

Permit/File #: _____



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

CDP 453915
E 25-326

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

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

County: FranklinPIN/Lot Identifier: 1855-94-4498Issued To: United Land of America, LLCProperty Location: 445 S. Main Street, Franklinton, NC 27525

Subdivision (if applicable) _____ Lot #: _____ Block: _____ Section: _____

LSS Report Provided: Yes ☒ No ☐If yes, name and license number of LSS: Justin M. Milstein - NCLSS 1339New ☒Expansion ☐System Relocation ☐Change of Use ☐Facility Type: Single-Family ResidenceNumber of bedrooms: 2 Number of Occupants: 4 Other: _____Design Wastewater Strength: ☒ Domestic☐ High Strength☐ Industrial Process WastewaterProposed Design Daily Flow: 240 GPD Proposed LTAR (Initial): 0.300 Proposed LTAR (Repair): 0.300Proposed Wastewater System Type*: IIIBE - PPBPS (Horizontal) - T&J Panel (Shallow Placement w/ cover) (Initial) Pump Required: ☒ Yes ☐ No ☐ May be requiredProposed Wastewater System Type*: IIIBE - PPBPS (Horizontal) - T&J Panel (Shallow Placement w/ cover) (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 ☐ RCWSaprolite System (Initial): ☐ Yes ☒ NoSaprolite System (Repair): ☐ Yes ☒ NoFill 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)*: 29 Usable Depth to LC (Repair)*: 29 *Limiting ConditionMax. Trench Depth (Initial)*: 16 Max. Trench Depth (Repair)*: 16 *Measured on the downhill side of the trenchArtificial 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:

Permit is subject to suspension or revocation if the Site Plan changes or the intended use changes, which significantly impact permit.

Maintain all required setbacks pursuant to 15A NCAC 18E SECTION .0600 – LOCATION OF WASTEWATER SYSTEMS.

No storage/staging of materials, cuts or fill allowed in areas reserved for septic and could result in revocation of the permit.

When grading the lot, no cuts of 2' or greater should be within 15' of the areas reserved for septic.

See attached addendum for additional permit conditions.

Licensed Soil Scientist Print Name: Justin M. Milstein

Licensed Soil Scientist Signature: _____

Date: 5/1/2025

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

See attached site sketch





Permit/File #: _____

This Section for Local Health Department Use Only

Initial submittal received: _____ by _____
Date Initials

G.S. 130A-335(a3) states the following:

When an applicant for an Improvement Permit submits to a local health department an Improvement Permit application, the permit fee charged by the local health department, the common form developed by the Department, and a soil evaluation pursuant to subsection (a2) of this section, 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 Improvement Permit includes all of the required components. If the local health department determines that the Improvement Permit is incomplete, the local health department shall notify the applicant of the components needed to complete the Improvement Permit. The applicant may submit additional information to the local health department to cure the deficiencies in the Improvement Permit. The local health department shall make a final determination as to whether the Improvement Permit 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 Department shall develop a common form for use as the Improvement Permit.

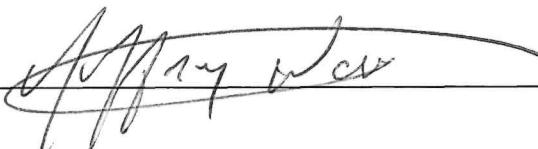
The review for completeness of this Improvement Permit was conducted in accordance with G.S. 130A-335(a3). This Improvement Permit is determined to be:

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

The following items are missing:

Copies of this were sent to the LSS and the Applicant on _____
Date

State Authorized Agent: _____ Date: _____

☒ Complete
State Authorized Agent:  Date: 5/21/25

This Improvement Permit is issued pursuant to G.S. 130A-335 (a2) and (a3) using the signed and sealed LSS/LG evaluation(s) attached here. The issuance of this permit in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. **This permit is subject to revocation if the site plan, plat, or the intended use changes.** The Improvement Permit shall not be affected by a change in ownership of the site. This permit is subject to compliance with the provisions of 15A NCAC 18E 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 evaluations, submittals, or actions from a licensed soil scientist or licensed geologist pursuant to GS 130A-335(a2).

Improvement Permit Expiration Date: 5/21/30

See attached site sketch



Permit/File #: _____

Re-submittal of Improvement Permit

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

The following items are being resubmitted pursuant to G.S. 130A-335(a3) for issuance of the Improvement Permit:

I, _____ hereby attest that the information required to be included with this re-submittal
Licensed Soil Scientist (Print Name)
 is accurate and complete to the best of my knowledge and that the proposed Improvement Permit meets all applicable federal, State, and local laws, regulations, rules, and ordinances.

Signature of Licensed Soil Scientist

Date

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

LHD Follow-up Completeness Review of Improvement Permit

The review for completeness of this Improvement Permit re-submittal was conducted in accordance with G.S. 130A-335(a3). This Improvement Permit 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 LSS and the Applicant on _____
Date

State Authorized Agent: _____

Date: _____

☐ Complete

State Authorized Agent: _____

Date: _____



Permit/File #: _____

ADDENDUM TO G.S. 130A-335(a2) SUBMITTAL

County: Franklin

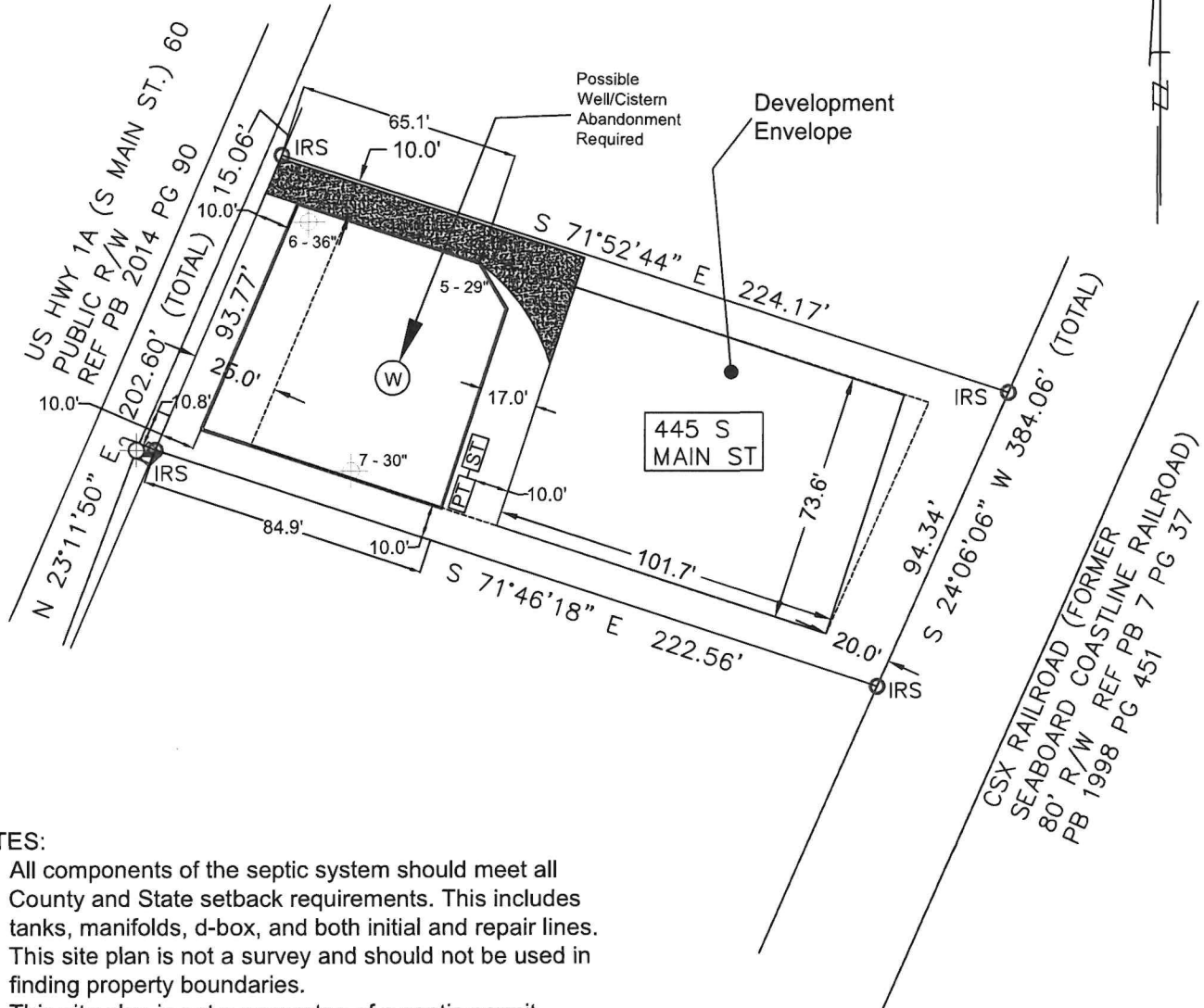
PIN/Lot Identifier: 1855-94-4498

Issued To: United Land of America, LLC

Additional Improvement Permit Conditions:

- 1.) It is recommended to install protective fencing around the soil area to protect from grading, compaction, and construction traffic.
- 2.) Proposed structures and appertenances must be located within the development envelope shown on the site plan or this permit is subject to suspension or revocation.
- 3.) Maintain the septic system layout until the system is installed. There will be a fee to re-flag the septic system layout.
- 4.) Initial and repair systems are shallow placement and require cover material. Soil cover above the original grade shall be placed over the entire dispersal field and shall extend laterally five feet beyond the trenches. Final soil cover over the dispersal field shall be a minimum of six inches deep after settling. The cover material shall be free of trash, debris, or large clods that do not break apart.
- 5.) Straw and seed septic area after installation to establish a stable cover and prevent soil erosion.
- *6.) Existing well/cistern shown on site plan shall be property abandoned, prior to the issuance of a construction authorization.*

Additional Construction Authorization Conditions:



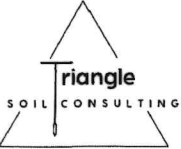
NOTES:

- All components of the septic system should meet all County and State setback requirements. This includes tanks, manifolds, d-box, and both initial and repair lines.
- This site plan is not a survey and should not be used in finding property boundaries.
- This site plan is not a guarantee of a septic permit.
- No vehicular traffic or grading of any form should be completed in the septic area, both initial and repair. This includes no adding of soil.
- No cuts of 2' or greater should be made within 15' of initial and repair septic areas.

GRAPHIC SCALE

1" = 50'

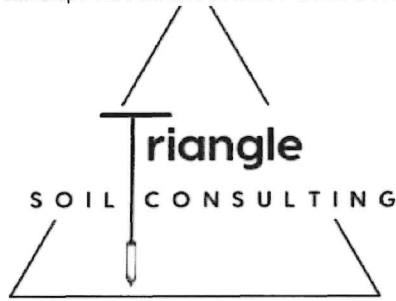


Initial System		Repair System		LEGEND	
System Type: IIBBE, Pressure Manifold		System Type: IIBBE, Pressure Manifold		Usable Soil Area	
Line Numbers: 5-6	Total Footage: 140'	Line Numbers: 2-4	Total Footage: 145'	Soil Boring Location	
PPBPS (Horizontal) - T&J Panel - Shallow Placement w/ cover		PPBPS (Horizontal) - T&J Panel - Shallow Placement w/ cover			
Soil LTAR: 0.300		Soil LTAR: 0.300		[ST] 1000 Gallon Min. Septic Tank	
16" Maximum Trench Depth		16" Maximum Trench Depth		[PT] 1000 Gallon Min. Pump Tank	
 Triangle Soil Consulting, PLLC 5207 Lakefront Drive, Bullock, NC 27507 Phone: (252) 933-5764 Email: info@trianglesoil.com		Address		Draw Date	05/01/2025
		445 S. Main Street, Franklinton		Revision	
		Franklin County, NC		Revision	
		Soil Map		Drawn By	JMM
		Bedroom Count: 2-Bedroom		Project #:	25-003

TRIANGLE SOIL CONSULTING, PLLC			SOIL/SITE EVALUATION SHEET			TSC Project #:		25-003	
						Sheet #:		1	
OWNER/APP. NAME:		United Land of America, LLC			SUBDIV./LOT#				
LOCATION OF SITE:		445 S. Main Street, Franklinton, NC 27525							
COUNTY:		Franklin	PROPERTY ID #:		1855-94-4498		DATE EVALUATED:		2/15/2025
PROPOSED FACILITY:		SFR	PROPOSED DESIGN FLOW (.0400):		240		PROPERTY SIZE:		0.48 Ac
WATER SUPPLY:		Public			WATER SUPPLY SETBACK:		10"		
TYPE OF WASTEWATER:			Domestic		EVALUATION METHOD:			Auger	
P R O F I L E #	.0502 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY		OTHER PROFILE FACTORS			.0509 PROFILE CLASS & LTAR	
			.0503 STRUCTURE/ TEXTURE	.0503 CONSISTENCE/ MINERALOGY	.0504 SOIL WETNESS/ COLOR	.0505 SOIL DEPTH	.0506 SAPRO CLASS		.0507 RESTR HORIZ
5	SS	0-3	CL/WSBK	FR/SS/SP/SEXP	NO	29	U	S - 0.300	
		3-24	C/SBK	FI/S/P/SEXP	NO				
	<2%	24-29	C/WSBK	FI/S/P/SEXP	NO				
	.0502(d) SLOPE CORRECTION	29+	CL/MA-RCF (SAP)	NE	NO				
	1.08"								
6	SS	0-4	CL/WSBK	FR/SS/SP/SEXP	NO	36	U	S - 0.300	
		6-30	C/SBK	FI/S/P/SEXP	NO				
	<2%	30-36	C/WSBK	FI/S/P/SEXP	NO				
	.0502(d) SLOPE CORRECTION	36+	CL/MA-RCF (SAP)	NE	NO				
	1.08"								
7	SS	0-4	CL/WSBK	FR/SS/SP/SEXP	NO			S - 0.300	
		6-26	C/SBK	FI/S/P/SEXP	NO				
	<2%	26-30	C/WSBK	FI/S/P/SEXP	10 YR 7/1 @30"				
	.0502(d) SLOPE CORRECTION								
	1.08"								
	.0502(d) SLOPE CORRECTION								
DESCRIPTION:		INITIAL SYSTEM	REPAIR SYSTEM	SITE CLASSIFICATION (.0509):		Suitable			
Available Space (.0508):		Suitable	Suitable	EVALUATED BY:		Justin Milstein			
System Type(s):		PPBPS - Hor.	PPBPS - Hor.	OTHER(S) PRESENT:					
Site LTAR:		0.300	0.300						
Maximum Trench Depth:		16"	16"						
Saprolite System:		No	No						
Comments:		Existing well/cistern in proposed soil area is required to be abandoned prior to CA issuance.							

Standard Abbreviations							
LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL LTAR	SAPROLITE	LPP LTAR	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope)	I	S (Sand)	0.8 - 1.2	0.6 - 0.8	0.4 - 0.6	SEXP (Slightly Expansive)	G (Single Grain)
CV (Convex Slope)		LS (Loamy Sand)		0.5 - 0.7		EXP (Expansive)	M (Massive)
D (Drainage Way)							GR (Granular)
FP (Flood Plain)	II	SL (Sandy Loam)	0.6 - 0.8	0.4 - 0.6	0.3 - 0.4	MOIST	SBK (Subangular Blocky)
FS (Foot Slope)		L (Loam)		0.2 - 0.4		VFR (Very Friable)	WSBK (Weak Subangular Blocky)
H (Head Slope)						FR (Friable)	ABK (Angular Blocky)
L (Linear Slope)	III	SIL (Silt Loam)	0.3 - 0.6	0.1 - 0.3	0.15 - 0.3	FI (Firm)	PL (Platy)
N (Nose Slope)		SCL (Sandy Clay Loam)		0.05 - 0.15*		EFI (Extremely Firm)	MA-RCF (Massive Rock Controlled Fabric)
R (Ridge/Summit)		CL (Clay Loam)		N/A		WET	AR (Auger Refusal)
S (Shoulder Slope)		SiCL (Silty Clay Loam)		NS (Non-Stick)			
T (Terrace)		Si (Silt)		SS (Slightly Sticky)	OTHER		
TS (Toe Slope)							
	IV	SC (Sandy Clay)	0.1 - 0.4	N/A	0.05 - 0.2	S (Sticky)	NO (Not Observed)
		SiC (Silty Clay)				VS (Very Sticky)	NE (Not Evaluated)
		C (Clay)				NP (Non-plastic)	
						SP (Slightly Plastic)	
	O (Organic)		N/A	N/A	N/A	P (Plastic)	
						VP (Very Plastic)	
NOTES:							
SAPROLITE*	*Sandy clay loam saprolite can only be used with advanced pretreatment in accordance with 15A NCAC 18E .1200.						
HORIZON DEPTH	In inches below natural soil surface						
DEPTH OF FILL	In inches from land surface						
RESTRICTIVE HORIZON	Thickness and depth from land surface						
SAPROLITE	S (suitable) or U (unsuitable)						
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation						
CLASSIFICATION	S (Suitable) or U (Unsuitable)						
Long-term Acceptance Rate (LTAR): gal/day/ft2							

TRIANGLE SOIL CONSULTING, PLLC Layout Staking Sheet 445 S Main Street, Franklinton, Franklin County								
Project #: 25-003								
LINE #	FLAG COLOR	BS (ft)	FS (ft)			FLAGGED LINE LENGTH (ft)	DESIGN LINE LENGTH (ft)	
1	Blue					55	Not Used	
2	White					54	50	
3	Yellow					36	35	
4	Pink					61	60	
5	Blue					72	70	
6	White					74	70	
Total:						352	285	
SYSTEM AREA	DESIGN LINE LENGTH (ft)	SOIL LTAR (GPD/FT2)	SYSTEM TYPE	DESIGN LTAR* (GPD/FT2)	DRAINFIELD PRODUCT TYPE	MAXIMUM TRENCH DEPTH (Inches)	DISTRIBUTION METHOD	DESIGN FLOW (GPD)
Initial	140	0.30	IIIB/E	0.286	PPBPS - T&J Panel (Horizontal) Shallow Placement w/ Cover	16"	Pressure Manifold	240
Repair	145	0.30	IIIB/E	0.276	PPBPS - T&J Panel (Horizontal) Shallow Placement w/ Cover	16"	Pressure Manifold	240
NOTES: 1) TBM on ground at N/A. 2) TBM is assumed to be 100.00 3) All measures in feet. 4) Nitrification lines are demonstrated on contour via colored pin flags. 5) Initial System (Lines 5-6) Repair System (Lines 2-4) 6) BS, FS indicate rod readings. 7) Maximum trench depth is calculated on the downhill side of the trench and accounts for slope correction. * Design LTAR = Design Flow / ((Design Line Length x Trench Width) / (1-%Reduction))								



Triangle Soil Consulting, PLLC
5207 Lakefront Drive
Bullock NC 27507
info@trianglesoil.com
(252) 933-5764

Acknowledgement of A2 Soil & Site Evaluation by Triangle Soil Consulting, PLLC for issuance of an Improvement Permit (IP).

Address/Subdivision Lot#: 445 S Main Street, Franklinton, NC

PIN: 1855-94-4498

For Improvement Permit (IP):

"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)."

Owner:

DocuSigned by:

Olivier Diolosa

D044B6B000FE4E7...

olivier Diolosa, manager: United Land of America LLC

Owner's representative:

DocuSigned by:

Deron Brodbeck

B15E58E781AE434...

Deron Brodbeck 919-745-0573

Email: deron@firmrealtor.com

Date:

5/6/2025



Construction Authorization

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

For Office Use Only

*CDP File Number: 453915 - 1
County ID Number:
Evaluated For: NEW

PERMIT VALID UNTIL: 05/21/2030

☐ Open Pump System Sheet

Applicant: Deron Brodbeck
Address: 2921 Sunnystone Way
City: Raleigh
State/Zip: MA 27613
Phone #: home: (919) 745-0573

Property Owner: United Land Of America LLC
Address: 453 S Main St
City: Franklinton
State/Zip: NC, 27525
Phone #: _____

Property Location & Site Information

Address/Road #: 445 South Main Street Subdivision: _____ Phase: NEW Lot: _____
Franklinton, NC 27525
Directions:
Structure: SINGLE FAMILY 445 South Main Street
of Bedrooms: 2
of People: 4
*Water Supply: PUBLIC

System Specifications

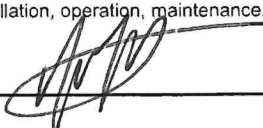
Usable Soil Depth: 29 Minimum Trench Depth: _____ Inches
Design Flow: 240 Maximum Trench Depth: 16 Inches
Soil Application Rate: 0.3000 Minimum Soil Cover: 6 Inches
*System Classification/Description: TYPE III E. PPBPS GRAVITY DOSED SYSTEM Maximum Soil Cover: _____ Inches
*Proposed System: HORIZONTAL PPBPS *Distribution Type: PRESSURE MANIFOLD
Nitrification Field: _____ Sq. ft. Septic Tank: 1,000 Gallons
No. Drain Lines: 2 Pump Required: ☒ Yes ☐ No ☐ May Be Required
Total Trench Length: 140 ft. ☐ Inches O.C. Pump Tank: 1,000 Gallons
Trench Spacing: _____ - _____ ☐ Feet O.C. Grease Trap: _____ Gallons
Trench Width: _____ - _____ ☐ Inches
Aggregate Depth: _____ inches ☐ Feet Septic Tank Installer: ☐ I ☐ II ☐ III ☐ IV
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:

IP issued via GS 130A-335(a2)
Shallow placement system. Will need suitable soil brought to site to provide 6" cover for drain field. Possible old well or cistern located in drain field area. Investigate and determine best method of closing well/cistern. Contact Health Dept for guidance. GW30 (well abandonment record) may be required. See Soil scientist notes.

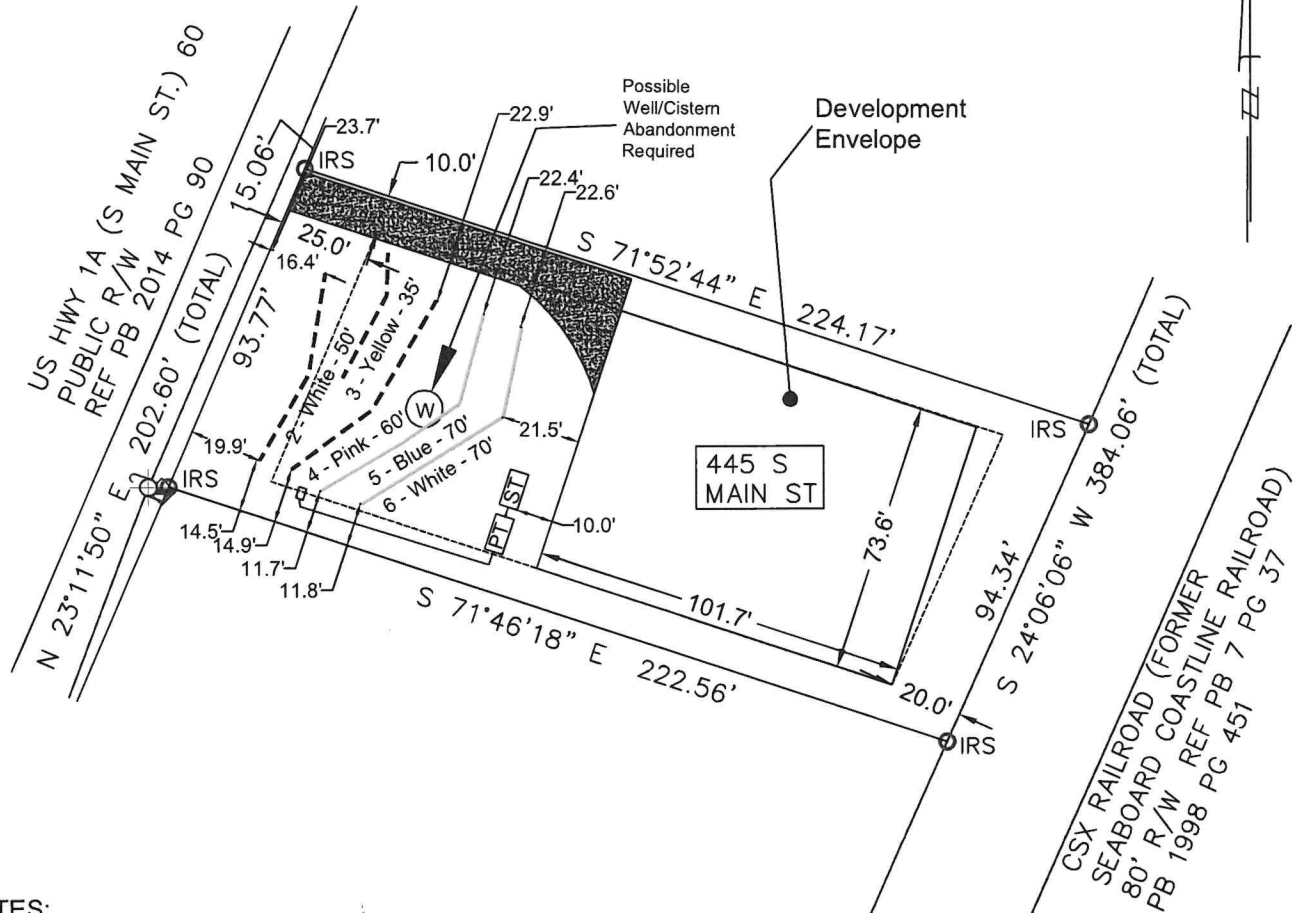
The Authorization for Wastewater System Construction shall be valid for a period equal to the period of validity of the Improvement Permit and may be issued at the same time the Improvement Permit issued (NCGS 130A-336(b)). If the installation has not been completed during the period of validity of the 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: Wood, Jeffrey  Date of Issue: 05/21/2025

☐ Hand Drawing ☐ Import Drawing

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

Total Time : (HH:MM) _____



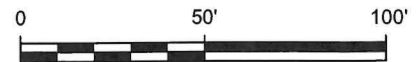
NOTES:

- All components of the septic system should meet all County and State setback requirements. This includes tanks, manifolds, d-box, and both initial and repair lines.
- This site plan is not a survey and should not be used in finding property boundaries.
- This site plan is not a guarantee of a septic permit.
- No vehicular traffic or grading of any form should be completed in the septic area, both initial and repair. This includes no adding of soil.
- No cuts of 2' or greater should be made within 15' of initial and repair septic areas.

CA- 5/21/25
JMM

GRAPHIC SCALE

1" = 50'



Initial System		Repair System		LEGEND	
System Type: IIBBE, Pressure Manifold		System Type: IIBBE, Pressure Manifold		Initial System	
Line Numbers: 5-6	Total Footage: 140'	Line Numbers: 2-4	Total Footage: 145'	Repair System - - - - -	
PPBPS (Horizontal) - T&J Panel - Shallow Placement w/ cover		PPBPS (Horizontal) - T&J Panel - Shallow Placement w/ cover			
Soil LTAR: 0.300		Soil LTAR: 0.300		[ST] 1000 Gallon Min. Septic Tank	
16" Maximum Trench Depth		16" Maximum Trench Depth		[PT] 1000 Gallon Min. Pump Tank	
 Triangle Soil Consulting, PLLC 5207 Lakefront Drive, Bullock, NC 27507 Phone: (252) 933-5764 Email: info@trianglesoil.com		Address		Draw Date	05/01/2025
		445 S. Main Street, Franklinton		Revision	
		Franklin County, NC		Revision	
		Septic System Layout: Initial & Repair		Drawn By	JMM
		Bedroom Count: 2-Bedroom		Project #: 25-003	