

Permit/File #: _____

CDP 453914



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: FranklinPIN/Lot Identifier: 1855-94-6509Issued To: United Land of America, LLCProperty Location: 443 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 1339
 New ☒ Expansion ☐ System Relocation ☐ Change of Use ☐
Facility Type: Single-Family ResidenceNumber of bedrooms: 3 Number of Occupants: 6 Other: _____Design Wastewater Strength: ☒ Domestic ☐ High Strength ☐ Industrial Process WastewaterProposed Design Daily Flow: 360 GPD Proposed LTAR (Initial): 0.300 Proposed LTAR (Repair): 0.300Proposed Wastewater System Type*: IIIBE - PPBPS (Horizontal) - T&J Panel (Initial) Pump Required: ☒ Yes ☐ No ☐ May be requiredProposed Wastewater System Type*: IIIBE - PPBPS (Horizontal) - T&J Panel (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 ☒ No Saprolite 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)*: 41 Usable Depth to LC (Repair)*: 41 *Limiting ConditionMax. Trench Depth (Initial)*: 24 Max. Trench Depth (Repair)*: 24 *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. MilsteinLicensed 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: _____

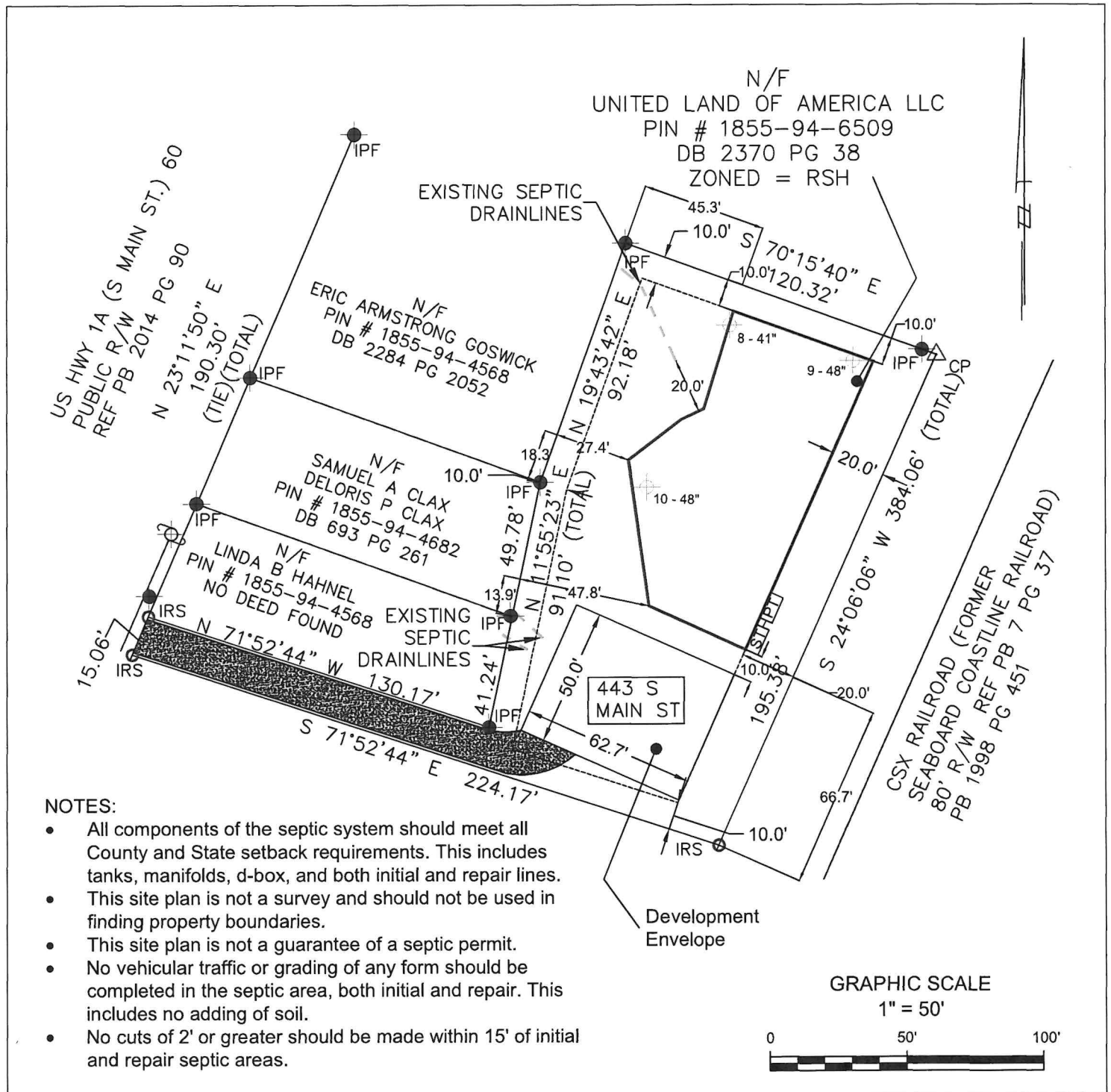
County: Franklin

PIN/Lot Identifier: 1855-94-6509

Issued To: United Land of America, LLC

- 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 required 20' minimum setback to the existing septic systems encroaching over the property line serving adjacent properties. If setbacks cannot be met, Franklin County EH will be responsible for enforcement and abandonment of non-compliant septic systems.
- 4.) Maintain the septic system layout until the system is installed. There will be a fee to re-flag the septic system layout.

Additional Construction Authorization Conditions:



Initial System		Repair System		LEGEND	
System Type: IIIBE, Pressure Manifold		System Type: IIIBE, Pressure Manifold		Usable Soil Area 	
Line Numbers: 5-8	Total Footage: 205'	Line Numbers: 1-4	Total Footage: 200'	Soil Boring Location 	
PPBPS (Horizontal) - T&J Panel		PPBPS (Horizontal) - T&J Panel		Existing Drainline 	
Soil LTAR: 0.300		Soil LTAR: 0.300		 1000 Gallon Min. Septic Tank	
24" Maximum Trench Depth		24" Maximum Trench Depth		 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
		443 S. Main Street, Franklinton		Revision	
		Franklin County, NC		Revision	
		Soil Map		Drawn By	JMM
		Bedroom Count: 3-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:		443 S. Main Street, Franklinton, NC 27525								
COUNTY:		Franklin	PROPERTY ID #:		1855-94-6509		DATE EVALUATED:		2/15/2025	
PROPOSED FACILITY:		SFR	PROPOSED DESIGN FLOW (.0400):		360		PROPERTY SIZE:		0.47 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		
8	SS	0-6	CL/WSBK	FR/SS/SP/SEXP	NO	41	U		S - 0.300	
	4%	6-36	C/SBK	FI/S/P/SEXP	NO					
	.0502(d) SLOPE CORRECTION	36-41	C/WSBK	FI/S/P/SEXP	NO					
		41+	CL/MA-RCF (SAP)	NE	NO					
	1.44"									
9	SS	0-6	CL/WSBK	FR/SS/SP/SEXP	NO				S - 0.300	
	4%	6-36	C/SBK	FI/S/P/SEXP	NO					
	.0502(d) SLOPE CORRECTION	36-48	C/WSBK	FI/S/P/SEXP	NO					
	1.44"									
10	SS	0-6	CL/WSBK	FR/SS/SP/SEXP	NO	48	NE		S - 0.300	
	4%	6-36	C/SBK	FI/S/P/SEXP	NO					
	.0502(d) SLOPE CORRECTION	40-48	C/WSBK	FI/S/P/SEXP	NO					
		48+	NE/MA-RCF (SAP)	NE	NO					
	1.44"									
	.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:		24"	24"							
Saprolite System:		No	No							
Comments:		Maintain 20' setback to existing septic systems encroaching from adjacent parcels.								

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)	PR (Prismatic)
R (Ridge/Summit)		CL (Clay Loam)					MA-RCF (Massive Rock Controlled Fabric)
S (Shoulder Slope)		SiCL (Silty Clay Loam)	N/A			WET	AR (Auger Refusal)
T (Terrace)		Si (Silt)				NS (Non-Stick)	
TS (Toe Slope)						SS (Slightly Sticky)	OTHER
	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 sapolrite 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
443 S Main Street, Franklinton, Franklin County

Project #: 25-003

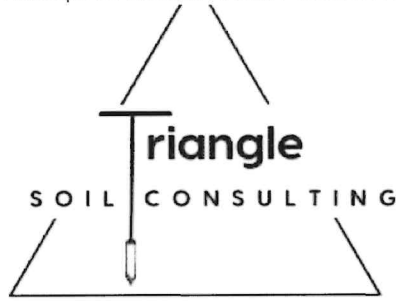
LINE #	FLAG COLOR	BS (ft)	FS (ft)	FLAGGED LINE LENGTH (ft)	DESIGN LINE LENGTH (ft)
1	White		2.80	36	35
2	Red		3.80	55	55
3	Orange		4.25	67	65
4	Purple		4.50	46	45
5	Yellow		5.10	46	40
6	Pink		5.75	55	55
7	Blue		6.20	60	55
8	Red		6.45	62	55
Total:				427	405

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	205	0.30	IIIB/E	0.293	PPBPS - T&J Panel (Horizontal)	24"	Pressure Manifold	360
Repair	200	0.30	IIIB/E	0.300	PPBPS - T&J Panel (Horizontal)	24"	Pressure Manifold	360

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 5-8) Repair System (Lines 1-4)**
- 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#: 443 S Main Street, Franklinton, NC

PIN: 1855-94-6509

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:

Oliver Diolosa

DD14B5B8B8EE4E7

Oliver Diolosa, Manager: United Land of America LLC

Owner's representative:

DocuSigned by:

Deron Brodbeck

815E58E781AE434

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: 453914 - 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 #: 443 South Main Street Subdivision: _____ Phase: NEW Lot: _____
Franklinton, NC 27525
Directions:
Structure: SINGLE FAMILY 443 South Main Street
of Bedrooms: 3
of People: 6
*Water Supply: _____

System Specifications

Usable Soil Depth: 41 Minimum Trench Depth: _____ Inches
Design Flow: 360 Maximum Trench Depth: 24 Inches
Soil Application Rate: 0.3000 Minimum Soil Cover: _____ 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: _____ Pump Required: ☒ Yes ☐ No ☐ May Be Required
Total Trench Length: 205 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
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) If existing drainlines are encountered during installation contact Health Dept for guidance.

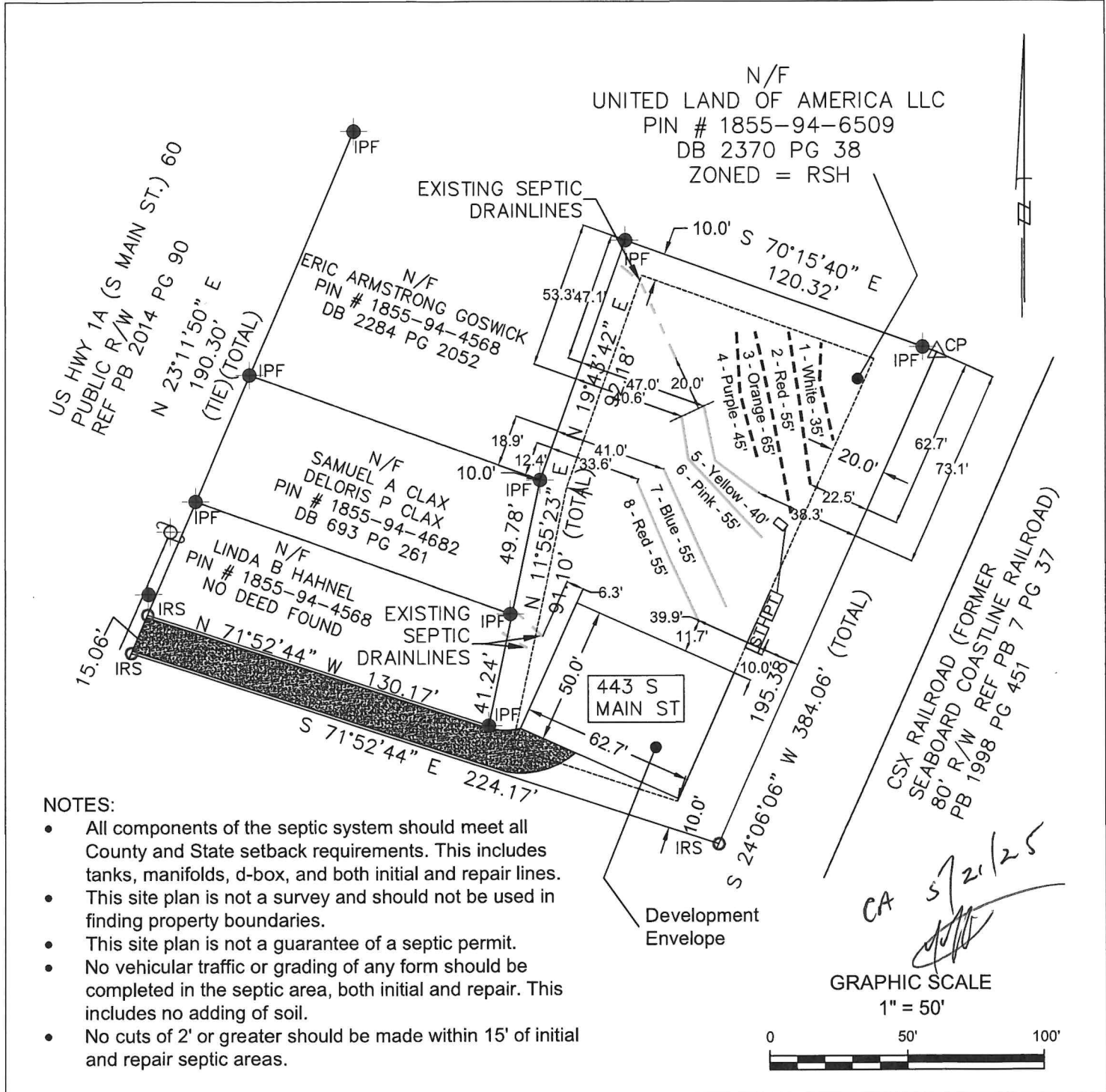
The Authorization for Wastewater System Construction shall be valid for a period equal to the period of validity of the Improvement Permit and may be issued at the same time the Improvement Permit issued (NCGS 130A-336(b)). If the installation has not been completed during the period of validity of the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

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

Total Time : (HH:MM) _____

☐ Hand Drawing ☐ Import Drawing



Initial System		Repair System		LEGEND			
System Type: IIIBE, Pressure Manifold		System Type: IIIBE, Pressure Manifold		Initial System			
Line Numbers: 5-8	Total Footage: 205'	Line Numbers: 1-4	Total Footage: 200'	Repair System - - - - -			
PPBPS (Horizontal) - T&J Panel		PPBPS (Horizontal) - T&J Panel		Existing Drainline - - - - -			
Soil LTAR: 0.300		Soil LTAR: 0.300		[ST] 1000 Gallon Min. Septic Tank			
24" Maximum Trench Depth		24" 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
				443 S. Main Street, Franklinton		Revision	
				Franklin County, NC		Revision	
				Septic System Layout: Initial & Repair		Drawn By	JMM
				Bedroom Count: 3-Bedroom		Project #: 25-003	