



OPERATION PERMIT

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

For Office Use Only

*CDP File Number 389337 - 1
County ID Number: _____
Evaluated For: NEW

Property Owner: ASHTON RALEIGH RESIDENTIAL

Owner Address: 900 RIDGEFIELD DR ST 335

City: RALEIGH

State/Zip: NC/ 27609

Phone #:

Address: 55 GADWALL CT
ZEBULON, NC 27597

Road #:

Township:

Subdivision:

Phase : NEW Lot:

Structure: SINGLE FAMILY

of Bedrooms: 4

of People: 5

Water Supply: NEW WELL

Saprolite System?: ☐ Yes ☒ No

Pump Required?: ☐ Yes ☒ No

Design Flow: 480

System Classification/Description: TYPE II A. CONV SYSTEM
(SINGLE-FAMILY OR 480 GPD OR LESS)

Installer: *C+M Plumbing*

Specific System UNKNOWN

Installed:

STB: 1000

PT:

Comments:

Certification #:

Septic Tank Date: 04/22/2023

Pump Tank Date: _____

This system has been installed in compliance with applicable NC General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.

PERMIT CONDITIONS:

I. Performance: System shall perform in accordance with Rule .1961.

II. Monitoring: As required by Rule .1961.

III. Maintenance: Ground absorption sewage treatment and disposal systems shall be checked, and the contents of the septic tank removed, periodically from all compartments, to ensure proper operation of the system. The contents shall be pumped whenever the solids level is found to be more than 1/3 of the liquid depth in any compartment.

Other:

Subsurface Operator Required: ☐ Yes ☒ No

If yes, see attached sheet for additional operation conditions, maintenance and reporting.

Operation:

Other:

Authorized State Agent: Bendel, Joel

Date of Issue: 05/11/2023

Owner/Applicant: _____



CDP#
389337

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

Issued to: **Ashton Raleigh Residential**

Location: **55 GADWALL CT ZEBULON, NC 27597**

NEW SEPTIC APPLICATION ✓
NEW WELL APPLICATION ✓

Application Type: NEW SEPTIC NEW WELL

Application Number: E-23-51

Building Type:

Project Type: New Construction Single Family Dwelling

of Bedrooms: 4

Residential Project Type: Single Family Dwelling

Building Foundation: Crawlspace

Water Source: New Well

Date: January 23, 2023

Acreage:

Zoning: R-30

of Occupants: 5

Commercial Project Type:

Square Footage of Facility:

Number of Employees:

Number of Seats:

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

Notes:

Parcel ID #: 047186

Subdivision: NULL

Applicant Information

Applicant Name: Ashton Raleigh Residential

Address: 900 Ridgefield Drive Suite 335 Raleigh, NC 27609

Phone: 919-892-4573

Email: nichoal.enright@ashtonwoods.com

Property Owner Information

Owner Name: Ashton Woods Raleigh Residential

Address: 900 Ridgefield Dr Ste 335 Ridgefield Dr Ste 335 Raleigh, North Carolina 27609

Phone: 919-892-4573

Email: nichoal.enright@ashtonwoods.com

General Contractor Information

Contractor Name: Ashton Raleigh Residential L.L.C.

Address: 4025 Lake Boone Trail Ste 200 Raleigh, NC 27607

Phone: (919) 235-0128

Email: nichoal.enright@ashtonwoods.com

Zoning

Zoning Permit #:

County Water:

Front Setback:

Right Setback:

Left Setback:

Rear Setback:

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? Yes

Does the site contain, or have within 100 feet, any existing wells and/or septic systems? Yes

Is any wastewater going to be generate other than domestic sewage? No

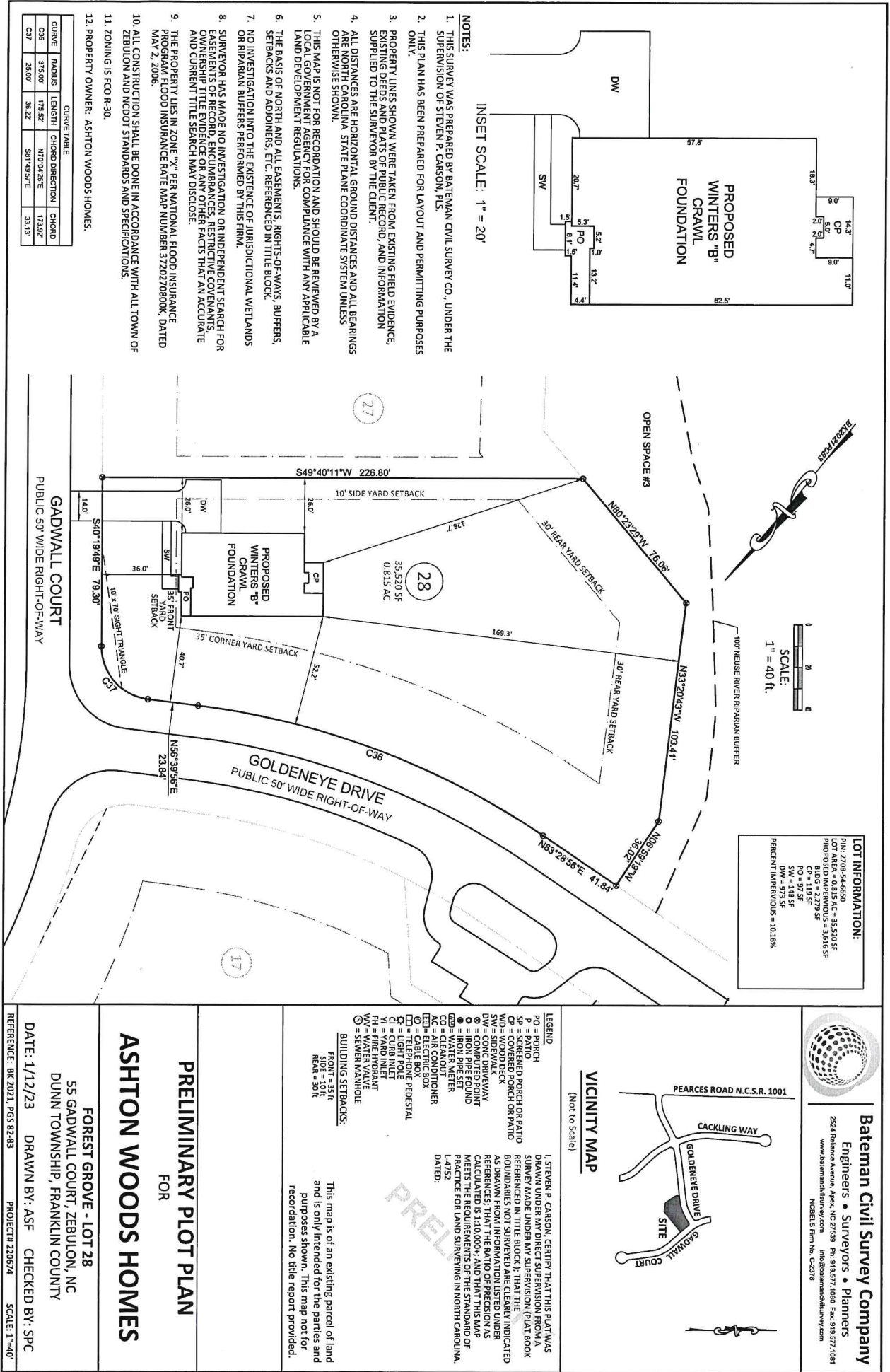
Is the site subject to approval by an other public agency? No

Are there any easements or right-of-ways on this site? Yes

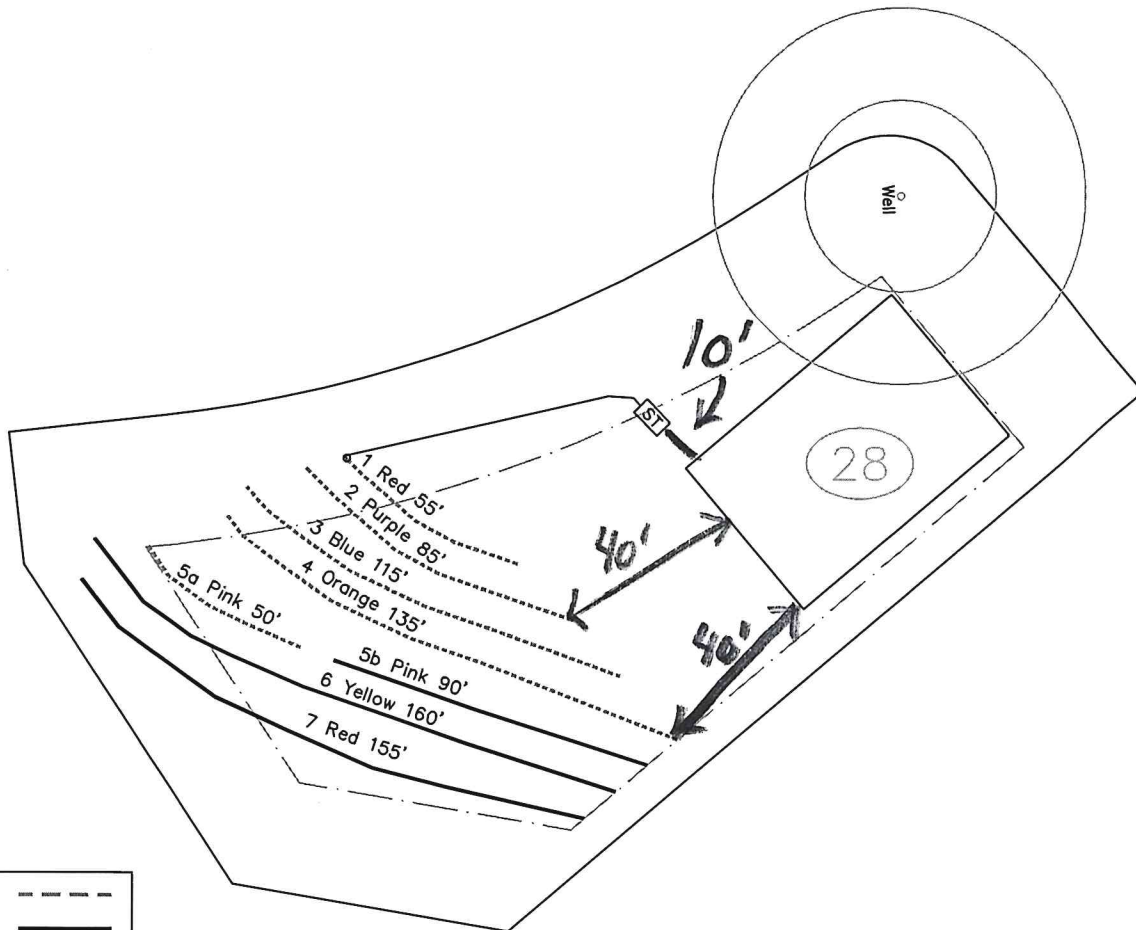
Are there any underground utilities on the site? Yes

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. 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.

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



- *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.



System: - - - -
Repair: ————

System: Gravity to Serial Dist.
Lines: 1–5a, (440')
Accepted Status System
0.3 Soil LTAR
20" Trench Bottom

Repair: Gravity to Serial Dist.
Lines: 5b–7, (405')
Accepted Status System
0.3 Soil LTAR
18" Trench Bottom

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

4–Bedroom Septic Layout
Lot 28, Forest Grove Subdivision
Fanklin County, North Carolina

Job# : 2917
Drawn By : AH
Date : 1/10/2023
Revision:

**CCSC SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM**

Sheet:
Property ID:
Lot #: 28
File #:
ApplID:

Owner:

Address:

Proposed Facility: 4-Bedroom

Design Flow (.1949) 480 gal/day

Location of Site: Forest Grove Subdivision

Applicant:

Date Evaluated: 1/10/2023

Property Size: 0.815 Ac.

Property Recorded: Yes

Water Supply: ☐ Public ☒ Individual

☒ Well

☐ Spring

☐ Other

Evaluation Method: ☒ Auger Boring

☐ Pit

☐ Cut

Type of Wastewater: ☒ Sewage

☐ Industrial Process

☐ Mixed

P R O F I L E #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941		b PROFILE FACTORS				Profile Class & LTAR
			.1941 Structure/ Texture	.1941 Consistence Mineralogy	.1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	
1	LS 8%	0-6	GR SL	VFR NS NP SEXP	10YR 7/2 @ 36"	36			PS 0.30
		6-36	SBK C	FR SS SP SEXP					
2	LS 8%	0-7	GR SL	VFR NS NP SEXP		33			U/PS 0.30
		7-33	SBK C	FR SS SP SEXP					
		33 AR							

Description	Initial System	Repair System
Available Space (.1945)	Yes	Yes
System Type(s)	III G	III G
Site LTAR	0.30	0.30

Other Factors (.1946):

Soil Evaluation By:

Others Present:

Site Classification (.1948): Provisionally Suitable

Site Evaluation By: Jason Hall

Others Present: Michael Seewald

COMMENTS:

FILE #:

AR = AUGER REFUSAL

<u>Landscape Position</u>	<u>Group</u>	<u>Texture</u>	<u>.1955 LTAR</u>	<u>Structure</u>
R-Ridge	I	S-Sand	1.2 - 0.8	SG-Single Grain
SS-Shoulder Slope		LS-Loamy Sand		M-Massive
LS-Linear Slope	II	SL-Sandy Loam	0.8 - 0.6	CR-Crumb
FS-Foot Slope				GR-Granular
NS-Nose Slope				SBK-Subangular Blocky
HS-Head Slope				ABK-Angular Blocky
CC-Concave Slope	III	SI-Silt	0.6 - 0.3	PL-Platy
CV-Convex Slope		SICL-Silty Clay		PR-Prismatic
T-Terrace		Loam		
FP-Flood Plain		CL-Clay Loam		
	IV	SCL-Sandy Clay	0.4 - 0.1	
		Loam		
		SC-Sandy Clay		
		SIC-Silty Clay		
		C-Clay		

Consistence

Moist

VFR-Very Friable
FR-Friable
FI-Firm
VFI-Very Firm
EFI-Extremely Firm

Consistence

Wet

NS-Non-Sticky
SS-Slightly Sticky
S-Sticky
VS-Very Sticky
NP-Non-Plastic
SP-Slightly Plastic
P-Plastic
VP-Very Plastic

Mineralogy

SEXP-Slightly Expansive
EXP-Expansive

Sketch of Soil Evaluation Locations



IMPROVEMENT PERMIT

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

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*CDP File Number 389337 - 1

County ID Number:

Evaluated For: NEW

PERMIT VALID UNTIL: 02/06/2028

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

Applicant: ASHTON RALEIGH RESIDENTIAL

Address: 900 RIDGEFIELD DR ST 335

City: RALEIGH

State/Zip: NC 27609

Phone #:

Property Owner: ASHTON RALEIGH RESIDENTIAL

Address: 900 RIDGEFIELD DR ST 335

City: RALEIGH

State/Zip: NC. 27609

Phone #:

Property Location & Site Information

Address: 55 GADWALL CT ZEBULON, NC
27597

Subdivision:

Block/Phase: NEW

Lot:

Road #:

Directions

55 GADWALL

Structure: SINGLE FAMILY

of Bedrooms: 4

of People: 5

*Water Supply: N/A

System Specifications

Initial System

*Site Classification:

Design Flow: 480

Soil Application Rate:

Minimum Trench Depth: Inches

Maximum Trench Depth: 20 Inches

*System Classification/Description:

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

*Proposed System:

25% REDUCTION

Septic Tank: 1000 Gallons

Pump Required ☐ Yes ☒ No ☐ May Be Required

Pump Tank: 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

CDP File Number: 389337

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 (1938(b)).

Authorized State Agent:

Bendel, Joel

Date of Issue:

02/06/2023

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: 389337 - 1
County ID Number: _____
Evaluated For: NEW

PERMIT VALID UNTIL: 02/06/2028

☐ Open Pump System Sheet

Applicant: ASHTON RALEIGH RESIDENTIAL
Address: 900 RIDGEFIELD DR ST 335
City: RALEIGH
State/Zip: NC 27609
Phone #: _____

Property Owner: ASHTON RALEIGH RESIDENTIAL
Address: 900 RIDGEFIELD DR ST 335
City: RALEIGH
State/Zip: NC. 27609
Phone #: _____

Property Location & Site Information

Address/Road #: 55 GADWALL CT ZEBULON, NC 27597 Subdivision: _____ Phase: NEW Lot: _____

Directions:

Structure: SINGLE FAMILY 55 GADWALL

of Bedrooms: 4

of People: 5

*Water Supply: _____

System Specifications

*Site Classification: _____ Minimum Trench Depth: _____ Inches

Design Flow: 480 Maximum Trench Depth: 20 Inches

Soil Application Rate: _____ Minimum Soil Cover: _____ Inches

*System Classification/Description: _____ Maximum Soil Cover: _____ Inches

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

*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: 440 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 (.1937(g)). Ther person owning or controlling the system shall be responsible for assuring compliance with the laws, rules, and permit conditions regaurding system location, installation, operation, maintenance, monitoring, reporting

Authorized State Agent: Bendel, Joel Date of Issue: 02/06/2023

☐ 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 389337

PIN Number: _____

Tax Lot #: _____ Tax Block #: 047186

Evaluated For: _____

PERMIT VALID UNTIL: 02/07/2028

Property Owner: ASHTON RALEIGH RESIDENTIAL

Address: 900 RIDGEFIELD DR ST 335

City: RALEIGH

State/Zip: NC / 27609

Phone #: _____

Applicant: ASHTON RALEIGH RESIDENTIAL

Address: 900 RIDGEFIELD DR ST 335

City: RALEIGH

State/Zip: NC / 27609

Phone #: _____

Property Location & Site Information

Address/Road #: _____

Subdivision: _____

Phase: _____

Lot: _____

55 GADWALL CT

ZEBULON NC, 27597

*Proposed use of Well: _____

If Other: _____

Applicant Email: _____

Owner Email: _____

Directions: 55 GADWALL

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: 02/06/2023

Authorized State Agent: _____

Owner/Applicant: _____

☒ Hand Drawing

☐ Import Drawing

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



File # 389337 PIN# _____

Property Address: SS Gadwall CT

Applicant or Owner Name: Ashton Kaleygh Res.

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**: 2-6-23 EHS: Joel 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 _____ Pump Tank _____ Drainfield _____ Type System _____ Max Trench Depth _____
Septic Contractor C&M Plumbing Septic/Pump tank dates ST 4-22-23 Pump fee? ☒ YES ☐ NO pd _____
Well Contractor _____ Well Grout date: _____

*Refer to attached CCSS
documentation &*