authorized Agent: _____ Date: _____

☒ Complete

State Authorized Agent: [signature] Date of Issuance: 3-17-25

This Construction Authorization is issued pursuant to G.S. 130A-335(a2) and (a5) using the signed and sealed plans or evaluations attached here. This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes. The Construction Authorization shall not be affected by a change in ownership of the site. This Construction Authorization is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit.

The Department, the Department's authorized agents, and the local health departments shall be discharged and released from any liabilities, duties, and responsibilities imposed by statute or in common law from any claim arising out of or attributed to plans, evaluations, preconstruction conference findings, submittals, or actions from a person licensed pursuant to Chapter 89C of the General Statutes as a licensed engineer or a person certified pursuant to Article 5 of Chapter 90A of the General Statutes as an Authorized On-Site Wastewater Evaluator in GS 130A-335(a2), (a5), and (a7). The Department, the Department's authorized agents, and the local health departments shall be responsible and bear liability for their actions and evaluations and other obligations under State law or rule, including the issuance of the operations permit pursuant to GS 130A-337.

Construction Authorization Expiration Date: 3-17-30

See attached site sketch

NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES
Division of Public Health

Permit/File #: _____

Re-submittal of Construction Authorization

LHD USE ONLY: This CA resubmittal received: _____ by _____
Date *Initials*

The following items are being resubmitted pursuant to G.S. 130A-335(a5) for issuance of the Construction Authorization:

_____

_____

_____

_____

I, _____ hereby attest that the information required to be included with this re-submittal
Authorized Onsite Wastewater Evaluator (Print Name)
is accurate and complete to the best of my knowledge and that the proposed Construction Authorization meets all applicable federal, State, and local laws, regulations, rules, and ordinances.

_____ _____
Signature of Authorized On-Site Wastewater Evaluator *Date*

The section below is for Local Health Department use after submittal of items noted as missing above.

LHD Follow-up Completeness Review of Construction Authorization

The review for completeness of this Construction Authorization re-submittal was conducted in accordance with G.S. 130A-335(a5). This Construction Authorization is determined to be:

☐ Incomplete (If box is checked, information in this section is required.)

The following items are missing:

_____

_____

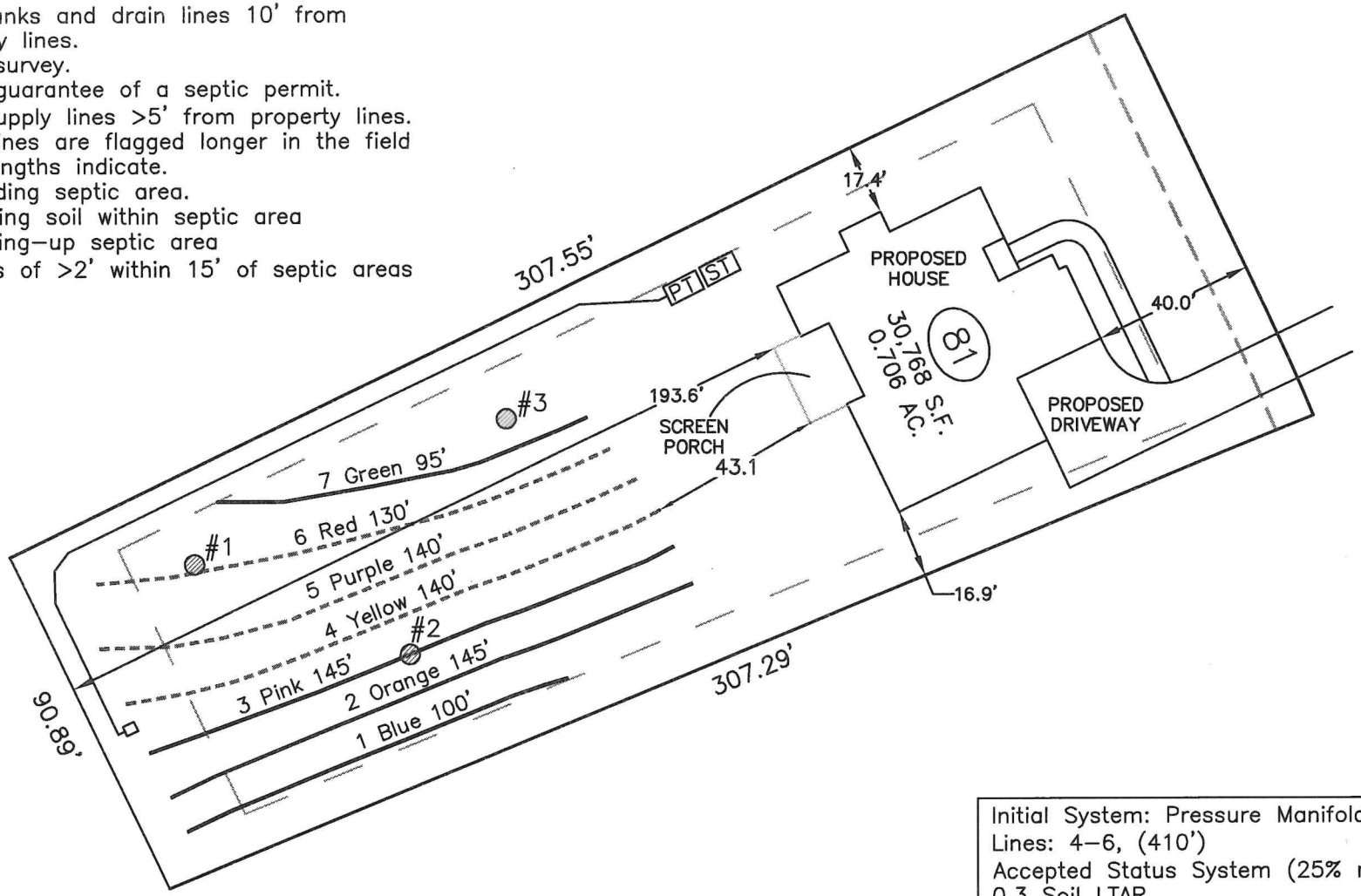
Copies of this were sent to the AOWE/PE and the Applicant on _____
Date

State Authorized Agent: _____ Date: _____

☐ Complete

State Authorized Agent: _____ Date: _____

*Keep tanks and drain lines 10' from property lines.
*Not a survey.
*Not a guarantee of a septic permit.
*Keep supply lines >5' from property lines.
*Some lines are flagged longer in the field than lengths indicate.
*No grading septic area.
*No adding soil within septic area
*No rutting–up septic area
*No cuts of >2' within 15' of septic areas



Initial System: Pressure Manifold Lines: 4–6, (410') Accepted Status System (25% reduction) 0.3 Soil LTAR 20" Trench Bottom on the downhill side
Repair System: Pressure Manifold Lines: 1–3 & 7, (475') Accepted Status System (25% reduction) 0.3 Soil LTAR 20" Trench Bottom on the downhill side

GRAPHIC SCALE
1" = 40'
40 0 40 80

System: - - - - - -
Repair: ———
ST = 1000 gallon tank with risers
PT = 1200 gallon tank with risers
#2 = profile description locations

Central Carolina Soil Consulting, PLLC
1900 South Main Street, Suite 110
Wake Forest, North Carolina 27587
Phone (919)569–6704 Fax (919)569–6703

4–Bedroom Septic Layout
Lot 81, Sorrell Oaks Subdivision
Franklin County, North Carolina

Job#: 5149
Drawn By: JR
Date: 03/14/2025
Revision:

Cdp- 450698

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

Issued to: Blake Whitaker **Location: 155 CHERRY BARK Drive YOUNGSVILLE , NC 27596**

LICENSED SOIL SCIENTIST A2 PERMIT

Shad

Application Type: LICENSED SOIL SCIENTIST A2 PERMIT

Application Number: E-25-166
Building Type:
Project Type: Single Family Dwelling
# of Bedrooms: 4
Residential Project Type: Single Family Dwelling
Building Foundation: Crawlspace
Water Source: Public Water

Preferred Type of Septic System: (2) Accepted (polystyrene, chamber)
Parcel ID #: 050379

Date: March 14, 2025
Acreage:
Zoning: R-30
# of Occupants: 8
Commercial Project Type:
Square Footage of Facility:
Number of Employees:
Number of Seats:
Notes:
Subdivsion: NULL Sorrell Oaks #81

Applicant Information

Applicant Name: Blake Whitaker
Address: 8480 Bryan Road Garner , NC 27529
Phone: 919-250-8428 Email: blake@wadebuiltnc.com

Property Owner Information

Owner Name: Wade Built LLC
Address: 8480 Bryan Road Bryan Road Garner , NC 27529
Phone: 919-250-8428 Email: blake@wadebuiltnc.com

General Contractor Information

Contractor Name: David Brantley & Sons, Inc.
Address: 37 Pine Ridge Rd Zebulon, NC 27597 ,
Phone: 2524783721 Email: brantleyoffice@gmail.com

Zoning

Zoning Permit #: Z-25-253
Front Setback: 30
Left Setback: 10
County Water: Yes
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?
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? Yes

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

PRELIMINARY PLOT PLAN FOR

WADE BUILT

LOT 81, SORRELL OAKS

155 CHERRY BARK DRIVE

REF: 2024, PG. 21–24

YOUNGSVILLE TOWNSHIP

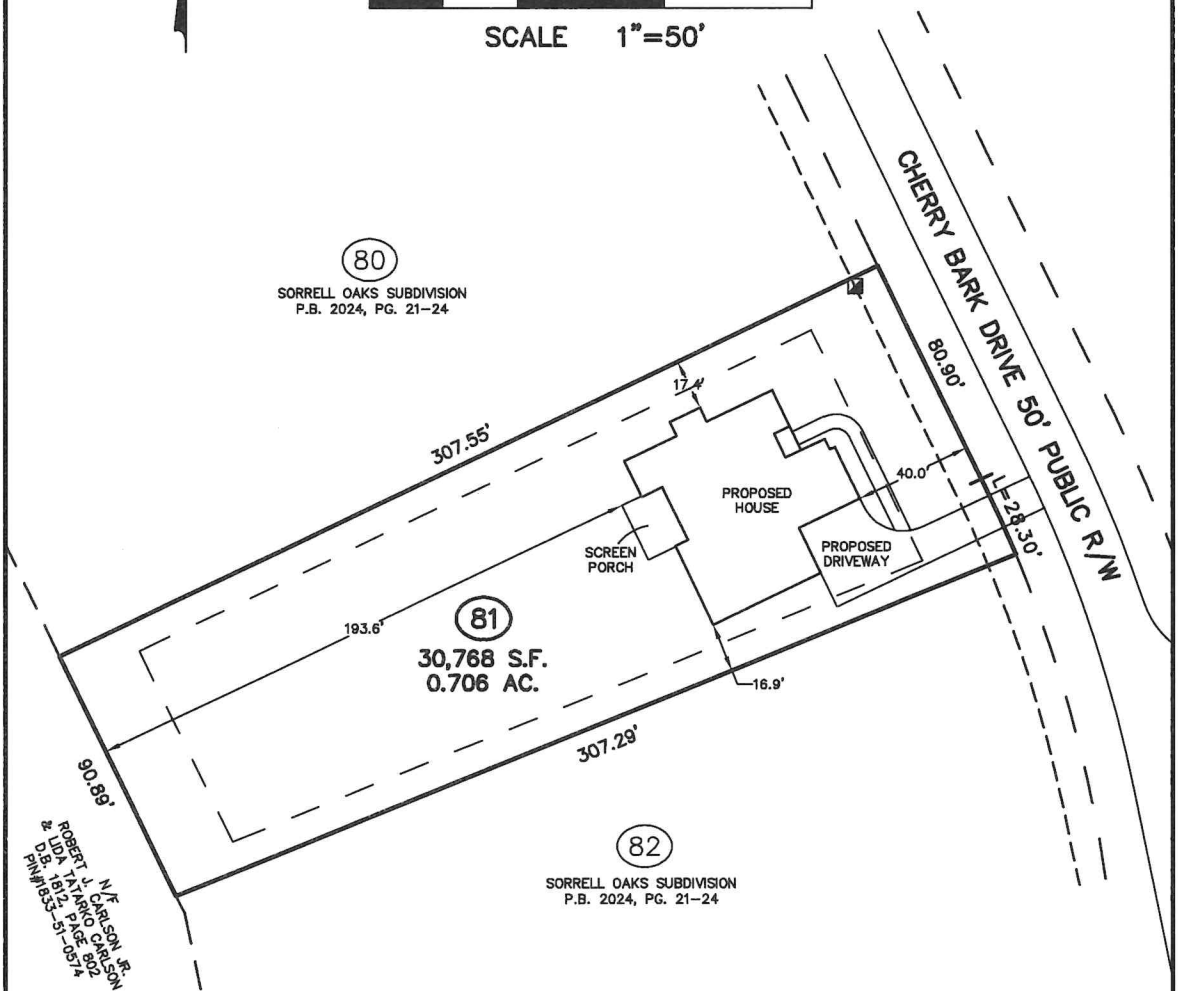
FRANKLIN COUNTY, NORTH CAROLINA

JANUARY 16, 2025

REVISED FEBRUARY 24, 2025

50 25 0 50 100

SCALE 1"=50'



THIS SURVEYOR DOES NOT WARRANTY THE ACCURACY OF ARCHITECTURAL DIMENSIONS. THEY ARE TO BE VERIFIED BY THE CONTRACTOR.

IMPERVIOUS SURFACE TABLE

HOUSE	3,396 S.F.
SCREEN PORCH	306 S.F.
DRIVEWAY/SIDEWALK	1,520 S.F.
MISC/UTILITIES	36 S.F.
TOTAL IMPERVIOUS AREA	5,258 S.F.
MAX IMPERVIOUS ALLOWED	7,000 S.F.

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.