



IMPROVEMENT PERMIT

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

For Office Use Only

*CDP File Number 377700 - 1

County ID Number:

Evaluated For: NEW

PERMIT VALID UNTIL: 08/02/2027

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

Applicant: GINGER BLACKWELL

Address: 3809 ORANGE COSMOS AVE

City: WAKE FOREST

State/Zip: NC 27587

Phone #:

Property Owner: GF MOODY PROPERTIES, LLC

Address: PO BOX 926

City: DUNN

State/Zip: NC. 28334

Phone #:

Property Location & Site Information

Address/Road #: 952 BRANTLEYTOWN RD , NC Subdivision: Phase: NEW Lot: 2

Structure: SINGLE FAMILY

of Bedrooms: 3

of People: 5

*Water Supply: NEW WELL

Directions

952 BRANTLEYTOWN RD

Initial System

*Site Classification:

Design Flow: 360

Soil Application Rate: 0.3000

*System Classification/Description:

TYPE III B. SYSTEM W/SINGLE EFFLUENT PUMP

*Proposed System:

25% REDUCTION

System Specifications

Minimum Trench Depth: Inches

Maximum Trench Depth: 28 Inches

Septic Tank: 1000 Gallons

Pump Required: ☐ Yes ☐ No ☒ May Be Required

Pump Tank: 1000 Gallons

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

Repair System

*Site Classification:

Soil Application Rate:

*System Classification/Description:

N/A

*Proposed System:

Minimum Trench Depth: Inches

Maximum Trench Depth: Inches

Pump Required: ☐ Yes ☐ No ☐ May Be Required

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

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 (1938(b)).

Authorized State Agent:

Bendel, Joel

Date of Issue:

08/02/2022

Total Time: (HH:MM)

☐ Hand Drawing

☐ Import Drawing

Site Plan/Drawing attached.



Construction Authorization

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

For Office Use Only

*CDP File Number: 377700 - 1
County ID Number: _____
Evaluated For: NEW

PERMIT VALID UNTIL: 08/02/2027

☐ Open Pump System Sheet

Applicant: GINGER BLACKWELL
Address: 3809 ORANGE COSMOS AVE
City: WAKE FOREST
State/Zip: NC 27587
Phone #: _____

Property Owner: GF MOODY PROPERTIES, LLC
Address: PO BOX 926
City: DUNN
State/Zip: NC. 28334
Phone #: _____

Property Location & Site Information

Address/Road #: 952 BRANTLEYTOWN RD, NC Subdivision: _____ Phase: NEW Lot: 2

Directions:

Structure: SINGLE FAMILY 952 BRANTLEYTOWN RD

of Bedrooms: 3

of People: 5

*Water Supply: _____

System Specifications

*Site Classification: _____ Minimum Trench Depth: _____ Inches

Design Flow: 360

Maximum Trench Depth: 28 Inches

Soil Application Rate: 0.3000

Minimum Soil Cover: _____ Inches

*System Classification/Description:

TYPE III B. SYSTEM W/SINGLE EFFLUENT PUMP

Maximum Soil Cover: _____ Inches

*Proposed System:

25% REDUCTION

*Distribution Type: PUMP TO GRAVITY

Nitrification Field: _____ Sq. ft.

Septic Tank: 1,000 Gallons

No. Drain Lines: _____

Pump Required: ☐ Yes ☐ No ☒ May Be Required

Total Trench Length: 300 ft. ☐ Inches O.C. ☒ Feet O.C.

Pump Tank: 1,000 Gallons

Trench Spacing: _____ - 9 ☐ Inches ☒ Feet

Grease Trap: _____ Gallons

Trench Width: _____ - 3 ☒ Feet

Septic Tank Installer

Aggregate Depth: _____ inches

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 (.1937(g)). 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

Authorized State Agent: Bendel, Joel

Date of Issue: 08/02/2022

☐ 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 377700

PIN Number: _____

Tax Lot #: 2 Tax Block #: 036838

Evaluated For: SINGLE FAMILY \ WELL

Property Owner: GF MOODY PROPERTIES, LLC

Address: PO BOX 926

City: DUNN

State/Zip: NC / 28334

Phone #: _____

Applicant: GINGER BLACKWELL

Address: 3809 ORANGE COSMOS AVE

City: WAKE FOREST

State/Zip: NC / 27587

Phone #: _____

Property Location & Site Information

Address/Road #:

Subdivision: _____

Phase: _____

Lot: 2

952 BRANTLEYTOWN RD

*Proposed use of Well: SINGLE FAMILY

If Other: _____

Applicant Email: _____

Owner Email: _____

Directions: 952 BRANTLEYTOWN RD

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

Authorized State Agent: _____

Owner/Applicant: _____

*Date of Issue: 08/02/2022



Hand Drawing



Import Drawing

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



Franklin County
 215 E. Nash St. Louisburg, NC 27549
 Phone (919) 496-2281
 www.franklincountync.us

Issued to: Ginger Blackwell

Location: 952 BRANTLEYTOWN RD ZEBULON , NC 27597

**NEW SEPTIC APPLICATION
 NEW WELL APPLICATION**

Application Type: NEW SEPTIC NEW WELL

Application Number: E-22-595

Date: August 2, 2022

Building Type:

Acreage: 0.84

Project Type: Single Family Dwelling

Zoning: R-30

of Bedrooms: 3

of People: 5

Parcel ID #: 036838

Subdivision: JOHNSON LOT

Applicant Information

Applicant Name: Ginger Blackwell

Address: 3809 Orange Cosmos Ave Wake Forest , NC 27587

Phone: 9192918015

Email: glblackwell@nc.rr.com

Property Owner Information

Owner Name: GF Moody Properties, LLC

Address: PO Box 926 Dunn , NC 28334

Phone: 9108920902

Email: glblackwell@nc.rr.com

General Contractor Information

Contractor Name: Blackwelder Construction, LLC

Address: 2006 Landmark Dr. Franklinton , NC 27525-8367

Phone: (919) 270-0472

Email: glblackwell@nc.rr.com

Zoning

Zoning Permit #:

County Water:

Front Setback:

Right Setback:

Left Setback:

Rear Setback:

Call Environmental Health (919-496-8100) between 8:00 - 9:00 a.m. Monday - Friday in order to schedule an appointment with and environmental Health Specialist for your lot evaluation. This application for an improvement permit/construction authorization and well permit does not constitute approval for zoning, septic, and building permits. It will be necessary to meet all guidelines for zoning, septic, and building permits prior to construction. The application is valid for either 12 months or without expiration, depending upon documentation submitted.

Please contact the Environmental Health Department at 919-496-8100 to determine the status of your application prior to visiting the Planning & Inspections Department to obtain a building permit.

I hereby certify that I am the owner, or authorized by the owner to act as his/her legal representation. Furthermore, as legal representative (if applicable) I have advised the owner of my intention to apply for this wastewater treatment and disposal system and drinking water and well system permit.

I also certify that all of the statements made in this application and any attached documents are true, complete, and correct, to the best of my knowledge and belief, and are made in good faith. If information in this application for these improvements is falsified, changed or site is altered, then improvement permits and authorization to construct these improvements shall become invalid. Authorized county representatives are granted right of entry to make these evaluations or inspections, and to be release information upon public request.

August 2, 2022



File # 377700 PIN# _____

Property Address: 952 Brantleytown Rd

Applicant or Owner Name: Ginger Blackwell

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**: 8-2-22 EHS: Toel Bendel

**Any previously dated CA diagram is revoked and/or invalid. Confirm this is the valid diagram for the site before beginning any construction.

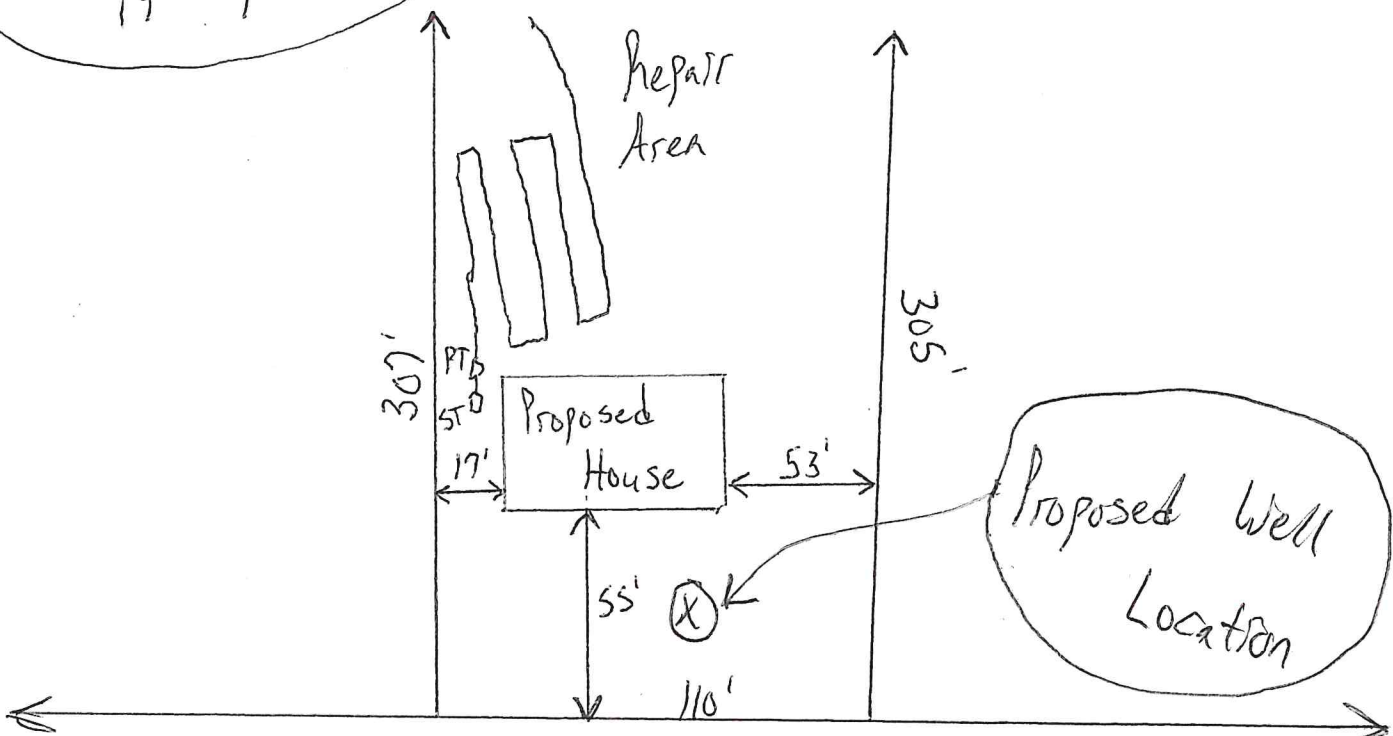
Installation/grouting inspections may be scheduled the day before, or, the day of installation until 9am by contacting the Environmental Health office at 919 496 8100. A revisit fee may apply if installation is not ready for inspection at the time requested. Septic Operations Permits will be issued after 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 1000 Drainfield 3'x300' Type System Pump Max Trench Depth 28"

Septic Contractor _____ Septic/Pump tank dates _____ Pump fee? NO ☒ YES ☐ pd _____

Well Contractor _____ Well Grout date: _____

* Achieve gravity
if possible *



Brantleytown Rd.