



File # 457976-2 PIN# _____

Property Address: 55 Broadleaf

Applicant or Owner Name: _____

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**: 9-5-25 EHS: [Signature]

**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 1 Drainfield 3'x345' Type System Acc ^{Serial Dist} Max Trench Depth 18"

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

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

- Note original "a2" IP+CA revoked
- New IP+CA issued under "a2" rules
- See updated packet from CCSC.
- Septic is 4 bedroom with Flow reduction.
- * Flow reduction verification must be submitted prior to septic D.P. being issued.

VOLUNTARY RELINQUISHMENT OF ADMINISTRATIVE APPEAL RIGHTS

Date prepared: 09/04/2025

Owner(s): Ken Harvey Homes, LLC

Mailing Address:

4909 Unicorn Drive, Suite 107
Wake Forest, NC 27587

Property location/site legal description:

55 Broadleaf Lane, Louisburg, NC 27549

Original Improvement Permit (IP) # 457976 Date issued: 08/07/2025

Original Authorization to Construct (CA) # 457976 Date issued: 08/07/2025

I, Ken Harvey Homes LLC, voluntarily relinquish my rights to pursue a formal appeal through the North Carolina Office of Administrative Hearings pursuant to NC General Statute 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B for the above referenced permit(s) (which includes the IPs and ACs) in order for the authorized agent/local health department to issue the applicable permit (new IP and/or CA) for the site. I understand by completing this form that the permit(s) for a

(print full name)

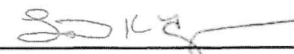
will be revoked immediately by the authorized agent/local health department.

Septic System
(System description)

will be revoked immediately by the authorized agent/local health department.

I understand that the local health department's revocation of a permit can be appealed to the North Carolina Office of Administrative Hearings within 30 days of the revocation pursuant to the North Carolina Administrative Procedure Act. I understand that in order for the local health department to issue another IP and AC that the current IP and AC must be revoked. I understand that the local health department's revocation of an IP or CA is not effective until 30 days from the revocation or, if the revocation is appealed, at the time that the Office of Administrative Hearings issues a final decision. I understand that by signing this form and relinquishing my right to appeal the permit revocation at the Office of Administrative Hearings that the local health department's permit revocation will become effective immediately. I understand and agree that the revocation of a permit that takes effect immediately is in my best interest. I understand that by signing this form that I agree that I do not want to appeal the permit revocation.

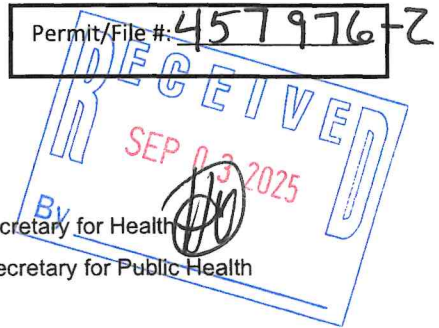
I understand that I am not required to relinquish my appeal rights but that this is an option available to me so I do not have to wait 30 days for the revocation of the permit to take effect.

Signature of Property Owner: 

Date signed: 09/04/2025



Permit/File #: 457976-2



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: 1873-58-3203

Issued To: Ken Harvey Homes

Property Location: 55 Broadleaf Lane

Subdivision (if applicable) Grandiflora Lot #: 20 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, 3-Bedroom

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

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

Proposed Design Daily Flow: 360, PE-FR GPD Proposed LTAR (Initial): 0.3 Proposed LTAR (Repair): 0.3

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

Proposed Wastewater System Type*: IIIe, PPBPS (horizontal) (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)*: 35" Usable Depth to LC (Repair)*: 37" * **Limiting Condition**

Max. Trench Depth (Initial)*: 18" 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 Print Name: Jason Hall

Licensed Soil Scientist Signature: [Signature] Date: 9/2/2025

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

See attached site sketch



This Section for Local Health Department Use Only

Initial submittal received: 9-4-25 by SES
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: [Signature] Date: 9-4-25

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: 9-4-30

See attached site sketch



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: _____



Central Carolina Soil Consulting, PLLC

1900 South Main Street, Suite 110, Wake Forest, NC 27587

Office Number: 919-569-6704

July 25, 2025

September 2, 2025

Job #5256

Ken Harvey Homes
Attention: Andy Beard
4909 Unicon Drive, Suite 107
Wake Forest, NC 27587

RE: Preliminary soil/site evaluation for a single-family dwelling wastewater approval at Grandiflora Subdivision, Lot 20 (3-bedroom with PE flow reduction) in Franklin County pursuant to and meets the requirements of G.S. 130A-335(a2)."

Dear Mr. Beard:

Central Carolina Soil Consulting, PLLC conducted a preliminary soil evaluation on the aforementioned lot to determine the areas of suitable soils that are suitable for subsurface wastewater disposal systems (conventional, Accepted & Innovative). **"The LSS evaluation is being submitted pursuant to and meets the requirements of G.S. 130A-335(a2)."** The soil/site evaluation was performed using auger borings in July 2025, under moist soil conditions, based on the criteria found in the State Subsurface Rules, 15A NCAC 18E "Wastewater Treatment and Dispersal Systems". From this evaluation, CCSC laid out and located the septic layout and gps'd for site plan drawing purposes. **Please note that the lot lines must be clearly marked by your surveyor prior to system installation by your installer to verify all setbacks before digging.**

Based on the findings during the field evaluation, the area on the attached map has at least 40 inches (initial) and 37 inches (repair) of suitable soils for a modified conventional septic system. The assigned LTAR for the initial site is 0.3 gpd/ft² with a maximum depth of 18 inches on the downhill side of the trench for the initial system installation of the drain lines due to slope correction. The assigned LTAR for the repair site is 0.3 gpd/ft² with a maximum depth of 20 inches on the downhill side of the trench for the repair system installation of the drain lines due to slope correction.

The lot is proposed to have a 4-bedroom with PE flow reduction system for the house. A septic system field layout was completed based on the house location and property lines surveyed in the field.

The proposed Initial system for the house is a Gravity to Serial distribution using lines 1-5 totaling 345 feet of accepted product (25% reduction). The repair system for the house is a Gravity to Serial distribution using lines 6-11 totaling 252 feet of T&J Panel Block product (horizontal).

Tanks: (All tanks must meet requirements set forth in 15A NCAC 18E .0801)

Minimum tank capacities: 1,000 for septic tank with risers. The tank should also have pressed in rubber boots on both the inlets and the outlets of the tank, along with having secondary safety lids or devices on all the openings.

Septic Installation:

The septic system for the lot should be installed during dry soil conditions. The septic system should be installed on contour while maintaining all required setbacks. **Lot lines must be clearly marked by your surveyor prior to system installation so your installer can verify all setbacks before digging.**

Setbacks: (see septic design page for locations)

- **Septic and Pump Tanks** (see septic design)
 - 10' minimum from property lines
 - 5' minimum from house
- **Septic Lines** (see septic design)
 - 10' minimum from property lines
 - 5' minimum from house
- **Manifold's and D-Box's** (see septic design)
 - 10' minimum from property lines
- **Supply Lines** (see septic design)
 - 5' minimum from property lines
- **Utilities**
 - Water (10' minimum for all septic components)

Grading:

No grading should be completed within the initial and repair septic areas that change the natural grade of the area. There should be no cutting or filling within the septic areas as well. When grading the lot, no cuts of 2' or greater should be within 15' of the septic areas. If a cut is required near the septic area, keep the cut around 6-8 inches in depth.

HOUSE:

- Initial System: Gravity to Serial Distribution, lines 1-5 totaling 345' (see layout)
- Repair System: Gravity to Serial Distribution, lines 6-9 totaling 252' (see layout)
- 360 gal/day flow rate (4-bedroom with PE flow reduction)
- 1,000 gallon septic tank
 - with risers and pressed in rubber boots on both the inlet and outlet ends and a secondary lid in each tank opening
- 18" max trench depth on the downhill side for the Initial System
- 20" max trench depth on the downhill side for the Repair System
- 0.3 LTAR for Initial
- 0.3 LTAR for Repair
- No grading/filling septic areas
- No cuts >2' within 15' of septic areas
- Keep tanks and drain lines 10' from property lines
- Keep supply line >5' property lines
- Install in dry soil conditions
- Maintain natural contours when clearing the lot

This letter discusses the location of provisionally suitable soils for subsurface wastewater disposal systems and does not guarantee the future function of any wastewater system on sites. Central Carolina Soil Consulting, PLLC is a professional consulting firm specializing in soil delineations and designs for on-site wastewater disposal systems.

If you have any questions regarding the findings on the attached map or in this report, please feel free to contact me at any time. Thank you for allowing Central Carolina Soil Consulting to perform this site evaluation for you.

Sincerely,



Jason Hall

NC Licensed Soil Scientist #1248

AOWE certification number 10004E



Encl: Soil Map & septic layout

Central Carolina Soil Consulting, PLLC

1900 South Main Street, Suite 110, Wake Forest, NC 27587

Page 1 of 1

PROPERTY ID #: 1873-58-3203

COUNTY: Franklin

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

(Complete all fields in full)

OWNER: KEN HARVEY HOMES LLC DATE EVALUATED: 7/1/2025

ADDRESS: 4909 UNICON DR STE 107, WAKE FOREST, NC, 27587

PROPOSED FACILITY: single-family dwelling PROPOSED DESIGN FLOW (.0400): 360 gal/day PROPERTY SIZE: 0.72 Ac.

LOCATION OF SITE: 55 BROADLEAF LN (Grandiflora Subdivision Lot 20) PROPERTY RECORDED: Yes

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	L, ~6-8%	A 0-5	SL GR	VFR NS NP						3"
		Bt1 5-12	SCL SBK	FR SS SP SEXP						
		Bt2 12-30	C SBK	FI SS SP SEXP		S			S, 0.3	
		BC 30-40	CL Weak SBK	FR SS SP SEXP		S			S, 0.3	
		C 40+				U	U			
2	L, ~10-12%	A 0-5	SL GR	VFR NS NP						5"
		Bt 5-18	C SBK	FI SS SP SEXP		S			S, 0.3	
		BC 18-35	CL Weak SBK	FR SS SP SEXP		S			S, 0.3	
		C 35-48	L GR	FR NS NP		S	S		S, 0.3	
3	L, ~5-7%	A 0-5	SL GR	VFR NS NP						3"
		B 5-37	SL GR	VFR NS NP		S			S, 0.4	
		AR @ 37								

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM	SITE CLASSIFICATION (.0509): SUITABLE EVALUATED BY: JASON HALL OTHER(S) PRESENT:
Available Space (.0508)	YES	YES	
System Type(s)	IIb, accepted	IIIe, PPBPS	
Site LTAR	0.30	0.30	
Maximum Trench Depth	18" on downhill side	20" on downhill side	

Comments: AR= AUGER REFUSAL

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		0.05 - 0.2	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)	IV	SC (Sandy clay)	0.1 - 0.4	0.05 - 0.2	SEXP (Slightly expansive)				
T (Terrace)		SiC (Silty clay)			EXP (Expansive)				
TS (Toe Slope)		C (Clay)							
		O (Organic)	None						

* 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

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); Evaluation of saprolite shall be by pits or auger borings.

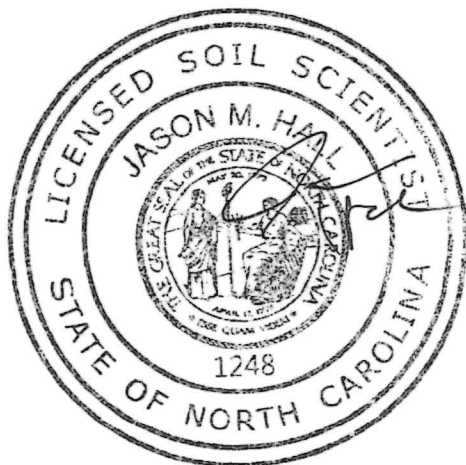
SOIL WETNESS

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)

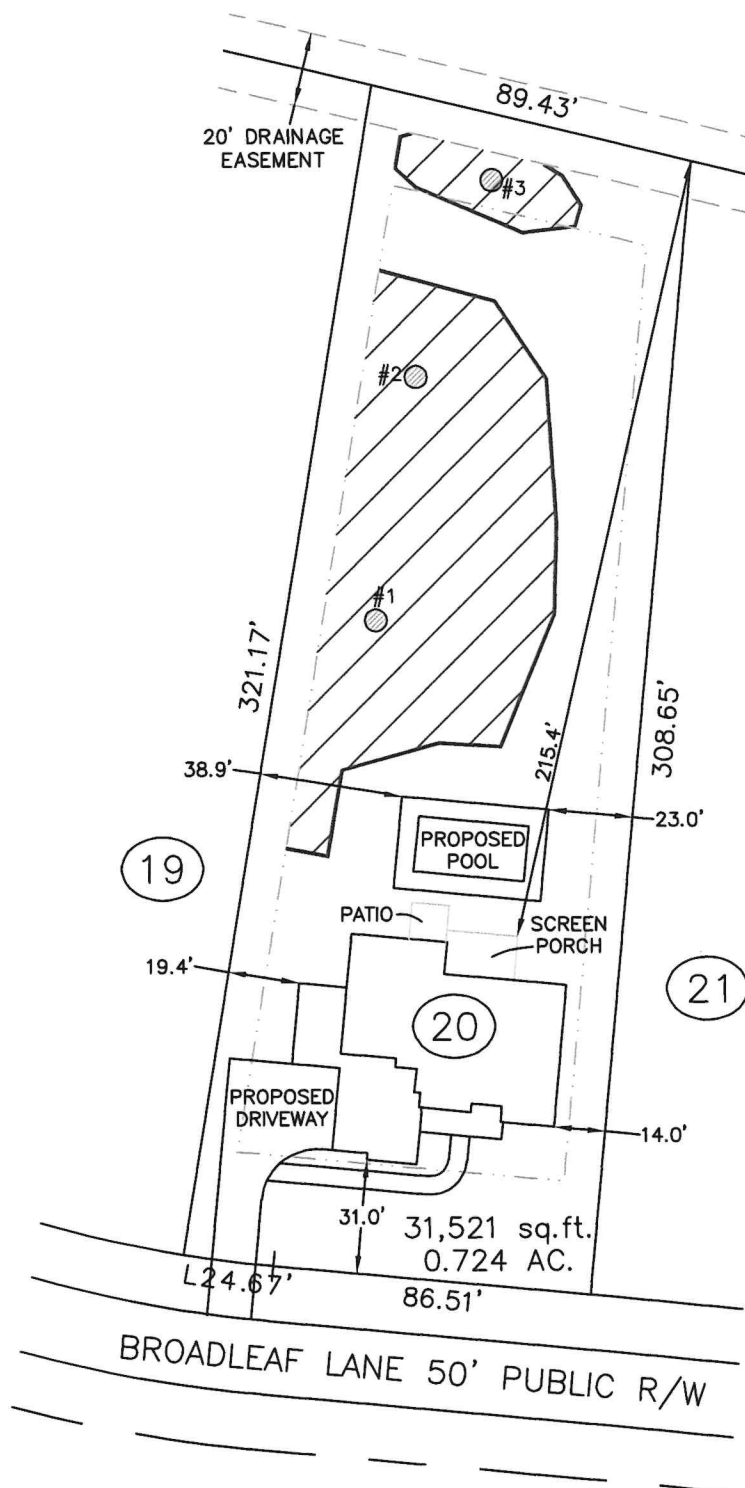
- *Keep tanks and drain lines 10' from property lines.
- *Not a survey.
- *Not a guarantee of a septic permit.
- *Keep supply lines >5' from property lines.
- *Some lines are flagged longer in the field than lengths indicate.
- *No grading septic area.
- *No adding soil within septic area
- *No rutting-up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



System and Repair Area:

- ~7,900ft²
- 0.3 soil LTAR
- 43-bedroom: Accepted Product Primary and PPBPS Repair with PE FR

● #2 = profile description locations



GRAPHIC SCALE
1" = 50'



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 20, Grandiflora Subdivision
Franklin County, North Carolina

Job#: 5256
Drawn By: JR
Date: 07/25/2025
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 _____ Grandiflora, Lot 20 _____,
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): _____

Owner or Owner's Representative (signature): _____

Date: _____



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

County: Franklin

Pre-Construction Conference Required: Yes ☐ No ☒

PIN/Lot Identifier: 1873-58-3203

Issued To: Ken Harvey Homes

Property Location: 55 Broadleaf Lane (Grandiflora, Lot 20)

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, 3-Bedroom

Number of bedrooms: 4 Number of Occupants: ≤8 Other: PE-FR, 360 gal/day

☒ 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* IIb, accepted (25% reduction) (Initial) IIIe, PPBPS (horizontal) (Repair)

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

Design Daily Flow: 360 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: 345 feet Trench/Bed Spacing: 9 feet on center

Trench/Bed Width: 36 inches LTAR: 0.3 gpd/ft² Usable Depth to LC (Initial)*: 35" **Limiting condition*

Additional Soil Cover: 0 inches Slope Corrected Maximum Trench/Bed Depth*: 18 inches ** Measured on the downhill side of the trench*

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

Pump Requirements: _____ ft. TDH vs. _____ 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 off 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: [Signature]

Date: 9/2/25

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

See attached site sketch



This Section for Local Health Department Use Only

Initial submittal received: 9-4-25 by SEJ
Date 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: 9-4-25

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: 9-4-30

See attached site sketch



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: _____

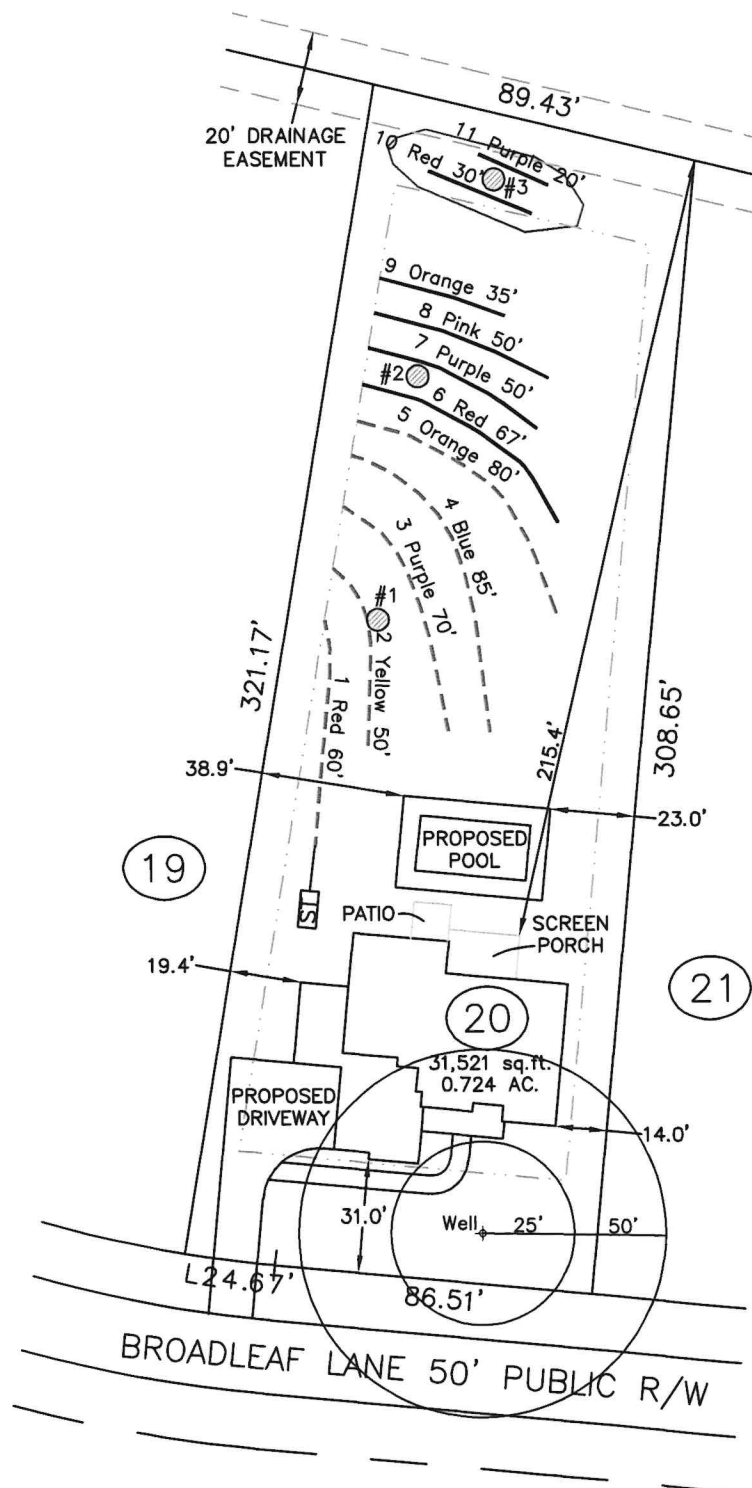
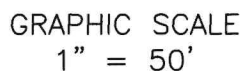
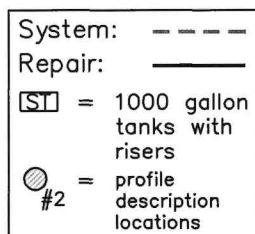
☐ Complete

State Authorized Agent: _____

Date: _____

Repair System: Gravity to Serial
Lines: 6-11, (252')
T&J Panel Block System (horizontal)
0.3 Soil LTAR
20" Trench Bottom on the downhill side

- *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



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
with PE FR
Lot 20, Grandiflora Subdivision
Franklin County, North Carolina

Job#: 5256
Drawn By: JR
Date: 07/25/2025
Revision: 9/2/25



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 _____ Grandiflora, Lot 20 _____, 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): _____

Owner or Owner's Representative (signature): _____

Date: _____



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

Issued to: Lisa Ferguson

Location: 55 BROADLEAF Lane LOUISBURG , NC 27549

**NEW WELL APPLICATION
LICENSED SOIL SCIENTIST A2 PERMIT**

Application Type: NEW WELL LICENSED SOIL SCIENTIST A2 PERMIT

Application Number: E-25-475

Date: September 3, 2025

Building Type:

Acreage:

Project Type: New Construction Single Family Dwelling

Zoning: R-30

of Bedrooms: 4

of Occupants: 5

Residential Project Type: Single Family Dwelling

Commercial Project Type:

Building Foundation: Crawlspace

Square Footage of Facility:

Water Source: New Well

Number of Employees:

Number of Seats:

Preferred Type of Septic System: (1) Conventional (rock)

Notes:

Parcel ID #: 050874

Subdivision: NULL

Grandiflora #20

Applicant Information

Applicant Name: Lisa Ferguson

Address: 4909 Unicon Drive, Suite 107 Wake Forest , NC 27587

Phone: 919-999-4150

Email: lisa.ferguson@kenharveyhomes.com

Property Owner Information

Owner Name: Ken Harvey Homes LLC

Address: 4909 Unicon Dr Wake Forest , NC 27587

Phone: 9199994150

Email: lisa.ferguson@kenharveyhomes.com

General Contractor Information

Contractor Name: Ken Harvey Homes, L.L.C.

Address: 4909 Unicon Dr Suite 107 Wake Forest, NC 27587 Wake Forest , NC 27587

Phone: 9196220877

Email: andy.beaird@kenharveyhomes.com

Zoning

Zoning Permit #: Z-25-731

County Water: No

Front Setback: 30

Right Setback: 10

Left 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 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 (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 taken as a guarantee a septic system will function in a satisfactory manner for any given period of time. By signing below, the applicant attest he/she is the property owner or has been granted permission to be the property owner's legal representative, for the purposes of obtaining a septic permit for the referenced property.

Kenneth A Beaird

September 3, 2025

Signature of Owner or Owner's Legal Representative

Expires: August 4, 2026