



IMPROVEMENT PERMIT

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

For Office Use Only

*CDP File Number 403492 - 1

County ID Number: _____

Evaluated For: NEW

PERMIT VALID UNTIL: 12/14/2028

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

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: 25 PINTAIL LN YOUNGSVILLE,
NC 27596

Subdivision: PRESERVE AT Block/Phase: NEW

Lot: 29

Road #: _____

Directions
NORRIS
CREEK

Structure: SINGLE FAMILY

25 PINTAIL

of Bedrooms: 3

of People: 3

*Water Supply: N/A

System Specifications

Initial System

*Site Classification: Suitable

Design Flow: 360

Soil Application Rate: 0.3000

Minimum Trench Depth: _____ Inches

Maximum Trench Depth: 36 Inches

*System Classification/Description:

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

Septic Tank: 1000 Gallons

Pump Required ☐ Yes ☒ No ☐ May Be Required

*Proposed System:
25% REDUCTION

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

Minimum Trench Depth: _____ Inches

Maximum Trench Depth: _____ Inches

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: 403492

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: 12/14/2023

Total Time: (HH:MM)

☐ Hand Drawing

☐ Import Drawing

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

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Construction Authorization

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

For Office Use Only

*CDP File Number: 403492 - 1
County ID Number: _____
Evaluated For: NEW

PERMIT VALID UNTIL: 12/14/2028

☐ 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 #: 25 PINTAIL LN YOUNGSVILLE, NC 27596 Subdivision: PRESERVE AT NORRIS CREEK Phase: NEW Lot: 29
Structure: SINGLE FAMILY 25 PINTAIL
of Bedrooms: 3
of People: 3
*Water Supply: NEW WELL

System Specifications

*Site Classification: Suitable Minimum Trench Depth: _____ Inches
Design Flow: 360 Maximum Trench Depth: 36 Inches
Soil Application Rate: 0.3000 Minimum Soil Cover: _____ 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 - PARALLEL (eq. d-box)
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. Pump Tank: _____ Gallons
Trench Spacing: _____ - 9 ☒ Feet O.C. Grease Trap: _____ Gallons
Trench Width: _____ - 3 ☐ Inches Septic Tank Installer ☐ I ☐ II ☐ III ☐ IV
Aggregate Depth: _____ inches Grade Level Required: ☐ ☐ ☐ ☐

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: 12/14/2023

☐ 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 403492

PIN Number: _____

Tax Lot #: 29 Tax Block #: 049386

Evaluated For: _____

PERMIT VALID UNTIL: 12/13/2028

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 #: _____ Subdivision: PRESERVE AT NORRIS CREEK Phase: _____ Lot: 29

25 PINTAIL LN
YOUNGSVILLE NC, 27596

*Proposed use of Well:

If Other:

Applicant Email:

Owner Email:

Directions: 25 PINTAIL

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: 12/14/2023

☐ Hand Drawing

☐ Import Drawing

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



File# 403492 PIN# _____

Property Address: 25 Pintail Ln

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**: 12-14-23 EHS: Joel Bendel

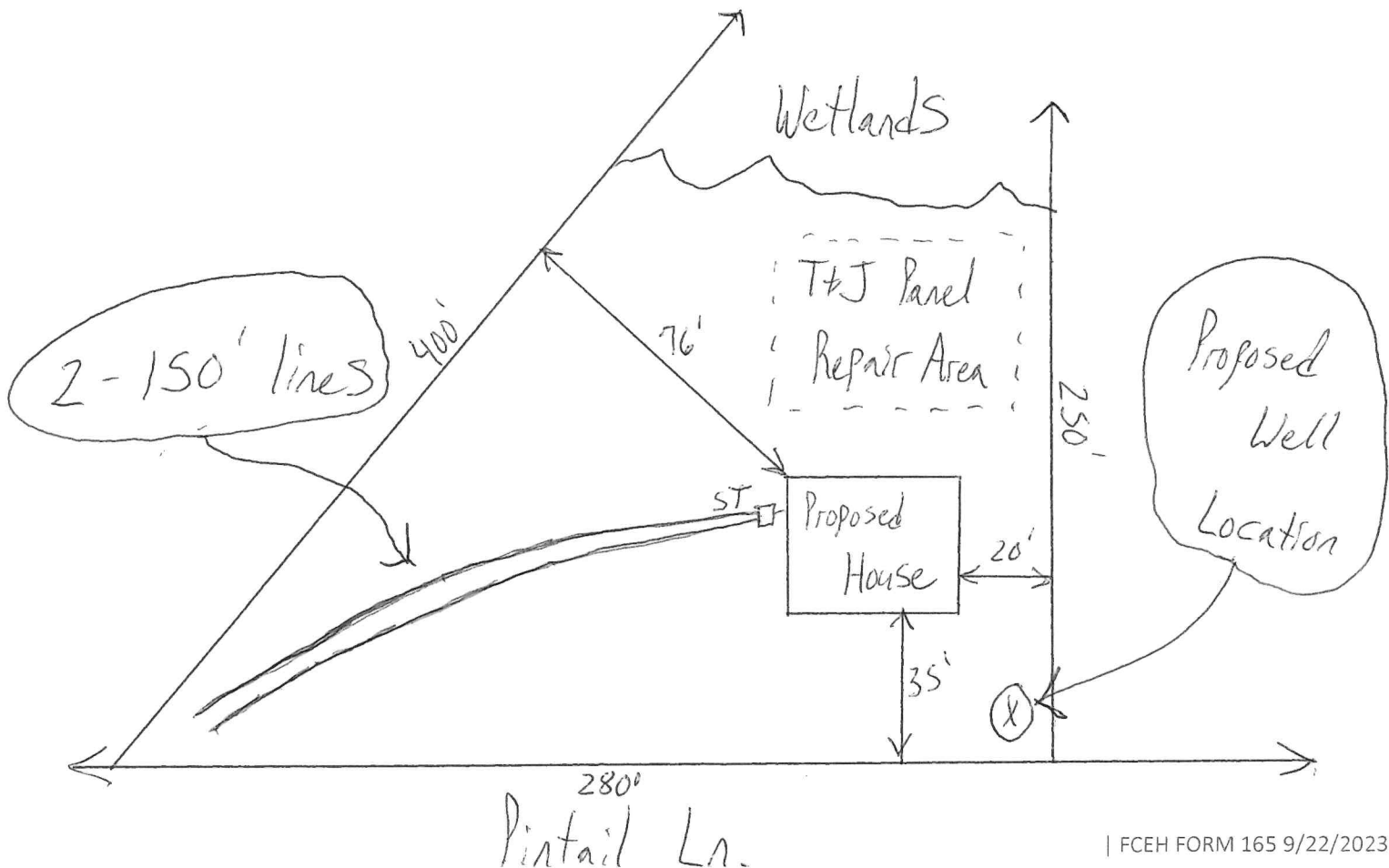
****Any previously dated CA diagram is revoked and/or invalid. Confirm this is the valid diagram for the site before beginning any construction.**

Installation 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'x300' Type System Acc Max trench depth 36"

Septic Contractor _____ Septic/Pump tank dates _____ PUMP FEE? ☒ YES

Well Contractor _____ Well Grout Date: _____ } *Refer to plot plan also!





CDP#
403492

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

Issued to: **Brandywine Homes**

Location: **25 Pintail Lane YOUNGSVILLE, NC 27596**

**NEW SEPTIC APPLICATION
NEW WELL APPLICATION**

Application Type: **NEW SEPTIC NEW WELL**

Application Number: **E-23-1164**

Building Type:

Project Type: Single Family Dwelling

of Bedrooms: 3

Residential Project Type: Single Family Dwelling

Building Foundation: Crawlspace

Water Source: New Well

Date: November 30, 2023

Acreage:

Zoning: R-30

of Occupants: 3

Commercial Project Type:

Square Footage of Facility:

Number of Employees:

Number of Seats:

Notes:

Subdivision: NULL

Lot #29
Preserve at
Norris Creek

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

Parcel ID #: **049386**

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-23-1799

Front Setback: 25

Left Setback: 10

County Water: No

Right Setback: 10

Rear Setback: 20

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 generated 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

Call Environmental Health (919-496-8100) in order to schedule an appointment with an environmental Health Specialist for your lot evaluation. Please contact the Environmental Health Department 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 request with proper documentation. The applicant is responsible for the proper identification and labeling of all property lines, and existing utilities

PRELIMINARY PLOT PLAN FOR

BUILDER

LOT 29, PRESERVE AT NORRIS CREEK

25 PINTAIL LANE

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

HARRIS TOWNSHIP

FRANKLIN COUNTY, NORTH CAROLINA

NOVEMBER 21, 2023

ZONED R-30

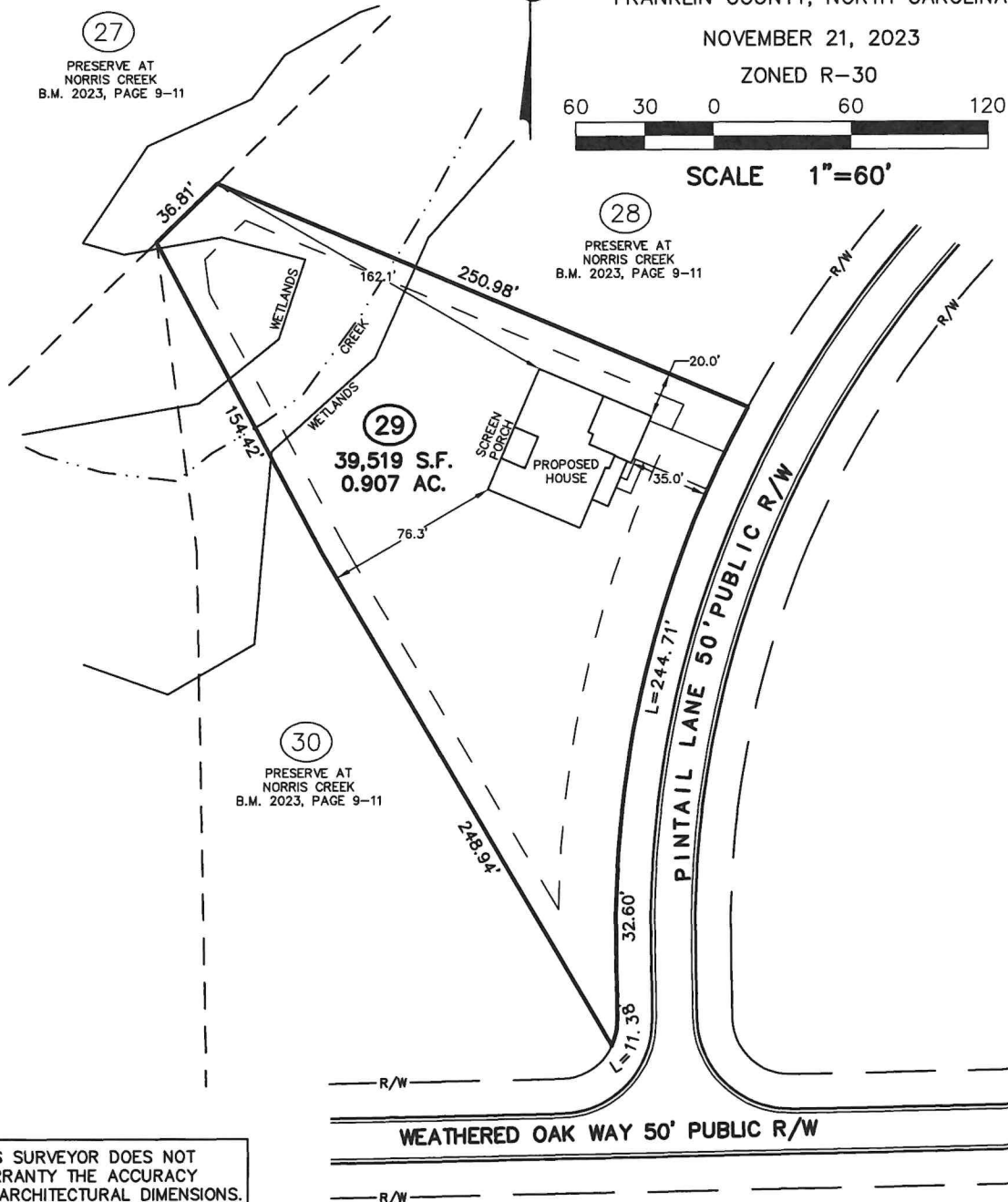


SCALE 1"=60'

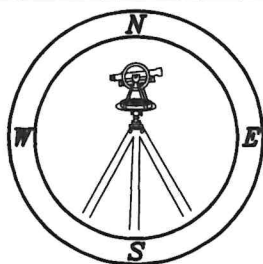
(27)
PRESERVE AT
NORRIS CREEK
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PRESERVE AT
NORRIS CREEK
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PRESERVE AT
NORRIS CREEK
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THIS SURVEYOR DOES NOT
WARRANTY THE ACCURACY
OF ARCHITECTURAL DIMENSIONS.
THEY ARE TO BE VERIFIED BY
THE CONTRACTOR.



**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.

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM
(Complete all fields in full)

OWNER: 25 Pintail Ln ADDRESS: Brandywine Homes APPLICATION DATE:
PROPOSED FACILITY: SFD DATE EVALUATED:
LOCATION OF SITE: PROPOSED DESIGN FLOW (.1949): 360 PROPERTY SIZE:
WATER SUPPLY: ☐ Private ☐ Public ☒ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ M

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
1	4%	1-20	BK/CL	F/SS/SP/SEN		36"			3
		20-48	Gr/CL	F/NS/MP/SEN					
2	3%	1-18	BK/CL	F/SS/SP/SEN		36"			3
		18-48	Gr/CL	F/NS/MP/SEN					
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM	OTHER FACTORS (.1946):
Available Space (.1945)	yes	yes	SITE CLASSIFICATION (.1948): <u>3</u>
System Type(s)	Acc	T&J	EVALUATED BY: <u></u>
LTAR	3	3	OTHER(S) PRESENT: <u></u>

To Confirm Soil Evaluation from