

Franklin County Health Department
Division of Environmental Health
107 Industrial Drive-Suite C
Louisburg, North Carolina 27549

Phone: 919-496-8100

SEPTIC PERMIT

Fax: 919-496-8136

Permit Number: 7655 Type: I PIN : 1852-15-1818 Date: 8/1/2014

Applicant: WILSON PARKER HOMES Owner: PATTERSON WOODS LLC
2500 GATEWAY CENTER STE 400 833A WAKE FOREST BUS PARK
~~RALEIGH, NC~~ *Mooreville 27560* WAKE FOREST, NC 27587

Telephone: (919) 868-3114 Telephone:

Subdivision: PATTERSON WOODS Lot Number: 46 Size: 0.460

Physical Address/ Location /Directions 115 PATTERSON DR

Description: LifeTime 5 Year ☒

TYPE FACIL Res # EMPLOY _____ # BEDRMS 3 GPD 360 LTAR 13
TYPE WAT County TYPE SYS A TYPE REP PltA ^(offsite) BSMT No BST FX N/A
SIZE TANK 1000 SIZE CHB N/A SIZE NITR 3'x300' MTD 14"

COMMENTS: Install system as designed. Must bury in approved
cover material for shallow trenches. Maintain proper
set backs.

Septic Contractors are responsible for notifying the health department for final inspections, between 8:00-9:00 AM on the day of completion, Monday - Friday. Any request for final inspections received afterwards will be scheduled the same day, if possible, or the next workday. Have permit number and owner/applicant's name ready when making the call.

Actions of representatives of state or local agencies engaged in the evaluation and determination of measures required to effect the compliance with the provisions of this permit shall in no way be taken as a guarantee that wastewater disposal systems permitted and approved will function in a satisfactory manner for any given period of time, or that such employees assume any liability for damages, consequential or direct which are caused, or may be caused, by a malfunction of this wastewater treatment and disposal system.

Proper precautions must be taken to assure the proper functioning of the system after it has been covered. Do not run any heavy equipment over the system, as soft earth will allow damage to the tank and lines. Pipe all roof drains away from the septic system site to prevent flooding of the lines from surface water. Terrace the ground to prevent excessive drainage from higher areas adjacent to the system. Do not construct driveways over any part of the septic system unless proper provisions were made when the septic system was constructed. Only grass, not trees or shrubbery, should be cultivated over the lines. All plumbing fixtures should be carefully inspected periodically and any problems repaired immediately. All septic tanks should be pumped off by a permitted pump operator on a regular schedule, not to exceed every five years.

The improvement permit and construction authorization is a site approval, for the future installation of a wastewater treatment and disposal system. Changes in ownership of the site do not affect the validity of this permit. However, any alteration of the site or soil conditions, changes in the location of the proposed facility, changes to the wastewater flow and/or characteristics, or submittal of false information with the application or misrepresentation of the property lines may subject this permit to suspension or revocation.

FOR THIS TO BE A VALID CONSTRUCTION AUTHORIZATION, A LAYOUT SHEET MUST BE ATTACHED

IMPROVEMENT PERMIT DATE 8/24/15 EHS [Signature]
CONSTRUCTION AUTHORIZATION DATE 8/24/15 EHS [Signature]

Franklin County Health Department

Name: WILSON PARKER H

Permit Number

7655

CONTRACTOR DB + Sons TANK MANU DB1000 MANU DATE 7-27-15
WELL INSTALLED YES NO X SYSTEM CODE EZ1203-N-G

SEPTIC SYSTEM LAYOUT
(SKETCH SYSTEM LAYOUT HERE)

See Attached layout

SEPTIC SYSTEM AS-BUILT
(IF DIFFERENT FROM INITIAL LAYOUT)
ON REVERSE

OPERATIONS PERMIT

DATE 11/17/15 EHS

John Seward

LINE SCHEDULE

LINE NUMBER	COLOR	FIELD ELEVATION	LENGTH
1	RED	4.80	75
2	YELLOW	5.50	75
3	BLUE	6.30	75
4	ORANGE	7.00	75
5	BLUE	1.80	47
6	YELLOW	2.70	66
7	PINK	3.40	115
8	ORANGE	4.70	135

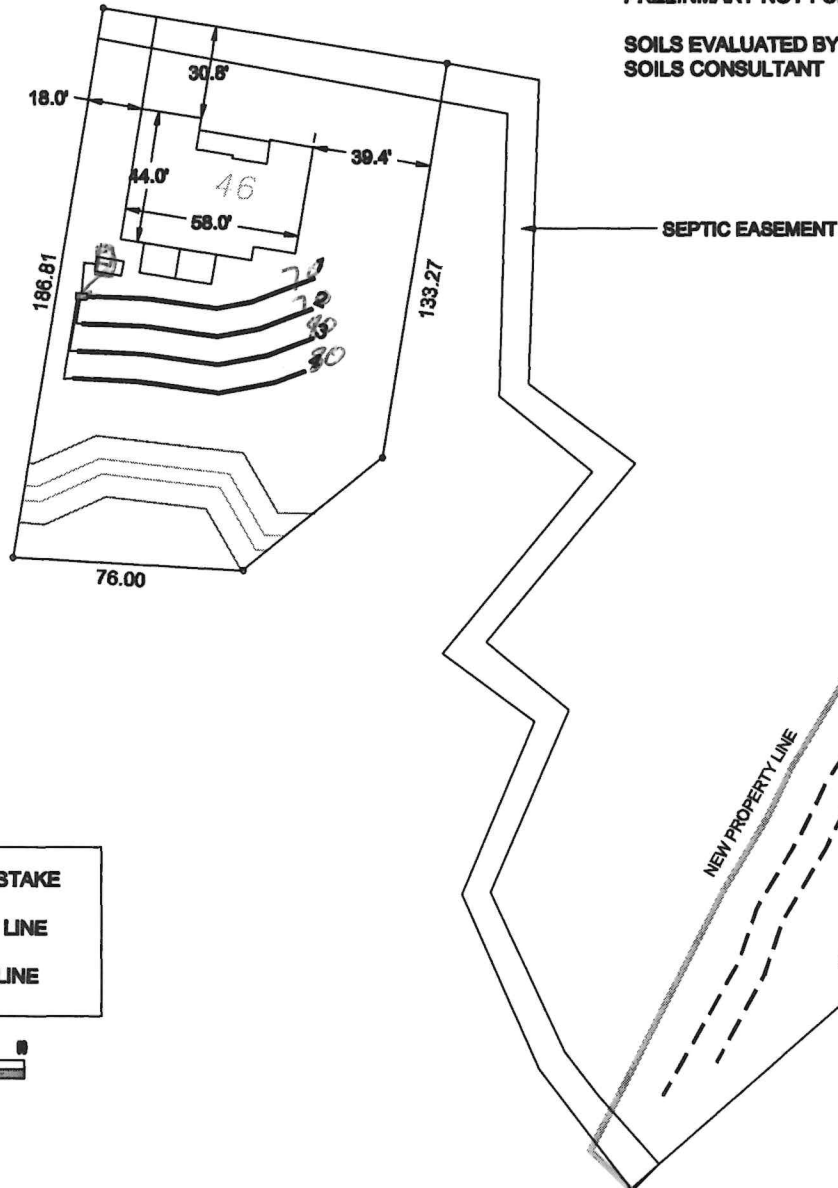
LOT 46 PATTERSON WOODS S/D

3-BEDROOM ACCEPTED GRAVITY SYSTEM
LINES 1-4 (4 x 75' x 3")
EZFLOW
LTAR .3

3-BEDROOM PRESSURE MANIFOLD REPAIR
LINES 5-8
EZFLOW
LTAR 0.3

FOR GENERAL USE NOT A SURVEY
PRELIMINARY NOT FOR CONSTRUCTION

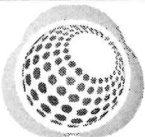
SOILS EVALUATED BY CENTRAL CAROLINA
SOILS CONSULTANT



⊕ ROUGH STAKE
— SYSTEM LINE
- - - REPAIR LINE



SCALE:
1" = 60 ft.



Bateman Civil Survey Company
Engineers • Surveyors • Planners

200 N. Main Street, Holly Springs, NC 27540 P: 919.677.1080 F: 919.677.1081
www.batemancivilsurvey.com info@batemancivilsurvey.com
NCBLS Firm No. C-6879

**WILSON PARKER
HOMES**

LOT 46

PATTERSON WOODS S/D
FRANKLIN COUNTY, NC

DATE: 8/20/15 DRAWN BY: AH CHECKED BY: TMB

PATTERSON WOODS S/D Lot 46 **REPAIR TAP CHART**

Bench Mark:		2.5	= 100.00		Manifold elev:		101.70				
Pump tank elevation:		101.50			Pump elev:		96.10				
line	color	rod read	elevation	length	hole size	flow/tap	gal/day	trench area	LINE LTAR		
6	BLUE	1.80	100.70	47	1/2in SCH 80	5.48	56.06	141	0.3976		
7	YELLOW	2.70	99.80	66	1/2in SCH 40	7.11	72.74	198	0.3674		
8	PINK	3.40	99.10	115	3/4in SCH 80	10.1	103.32	345	0.2995		
9	ORANGE	4.70	97.80	135	3/4in SCH 40	12.5	127.88	405	0.3157		
	P-TANK	1.00	101.50								
total			feet =	363	gal/min =	35.19	LTAR =		0.30		

CCSC SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

Sheet:
Property ID:
Lot #:
File #:
AppID:

Owner:

Applicant:

Address:

Date Evaluated:

Proposed Facility:

Design Flow (.1949)

Property Size:

Location of Site:

Patterson Woods lot 46

Property Recorded:

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.)	.1955 Sapro Class	.1944 Restr Horiz	
1	System	A, 0-4	Gr, SL	VFR, NS, NP	10 YR 4/3				
		Bt1, 4-27	SBK, Clay	FI, SS, SP	7.5 YR 5/8	PS			PS, 0.3
		Bt2, 27-33	SBK, Clay	FI, SS, SP	7.5 YR 5/8	UN			UN
	Repair Off-site				7.5 YR 6/1, 15%				
		A, 0-5	Gr, SL	VFR, NS, NP	10 YR 4/2				
		Bt, 5-35"	SBK, Clay	FI, SS, SP	5 YR 5/8	PS			PS, 0.3
		C, 35+	SG, SL	VFR, NS, NP	7.5 YR 5/6				

Description	Initial System	Repair System
Available Space (.1945)	Yes	Yes
System Type(s)	Accepted	Accepted
Site LTAR	.3	.3

Other Factors (.1946):

Soil Evaluation By: Jason Hall

Others Present:

Site Classification (.1948): PS

Site Evaluation By:

Others Present:



COUNTY OF FRANKLIN

ENVIRONMENT HEALTH APPLICATION (496-8100)

Permit #: 36911

Permit Type: SEPTIC PERMIT

Date Issued: 08/01/2014

Project Address: 115 PATTERSON DR, YOUNGSVILLE NC 27596

Location: 115 PATTERSON DR

Size #: 0.460

Subdivision: PATTERSON WOODS

Lot #: 46

Applicant: WILSON PARKER HOMES
2500 GATEWAY CENTER, STE 400
RALEIGH NC

Phone: 919.868.3114

Owner Name: PATTERSON WOODS LLC

Phone: 556-2519

Owners Address: 833-A WAKE FOREST BUS. PARK

WAKE FOREST NC 27587

Tax record: 37328

Pin #: 1852-15-1818

Parcel #: C07G00 046

Zoned: RA

Setbacks Front: YNGS

Rear:

Side:

Proposed Use: SFD

of bedrooms: 3

of people: 4

Township: YOUNGSVILLE Public Water/Sewer: COUNTY

ST Road #:

Desc:

Fees Due: \$325.00

Date Paid: 08/01/2014

* Please complete all sections below*

☐ Yes ☐ No Does this site contain any previously identified jurisdictional wetlands?
☐ Yes ☐ No Is any wastewater, other than domestic, going to be generated?
☐ Yes ☐ No Is the site subject to approval by any other public agency?

*If the answer to any of the above is "yes", applicant must submit supporting documentation.

Please indicate desired system type(s). Systems can be ranked in order of preference.

☐ Conventional ☐ Accepted ☐ Modified Conventional ☐ Alternative
☐ Other ☐ No Preference

Call Environmental Health (919.496.8100) between 8:00 - 9:00 am Monday - Friday in order to schedule an appointment with an 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 or building permits. It will be necessary to meet all guidelines for zoning, septic and building permits prior to construction. The permit is valid for either 60 months or without expiration, depending upon documentation submitted. (complete site plan= 60 months---complete surveyed plat---without expiration.)

Please contact the Environmental Health Department at 919.496.8100 or visit their website at www.franklincountyenvironmentalhealth.com 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 release information upon public request.

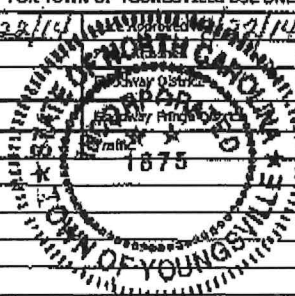
X Miriam Poole
Print & Signature of Owner or Owner's Legal Representative

08/01/2014

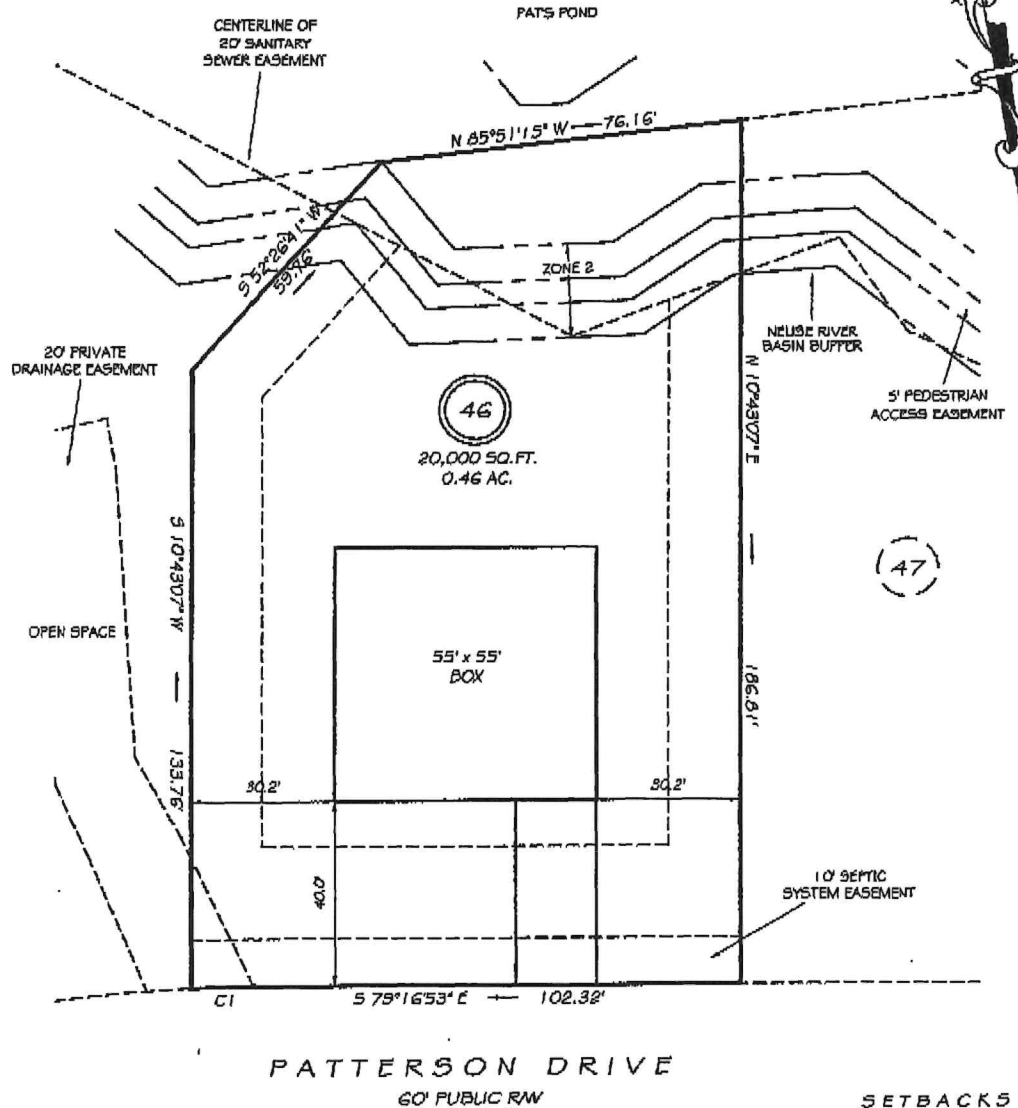
Application for Zoning and/or Upfit Permit or Compliance

Applicant Information

Build ☒	Upfit ☐	Remodel ☐	Repair ☐	Demolish ☐	Other ☐
To Be Connected to:	Public Water: <u>YES</u>	Public Sewer: <u>NO</u>			
Permit for the following purpose only: <u>Septic Only</u>					
Address that permit is requested for: <u>115 Patterson Drive - lot 46</u>		F.C. Tax Record #			
Owner's Name: <u>Wilson Parker Homes</u>	Address: <u>2500 Extaway Centre - Suite 400 - Raleigh, NC</u>				
Name of Subdivision: <u>Patterson Woods</u>					
Name of Arch. Or Engr: <u>Thompson Engineering</u>					
Purpose of Building: <u>new Residential Home</u>	Basement: <u>N/A</u>	# Stories: <u>2</u>			
Dwelling Units: <u>1</u>	Existing: <u></u>	Added: <u></u>			
Square Footage: <u>4000</u>	# of Baths: <u></u>				
General Construction Cost (Including Fire Sprinklers, if any).					
To the nearest \$100	Contractor				
Electrical \$					
Plumbing \$					
Heating \$					
Other \$					
Total Cost \$					
In accordance with the Section 103.2, Youngsville Zoning Ordinance, "The builder shall be responsible for the construction of the sidewalk. If no sidewalk is designated for that side of the street, a fee will be assessed for the market value per foot of a sidewalk by the builder. The fee will be designated for sidewalks only."					
Front Lot Lines	Price per running foot:	Total:			
NOTICE TO ALL APPLICANTS: Section 703 of this ordinance requires that a Certificate of Compliance be issued before any land or structure is used. You are responsible for notifying the Zoning Administrator when the project is complete to schedule an inspection. The Franklin County Building Inspection Office will not issue a Certificate of Occupancy unless the Certificate of Compliance from the Town of Youngsville has been issued.					
SIGNATURE (PRINT & SIGN)	PHONE NUMBER	DATE			
<u>[Signature]</u>	<u>919 868 3114</u>	<u>7/17/14</u>			
FOR TOWN OF YOUNGSVILLE USE ONLY					
Account No. 10-355-00	Date Received <u>7/22/14</u>	Permit # <u>7P140722-01</u>			
Zoning Classification <u>RA</u>	Map	Const			
Ownership Private Public	Engineering	Health Dept			
Police <u>YPD</u>	Septic Tank				
Subject to the following:					
Approved ☒ Yes ☐ No Reason for Denial					
Signature of Zoning Administrator <u>Det. Kathryn Tucker</u>		Date <u>22 July 14</u>			
Attach Site Plan showing lot size and building setbacks from the property line.					



I, MICHAEL P. GRIFFIN, certify that under my direction and supervision this map was drawn from an actual field survey that the error of closure of the survey as calculated by coordinates is 1:10,000+; that the area shown hereon was calculated by coordinates.
Witness my hand and seal this day of MONTH 2014.



SETBACKS

FRONT	30'
REAR	25'
SIDE	15'
CORNER SIDE	20'

C1 R-31.00' L=13.10' S80°29'31" E 13.10'

PRELIMINARY
NOT FOR RECORDATION,
SALES OR CONVEYANCE

LEGEND

EIF	EXISTING IRON PIPE	FE	FLARED END SECTION
IPS	IRON PIPE SET	WM	WATER METER
R/W	RIGHT OF WAY	CO	CLEAN OUT
N/F	NOW OR FORMERLY	PH	FIRE HYDRANT
EIS	EXISTING IRON STAKE	CB	CATCH BASIN



GRIFFIN LAND SURVEYING, INC.
P.O. BOX 148
FUQUAY-VARINA, NC 27026
(919) 567-1983

PLOT PLAN
FOR
WILSON PARKER
HOMES
PATTERSON WOODS
LOT 46
115 PATTERSON DRIVE
NORTH CAROLINA
FRANKLIN CO. YOUNGSHIRE TOWNSHIP

DRAWN BY NMF

DATE 7/17/14

CHECKED BY MPG

SCALE 1" = 30'

36911

Franklin County Development Permi

RESIDENTIAL

Zoning Permit #: 18358

septic only



ADDRESS: 115 PATTERSON DR

PARCEL NO.: 1852-15-1818

ZONING: RA

SUBDIVISION: PATTERSON WOODS

LOT: 46

ISSUED TO: WILSON PARKER HOMES

2500 GATEWAY CENTER, STE 400

RALEIGH NC

PHONE NUMBER: 919.868.3114

SETBACK: FRONT: YNGS RIGHT: LEFT: REAR:

COUNTY WATER: FLOODPLAIN: MISC FEE:

PERMIT TYPE: ZONING PERMIT

TYPE OF CONSTRUCTION: SFD

PERMIT DATE: 07/31/2014

WATERSHED

TOWNSHIP YNGS

EXPIRE DATE: / /

It is hereby certified that the above use as shown on the plats and plans submitted with this application conforms with all applicable provisions of the Franklin County Zoning Ordinance. The issuance of this application does not allow the violation of Franklin County Zoning Ordinance or other governing regulations. The applicant is responsible for obtaining a building permit (if required) prior to commencing work on the proposed improvement. A final zoning inspection must be scheduled by the applicant.

NOTES:

I hereby certify that all information I have provided to the Planning Department is true and accurate.

APPLICANTS SIGNATURE:

UTILITY COMPANY: PROGRESS ENERGY WAKE ELECTRIC OTHER

NUMBER OF STORIES: 1 _____ 1 1/2 _____ 2 _____ 2 1/2 _____

SQUARE FOOTAGE: HEATED _____ UNHEATED _____ TOTAL _____

BASEMENT: YES _____ NO _____

FIREPLACE: NO _____ MASONRY _____ MANUFACTURED _____

PLAN SETS: MODULAR _____ STICKBUILT _____

NAME OF:

ELECTRICIAN: _____ MECHANICAL: _____

PLUMBING: _____

COST OF CONSTRUCTION: _____

NO MORE THAN 2 STRUCTURAL DEVIATIONS OR PLANS MUST BE REDRAWN

DEPARTMENTAL USE ONLY

	INITIALS (IN)	DATE	INITIALS (OUT)	DATE
ZONING	_____	_____	_____	_____
INITIAL PERMITTING	_____	_____	_____	_____
ADDRESSING	_____	_____	_____	_____
PLAN REVIEW	_____	_____	_____	_____
FIRE REVIEW	_____	_____	_____	_____
SEPTIC/SEWER	_____	_____	_____	_____
FINAL PERMITTING	_____	_____	_____	_____