



IMPROVEMENT PERMIT

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

For Office Use Only

*CDP File Number 408124 - 1
County ID Number: _____
Evaluated For: NEW

PERMIT VALID UNTIL: 04/23/2029

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

Applicant: <u>BRANDYWINE HOMES</u>	Property Owner: _____
Address: <u>PO BOX 910</u>	Address: _____
City: <u>WAKE FOREST</u>	City: _____
State/Zip: <u>NC 27588</u>	State/Zip: _____
Phone #: _____	Phone #: _____

Address: <u>85 WEATHERED OAK WAY</u>	Property Location & Site Information		
<u>YOUNGSVILLE, NC 27596</u>	Subdivision: <u>PRESERVE AT</u>	Block/Phase: <u>NEW</u>	Lot: <u>14</u>
Road #: _____	Directions <u>NORRIS CREEK</u>		
Structure: <u>SINGLE FAMILY</u>	<u>85 WEATHERED OAK WAY</u>		
# of Bedrooms: <u>3</u>			
# of People: <u>3</u>			
*Water Supply: <u>N/A</u>			

Initial System		System Specifications	
Usable Soil Depth: Yes		Minimum Trench Depth: _____ Inches	
Design Flow: <u>360</u>		Maximum Trench Depth: <u>13</u> Inches	
Soil Application Rate: <u>0.3000</u>			
*System Classification/Description: <u>TYPE II A. CONV SYSTEM (SINGLE-FAMILY OR 480 GPD OR LESS)</u>		Septic Tank: <u>1000</u> Gallons	
*Proposed System: <u>25% REDUCTION</u>		Pump Required: ☐ Yes ☒ No ☐ May Be Required	
		Pump Tank: _____ Gallons	

Repair System Required: ☒ Yes ☐ No ☐ No, but has Available Space

Repair System	
Usable Soil Depth: _____	Minimum Trench Depth: _____ Inches
Soil Application Rate: _____	Maximum Trench Depth: _____ Inches
*System Classification/Description: <u>N/A</u>	Pump Required: ☐ Yes ☐ No ☐ May Be Required
*Proposed System: _____	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: 408124

County ID Number:

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:

04/23/2024

☐ 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: _____

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*CDP File Number: 408124 - 1
County ID Number: _____
Evaluated For: NEW

PERMIT VALID UNTIL: 04/23/2029

☐ Open Pump System Sheet

Applicant: BRANDYWINE HOMES

Address: PO BOX 910

City: WAKE FOREST

State/Zip: NC 27588

Phone #: _____

Property Owner: _____

Address: _____

City: _____

State/Zip: _____

Phone #: _____

Property Location & Site Information

Address/Road #: 85 WEATHERED OAK WAY
YOUNGSVILLE, NC 27596

Subdivision: PRESERVE AT Phase: NEW Lot: 14

Directions: NORRIS CREEK
85 WEATHERED OAK WAY

Structure: SINGLE FAMILY

of Bedrooms: 3

of People: 3

*Water Supply: NEW WELL

System Specifications

Usuable Soil Depth: Yes

Minimum Trench Depth: _____ Inches

Design Flow: 360

Maximum Trench Depth: 13 Inches

Soil Application Rate: 0.3000

Minimum Soil Cover: 6 Inches

*System Classification/Description:

TYPE II A. CONV SYSTEM (SINGLE-FAMILY OR 480 GPD OR LESS)

Maximum Soil Cover: _____ Inches

*Proposed System:

25% REDUCTION

*Distribution Type: GRAVITY - SERIAL

Nitrification Field: _____ Sq. ft.

Septic Tank: 1,000 Gallons

No. Drain Lines: _____

Pump Required: ☐ Yes ☒ No ☐ May Be Required

Total Trench Length: 360 ft.

☐ Inches O.C.

Pump Tank: _____ Gallons

Trench Spacing: _____ - 9

☒ Feet O.C.

Grease Trap: _____ Gallons

Trench Width: _____ - 3

☐ Inches

Septic Tank Installer

Aggregate Depth: _____ inches

☒ Feet

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: 04/23/2024

☐ 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 408124

PIN Number:

Tax Lot #: 14 Tax Block #: 049371

Evaluated For:

PERMIT VALID UNTIL: 04/23/2029

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

Applicant: BRANDYWINE HOMES
Address: PO BOX 910
City: WAKE FOREST
State/Zip: NC / 27588
Phone #: _____

Property Location & Site Information

Address/Road #: 85 WEATHERED OAK WAY
YOUNGSVILLE NC, 27596
Subdivision: PRESERVE AT NORRIS CREEK Phase: Lot: 14
*Proposed use of Well:
If Other:
Applicant Email:
Owner Email:

Directions: 85 WEATHERED OAK WAY

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: 04/23/2024

Authorized State Agent: _____

Owner/Applicant: _____

☐ Hand Drawing ☐ Import Drawing

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



File# 408/24 PIN# _____

Property Address: 85 Weathered Oak Way

Applicant Or Owner Name: Brandywine Homes

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**: 4-23-24 EHS: Joel Beidel

****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.

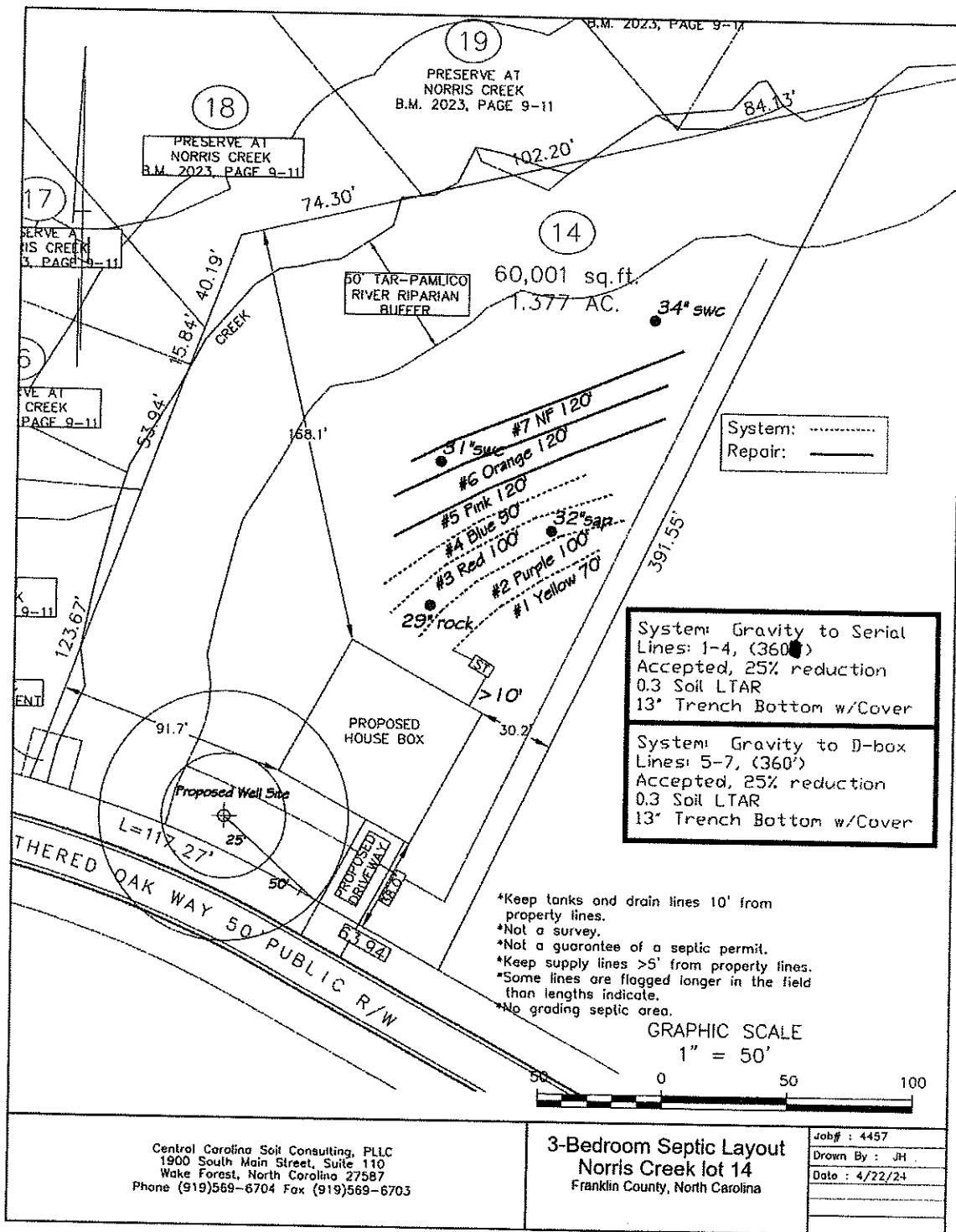
SEPTIC OPERATIONS PERMITS will be issued after installation is approved, all permit conditions are met, and any outstanding fees are paid. WELL CERTIFICATE OF COMPLETION will be issued after well head approval, all permit conditions are met, and any outstanding fees are paid.

Septic Tank 1000 Pump Tank N/A Drain field 3'x360' Type System ACC Max trench depth 13" / w' cover

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

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

* Refer to attached CCSC Septic/Well documentation *



Central Carolina Soil Consulting, PLLC
1900 South Main Street, Suite 110, Wake Forest, NC 27587

Page ____ of ____
PROPERTY ID #: _____
COUNTY: _____

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

OWNER: _____ (Complete all fields in full)
ADDRESS: _____ Brandywine Homes _____ DATE EVALUATED: 4/22/24
PROPOSED FACILITY: 3-bedroom PROPOSED DESIGN FLOW (.0400): 360 PROPERTY SIZE: _____
LOCATION OF SITE: Preserve at Norris Creek lot 14 PROPERTY RECORDED: _____
WATER SUPPLY: ☐ Public ☒ Single Family Well ☐ Shared Well ☐ Spring ☐ Other _____ WATER SUPPLY SETBACK: _____
EVALUATION METHOD: ☒ Auger Boring ☐ Pit ☐ Cut TYPE OF WASTEWATER: ☐ Domestic ☐ High Strength ☐ IPWW

P R O F I L E #	.0502 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY		OTHER PROFILE FACTORS				.0509 PROFILE CLASS & LTAR*	.0502(d) SLOPE CORRECTION
			.0503 TEXTURE/ STRUCTURE	.0503 CONSISTENCE/ MINERALOGY	.0504 SOIL WETNESS/ COLOR	.0505 SOIL DEPTH	.0506 SAPRO CLASS	.0507 RESTR HORIZON		
1	LS, 10%	AE, 0-9	SL, GR	VFR, NS, NP						3.6"
		Bt, 9-29	Clay, SBK	FI, SS, SP, SEXP		S-29			S-3	
		29" rock				UN				
2	FS, 5%	AE, 0-13	SL, Gr	VFR, NS, NP						2"
		Bt, 13-31	Clay, SBK	FI, SS, SP, SEXP					S-3	
		Bt2, 31+	Clay, SBK	FI, SS, SP, SEXP	7.5 YR 5/2, 15%	UN	S-31			
3										
4										
5										

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM	SITE CLASSIFICATION (.0509): _____ Suitable EVALUATED BY: _____ Jason Hall OTHER(S) PRESENT: _____
Available Space (.0508)	Yes	Yes	
System Type(s)	Accepted	Accepted	
Site LTAR	.3	.3	
Maximum Trench Depth	13 on Low Side	13" on Low Side	

Comments: _____

LEGEND

LEGEND

LANDSCAPE POSITION	SOIL GROUP	SOIL TEXTURE	CONVENTIONAL LTAR (gpd/ft²)	SAPROLITE LTAR (gpd/ft²)	LPP LTAR (gpd/ft²)	MINERALOGY/ CONSISTENCE		STRUCTURE	
CC (Concave slope)	I	S (Sand)	0.8 - 1.2	0.6 - 0.8	0.4 - 0.6	MOIST	WET	SG (Single grain)	
CV (Convex Slope)		LS (Loamy sand)		0.5 - 0.7		Lo (Loose)	NS (Non-sticky)	M (Massive)	
D (Drainage way)	II	SL (Sandy loam)	0.6 - 0.8	0.4 - 0.6	0.3 - 0.4	VFR (Very friable)	SS (Slightly sticky)	GR (Granular)	
FP (Flood plain)		L (Loam)		0.2 - 0.4		FR (Friable)	S (Sticky)	SBK (Subangular blocky)	
FS (Foot slope)	III	SIL (Silt loam)	0.3 - 0.6	0.1 - 0.3	0.15 - 0.3	FI (Firm)	VS (Very sticky)	ABK (Angular blocky)	
H (Head slope)		SCL (Sandy clay loam)		0.05 - 0.15**		VFI (Very firm)	NP (Non-plastic)	PR (Prismatic)	
L (Linear Slope)		CL (Clay loam)		None		EFI (Extremely firm)	SP (Slightly plastic)	PL (Platy)	
N (Nose slope)		SiCL (Silty clay loam)					P (Plastic)		
R (Ridge/summit)		SI (Silt)					VP (Very plastic)		
S (Shoulder slope)		SC (Sandy clay)							
T (Terrace)	IV	SiC (Silty clay)	0.1 - 0.4	None	0.05 - 0.2	SEXP (Slightly expansive)			
TS (Toe Slope)		C (Clay)				EXP (Expansive)			
		O (Organic)	None						

Adjust LTAR due to depth, consistency, structure, etc.

* Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

**Sandy clay loam saprolite can only be used with advanced pretreatment in accordance with 15A NCAC 18E .1200.

HORIZON DEPTH

DEPTH OF FILL

RESTRICTIVE HORIZON

SAPROLITE

SOIL WETNESS

CLASSIFICATION

In inches below natural soil surface

In inches from land surface

Thickness and depth from land surface

S(suitable) or U(unsuitable); Evaluation of saprolite shall be by pits.

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

S (Suitable) or U (Unsuitable)



CDP#
408124

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

Issued to: Brandywine Homes

Location: 85 Weathered Oak Way YOUNGSVILLE , NC 27596

**NEW SEPTIC APPLICATION
NEW WELL APPLICATION**

Application Type: NEW SEPTIC NEW WELL

Application Number: E-24-123

Building Type:

Project Type: Single Family Dwelling

of Bedrooms: 3

Residential Project Type: Single Family Dwelling

Building Foundation: Crawspace

Water Source: New Well

Date: February 23, 2024

Acreage:

Zoning: R-30

of Occupants: 3

Commercial Project Type:

Square Footage of Facility:

Number of Employees:

Number of Seats:

Lot #14

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

Notes:

Parcel ID #: 049371

Subdivision: NULL

Applicant Information

Applicant Name: Brandywine Homes

Address: P.O. Box 910 Wake forest , Nc 27588

Phone: 919-427-8982

Email: bwhomesfranklin@gmail.com

Property Owner Information

Owner Name: NULL

Address: NULL NULL , NULL NULL

Phone:

Email:

General Contractor Information

Contractor Name: Brandywine Homes, Inc.

Address: PO Box 910 Wake Forest , NC 27588

Phone: (919) 554-3351

Email: bwhomes02@gmail.com

Zoning

Zoning Permit #: Z-24-190

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? 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

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

BRANDYWINE

LOT 14, PRESERVE AT NORRIS CREEK

85 WEATHERED OAK WAY

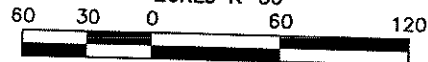
REF: B.M. 2023, PAGE 9-11

HARRIS TOWNSHIP

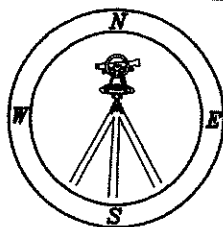
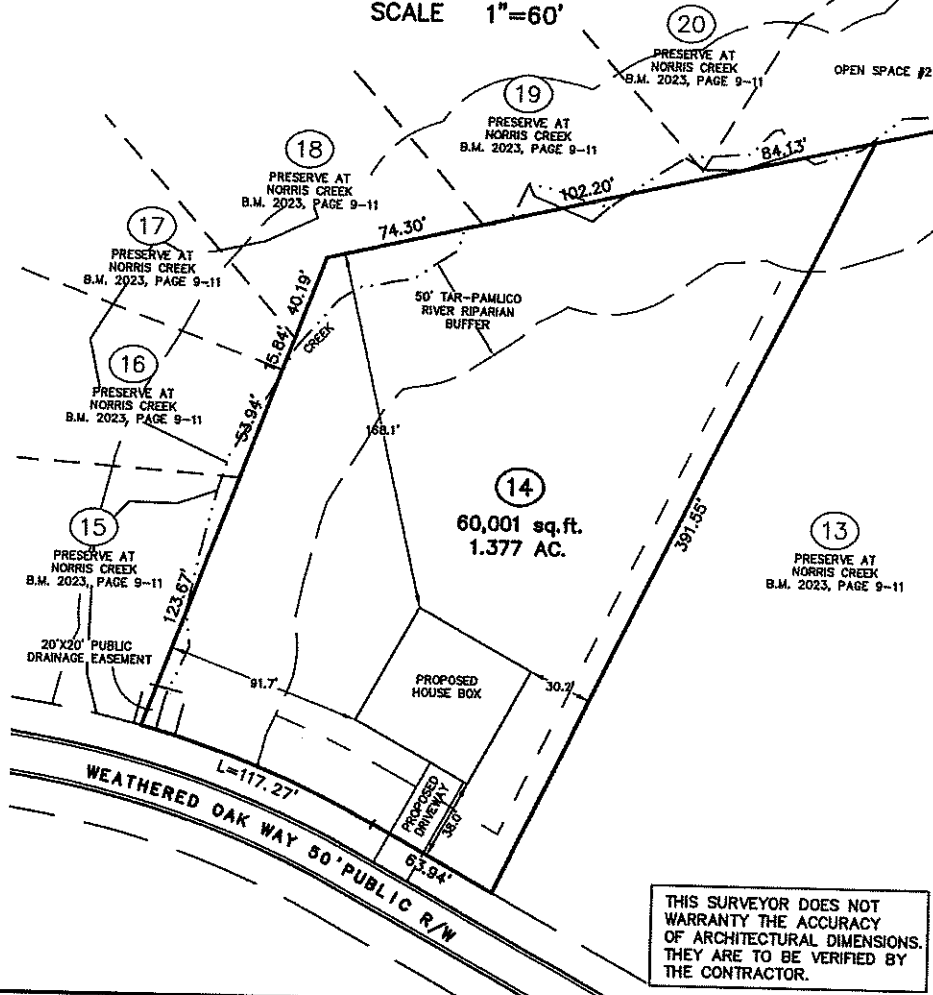
FRANKLIN COUNTY, NORTH CAROLINA

FEBRUARY 7, 2024

ZONED R-30



SCALE 1"=60'



**CAWTHORNE, MOSS
& PANCIERA, P.C.**

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.