



180 Oak Forest
Felix
CDP#
402828

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

Issued to: Clayton Homes

Location: 245 Oak Forest Lane FRANKLINTON, NC 27525

NEW SEPTIC APPLICATION
NEW WELL APPLICATION

Application Type: NEW SEPTIC NEW WELL

Application Number: E-23-1113

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: November 13, 2023

Acreage: 6.6

Zoning: AR

of Occupants: 2

Commercial Project Type:

Square Footage of Facility:

Number of Employees:

Number of Seats:

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

Parcel ID #: 008261

Notes:

Subdivision: HATHAWAY

Applicant Information

Applicant Name: Clayton Homes

Address: 3912 Fayetteville Road Raleigh, NC 27603

Phone: 919-772-5013

Email: r781@claytonhomes.com

Property Owner Information

Owner Name: Clayton Homes

Address: clayton homes RALEIGH, NC 27603

Phone: 919-772-5013

Email: Hc781@claytonhomes.com

General Contractor Information

Contractor Name:

Address:

Phone:

Email:

Zoning

Zoning Permit #: Z-23-1663

Front Setback: 30

Left Setback: 10

County Water: No

Right 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? Yes

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

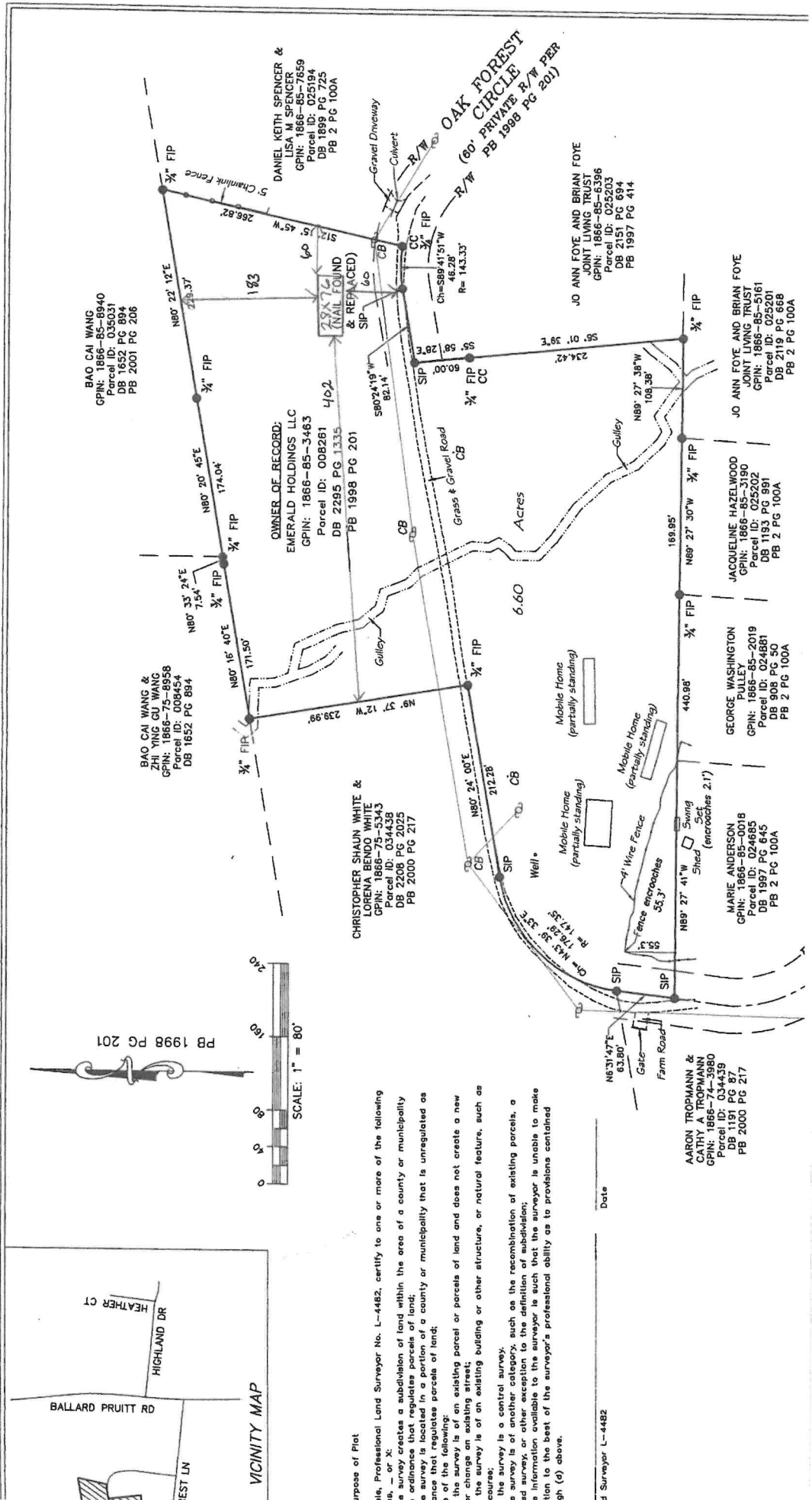
Is the site subject to approval by an other public agency? No

Are there any easements or right-of-ways on this site? No

Are there any underground utilities on the site? No

Call Environmental Health (919-496-8100) in order to schedule an appointment with and 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





Agri-Waste Technology, Inc.

501 North Salem Street

Suite 203

Apex, NC 27502

919-859-0669

www.agriwaste.com



Soil Suitability for Domestic Sewage Treatment and Disposal Systems

180 Oak Forest Lane
Franklinton, NC 27525
Franklin County PIN: 1866-85-3463

Prepared For:

Emerald Holdings, LLC
c/o Ayden Damitio

Prepared By:

Jeff Vaughan, Ph.D., L.S.S.
Senior Agronomist/Soil Scientist

Trent Bostic, Associate Soil Scientist

Report Date:

July 1, 2022



Engineers and Soil Scientists

Agri-Waste Technology, Inc.
501 N. Salem Street, Suite 203
Apex, North Carolina 27502
919-859-0669
www.agriwaste.com

**Soil Suitability for Domestic Sewage Treatment and Disposal Systems
180 Oak Forest Lane, Franklinton, NC27525**

PREPARED FOR: Emerald Holdings

PREPARED BY: Jeff Vaughan
Trent Bostic

DATE: July 1, 2022

Soil suitability for domestic sewage treatment and disposal systems was evaluated on June 21, 2022, for property located on Oak Forest Lane near Franklinton, NC. Trent Bostic of Agri-Waste Technology, Inc. (AWT) conducted the soil evaluation. The detailed soil evaluation of the land area will follow. Property reference maps are in Attachment 1. A review of the soil and landscape characteristics that dictate soil suitability for domestic sewage treatment and disposal systems can be found in Attachment 2.

The total property area is approximately 6.6 acres. The property is mostly wooded with a dirt road dissecting the lot. Several vacant mobile homes are located on the southern half of the property. (Attachment 3).

Soil Suitability for Domestic Sewage Treatment and Disposal Systems

The aerial map in Attachment 3 details the approximate property boundaries, soil boring locations, soil types, and soil areas for septic systems. Numerous soil borings were advanced on the property (Attachment 3). A portion of the property contained drainage features, complex topography, existing uses, and/or unsuitable soils and, thus, are unsuitable for septic systems. However, this evaluation was merely a preliminary review to determine what potential this land might have for domestic sewage treatment and disposal systems. Therefore, specific types of septic systems, exact locations of future drainfields and repair areas, plus buffers from property lines (current and potential future lot lines), building foundations, wells, etc. are not fully considered. These things will need to be more fully considered as the plans develop for the potential future of this site. It is possible that additional soil evaluations will be required once lot layouts are considered and developed for this property so that septic system types and the location of a septic drainfield can be more fully and appropriately considered.

Three areas (see map in Attachment 3) evaluated on the property exhibited soil characteristics and soil depths (18" or greater) that are provisionally suitable for

conventional systems (Areas 1 & 2) or drip (Area 3) septic systems. Typical profile descriptions of the provisionally suitable soil for this property are in Attachment 4. Two distinct soil profile was observed in the soil borings on the property: a deep red clay subsoil and a shallow reddish clay subsoil with. The provisionally suitable soil borings had the following characteristics. No restrictive horizons were found in any provisionally soil borings within 18" of the soil surface. Soil texture was provisionally suitable and was estimated to be sandy loam near the soil surface (A and E horizons) and clay in the subsoil (B horizons). Soil structure was provisionally suitable and was estimated to be granular near the soil surface (A and E horizons) and subangular blocky in the subsoil (B horizons). Clay mineralogy was provisionally suitable with very friable to firm moist soil consistence and non-sticky to sticky and non-plastic to plastic wet soil consistence.

The predominantly mapped soil type on this property is the Wake-Saw-Wedowee complex (map symbol WaB) and the Wake-Wateree-Wedowee complex (map symbol WbD). The Franklin County Soil Survey indicates that moderate to severe limitations exist for septic systems installed in these soils types (Attachment 5).

The land area required for a conventional septic system is calculated based on the size of the proposed home and the Long-Term Acceptance Rate (LTAR) of the soil. The LTAR range for the provisionally suitable soils on this property is 0.1 – 0.3 GPD/ft² for conventional septic systems based on the most restrictive soil texture in the subsoil. The LTAR suggested by AWT is 0.3 GPD/ft², but the final LTAR for specific septic system types and septic drainfield locations will be set by the Franklin County Health Department and possibly will be based on saturated hydraulic conductivity tests. The detailed computations are in Attachment 6.

The land area required for a drip septic system is calculated based on the size of the proposed home and the Long-Term Acceptance Rate (LTAR) of the soil. The LTAR range for the provisionally suitable soils on this property is 0.05 – 0.15 GPD/ft² for drip septic systems based on the most restrictive soil texture in the subsoil. The LTAR suggested by AWT is 0.1 GPD/ft², but the final LTAR for specific septic system types and septic drainfield locations will be set by the Franklin County Health Department and possibly will be based on saturated hydraulic conductivity tests. The detailed computations are in Attachment 6.

Conclusions

Typically, the area required for a septic system is 3,000 – 5,000 ft² (initial and repair) per bedroom. Based on the results of this evaluation, the installation of conventional and drip septic systems seems very probable on this property in the areas designated on the map in Attachment 3.

We appreciate the opportunity to assist you in this matter. Please contact us with any questions, concerns, or comments.

County: Franklin

ON-SITE WASTEWATER SYSTEM

Address: _____

Owner: _____ Agent: **X** Phone: _____

Date Evaluated: 06/21/2022

Proposed Facility: Residential

Property Size: Approximately 6.6 acres

Location Site: 180 Oak Forest Lane

Evaluation Method: Auger Boring X Pit Cut

TYPICAL PROFILE

[illegible]

.1940 Landscape Pos/Slope %	- Suitable, <15%	Profile LTAR	- 0.1 – 0.05 GPD/ft ²
.1942 Wetness Condition	- Suitable	System Type	- Provisionally suitable for drip septic systems
.1943/.1956 Saprolite	- Suitable		
.1944 Restrictive Horizon	- Suitable		
.1948 Profile Classification	- Provisionally suitable		

Comments: Some indications of saprolite 26-34"

TYPICAL PROFILE

[illegible]

Table 11.--Sanitary Facilities--Continued

Soil name and map symbol	Septic tank absorption fields	Sewage lagoon areas	Trench sanitary landfill	Area sanitary landfill	Daily cover for landfill
VnB----- Varina	Severe: percs slowly.	Moderate: slope.	Moderate: too clayey.	Slight-----	Fair: too clayey, hard to pack.
VnC----- Varina	Severe: percs slowly.	Severe: slope.	Moderate: slope, too clayey.	Moderate: slope.	Fair: too clayey, hard to pack, slope.
WaB*: Wake-----	Severe: depth to rock.	Severe: seepage, depth to rock.	Severe: depth to rock.	Severe: depth to rock.	Poor: depth to rock, seepage, small stones.
Saw-----	Severe: depth to rock.	Severe: seepage, depth to rock.	Severe: depth to rock, seepage.	Severe: depth to rock, seepage.	Poor: depth to rock.
WaB*: Wedowee-----	Moderate: percs slowly.	Moderate: seepage, slope.	Slight-----	Slight-----	Fair: small stones.
WbD*: Wake-----	Severe: depth to rock.	Severe: seepage, depth to rock, slope.	Severe: depth to rock.	Severe: depth to rock.	Poor: depth to rock, seepage, small stones.
Wateres-----	Severe: depth to rock.	Severe: seepage, depth to rock, slope.	Severe: depth to rock, seepage.	Severe: depth to rock, seepage.	Poor: depth to rock.
Wedowee-----	Moderate: percs slowly, slope.	Severe: slope.	Moderate: slope.	Moderate: slope.	Fair: small stones, slope.
WcE*: Wake-----	Severe: depth to rock, slope.	Severe: seepage, depth to rock, slope.	Severe: depth to rock, slope.	Severe: depth to rock, slope.	Poor: depth to rock, seepage, small stones.
Wateres-----	Severe: depth to rock, slope.	Severe: seepage, depth to rock, slope.	Severe: depth to rock, seepage, slope.	Severe: depth to rock, seepage, slope.	Poor: depth to rock, slope.
WdE*: Wateres-----	Severe: depth to rock, slope.	Severe: seepage, depth to rock, slope.	Severe: depth to rock, seepage, slope.	Severe: depth to rock, seepage, slope.	Poor: depth to rock, slope.
Rion-----	Severe: slope.	Severe: seepage, slope.	Severe: seepage, slope.	Severe: seepage, slope.	Poor: slope.

See footnote at end of table.

Table 11.--Sanitary Facilities--Continued

Soil name and map symbol	Septic tank absorption fields	Sewage lagoon areas	Trench sanitary landfill	Area sanitary landfill	Daily cover for landfill
WdE*:					
Wedowee-----	Severe: slope.	Severe: slope.	Severe: slope.	Severe: slope.	Poor: slope.
WeB-----	Moderate: percs slowly.	Moderate: seepage, slope.	Slight-----	Slight-----	Fair: small stones.
WeC, WeD-----	Moderate: percs slowly, slope.	Severe: slope.	Moderate: slope.	Moderate: slope.	Fair: small stones, slope.
WuC*:					
Wedowee-----	Moderate: percs slowly.	Moderate: seepage, slope.	Slight-----	Slight-----	Fair: small stones.
Urban land-----	Variable-----	Variable-----	Variable-----	Variable-----	Variable.
Udorthents-----	Variable-----	Variable-----	Variable-----	Slight-----	Variable.
WwB*:					
Winnsboro-----	Severe: percs slowly.	Moderate: depth to rock, slope.	Severe: depth to rock, too clayey.	Moderate: depth to rock.	Poor: too clayey, hard to pack.
Wilkes-----	Severe: depth to rock.	Severe: depth to rock.	Severe: depth to rock, too clayey.	Severe: depth to rock.	Poor: depth to rock, too clayey, hard to pack.
WwD*:					
Winnsboro-----	Severe: percs slowly.	Severe: slope.	Severe: depth to rock, too clayey.	Moderate: depth to rock, slope.	Poor: too clayey, hard to pack.
Wilkes-----	Severe: depth to rock.	Severe: depth to rock, slope.	Severe: depth to rock, too clayey.	Severe: depth to rock.	Poor: depth to rock, too clayey, hard to pack.
WwE*:					
Winnsboro-----	Severe: percs slowly, slope.	Severe: slope.	Severe: depth to rock, slope, too clayey.	Severe: slope.	Poor: too clayey, hard to pack, slope.
Wilkes-----	Severe: depth to rock, slope.	Severe: depth to rock, slope.	Severe: depth to rock, slope, too clayey.	Severe: depth to rock, slope.	Poor: depth to rock, too clayey, hard to pack.

* See description of the map unit for composition and behavior characteristics of the map unit.

Drip Septic System Area Computation

Created by: JV
Created on: 6/20/2001
Updated on: 2/4/2022

Client Name: *Emerald Holdings*
Number Bedrooms: 3
Design Flow (gal/day): 360 (120 gal/day/bedroom, minimum 240 gal/day/dwelling)
LTAR (gal/day/ft²): 0.1
Trench Bottom Area (ft²): 3600 (Design flow/LTAR)
Trench Width (ft): 0
On-center distance between trenches (ft): 2
Trench Bottom Length (ft): 1800

Minimum Field Area Required (ft²): 3600 (Trench Bottom Length*Trench on-center distance)
Total Field Area Required (ft²)⁽¹⁾: 9000 (Minimum field area*2.5)
Total Field Area Required (ft²)⁽¹⁾: 10800 (Minimum field area*3)

(1) Provides for reserve area and soil irregularity, 2.5 to 3 is multiplier.

Client Name: *Emerald Holdings*
Number Bedrooms: 4
Design Flow (gal/day): 480 (120 gal/day/bedroom, minimum 240 gal/day/dwelling)
LTAR (gal/day/ft²): 0.1
Trench Bottom Area (ft²): 4800 (Design flow/LTAR)
Trench Width (ft): 0
On-center distance between trenches (ft): 2
Trench Bottom Length (ft): 2400

Minimum Field Area Required (ft²): 4800 (Trench Bottom Length*Trench on-center distance)
Total Field Area Required (ft²)⁽¹⁾: 12000 (Minimum field area*2.5)
Total Field Area Required (ft²)⁽¹⁾: 14400 (Minimum field area*3)

(1) Provides for reserve area and soil irregularity, 2.5 to 3 is multiplier.

Client Name: *Emerald Holdings*
Number Bedrooms: 5
Design Flow (gal/day): 600 (120 gal/day/bedroom, minimum 240 gal/day/dwelling)
LTAR (gal/day/ft²): 0.1
Trench Bottom Area (ft²): 6000 (Design flow/LTAR)
Trench Width (ft): 0
On-center distance between trenches (ft): 2
Trench Bottom Length (ft): 3000

Minimum Field Area Required (ft²): 6000 (Trench Bottom Length*Trench on-center distance)
Total Field Area Required (ft²)⁽¹⁾: 15000 (Minimum field area*2.5)
Total Field Area Required (ft²)⁽¹⁾: 18000 (Minimum field area*3)

(1) Provides for reserve area and soil irregularity, 2.5 to 3 is multiplier.

Conventional Septic System Area Computation

Created by: TB
Created on: 2/6/2017
Updated on: N/A

Client Name: *Emerald Holdings*
Number Bedrooms: 3
Design Flow (gal/day): 360 (120 gal/day/bedroom, minimum 240 gal/day/dwelling)
LTAR (gal/day/ft²): 0.3
Trench Bottom Area (ft²): 1200 (Design flow/LTAR)
Trench Width (ft): 3
On-center distance between trenches (ft): 9
Trench Bottom Length (ft): 400 (Conventional - Pipe & Gravel)

Minimum Field Area Required (ft²): 3600 (Trench Bottom Length*Trench on-center distance)
Minimum Field Area Required (Innovative) (ft²): 2700 (25% reduction from above)
Total Field Area Required (ft²)⁽¹⁾: 9000 (Minimum field area*2.5)
Total Field Area Required (Innovative) (ft²)⁽¹⁾: 6750 (25% reduction from above)
Total Field Area Required (ft²)⁽¹⁾: 10800 (Minimum field area*3)
Total Field Area Required (Innovative) (ft²)⁽¹⁾: 8100 (25% reduction from above)

(1) Provides for reserve area and soil irregularity, 2.5 to 3 is multiplier.

Client Name: *Emerald Holdings*
Number Bedrooms: 4
Design Flow (gal/day): 480 (120 gal/day/bedroom, minimum 240 gal/day/dwelling)
LTAR (gal/day/ft²): 0.3
Trench Bottom Area (ft²): 1600 (Design flow/LTAR)
Trench Width (ft): 3
On-center distance between trenches (ft): 9
Trench Bottom Length (ft): 533.3333 (Conventional - Pipe & Gravel)

Minimum Field Area Required (ft²): 4800 (Trench Bottom Length*Trench on-center distance)
Minimum Field Area Required (Innovative) (ft²): 3600 (25% reduction from above)
Total Field Area Required (ft²)⁽¹⁾: 12000 (Minimum field area*2.5)
Total Field Area Required (Innovative) (ft²)⁽¹⁾: 9000 (25% reduction from above)
Total Field Area Required (ft²)⁽¹⁾: 14400 (Minimum field area*3)
Total Field Area Required (Innovative) (ft²)⁽¹⁾: 10800 (25% reduction from above)

(1) Provides for reserve area and soil irregularity, 2.5 to 3 is multiplier.

Client Name: *Emerald Holdings*
Number Bedrooms: 5
Design Flow (gal/day): 600 (120 gal/day/bedroom, minimum 240 gal/day/dwelling)
LTAR (gal/day/ft²): 0.3
Trench Bottom Area (ft²): 2000 (Design flow/LTAR)
Trench Width (ft): 3
On-center distance between trenches (ft): 9
Trench Bottom Length (ft): 666.6667 (Conventional - Pipe & Gravel)

Minimum Field Area Required (ft²): 6000 (Trench Bottom Length*Trench on-center distance)
Minimum Field Area Required (Innovative) (ft²): 4500 (25% reduction from above)
Total Field Area Required (ft²)⁽¹⁾: 15000 (Minimum field area*2.5)
Total Field Area Required (Innovative) (ft²)⁽¹⁾: 11250 (25% reduction from above)
Total Field Area Required (ft²)⁽¹⁾: 18000 (Minimum field area*3)
Total Field Area Required (Innovative) (ft²)⁽¹⁾: 13500 (25% reduction from above)

(1) Provides for reserve area and soil irregularity, 2.5 to 3 is multiplier.

.1940 Landscape Pos/Slope %	- Suitable, <15%	Profile LTAR	- 0.1 – 0.05 GPD/ft ²
.1942 Wetness Condition	- Suitable	System Type	- Provisionally suitable for drip septic systems
.1943/.1956 Saprolite	- Suitable		
.1944 Restrictive Horizon	- Suitable		
.1948 Profile Classification	- Provisionally suitable		

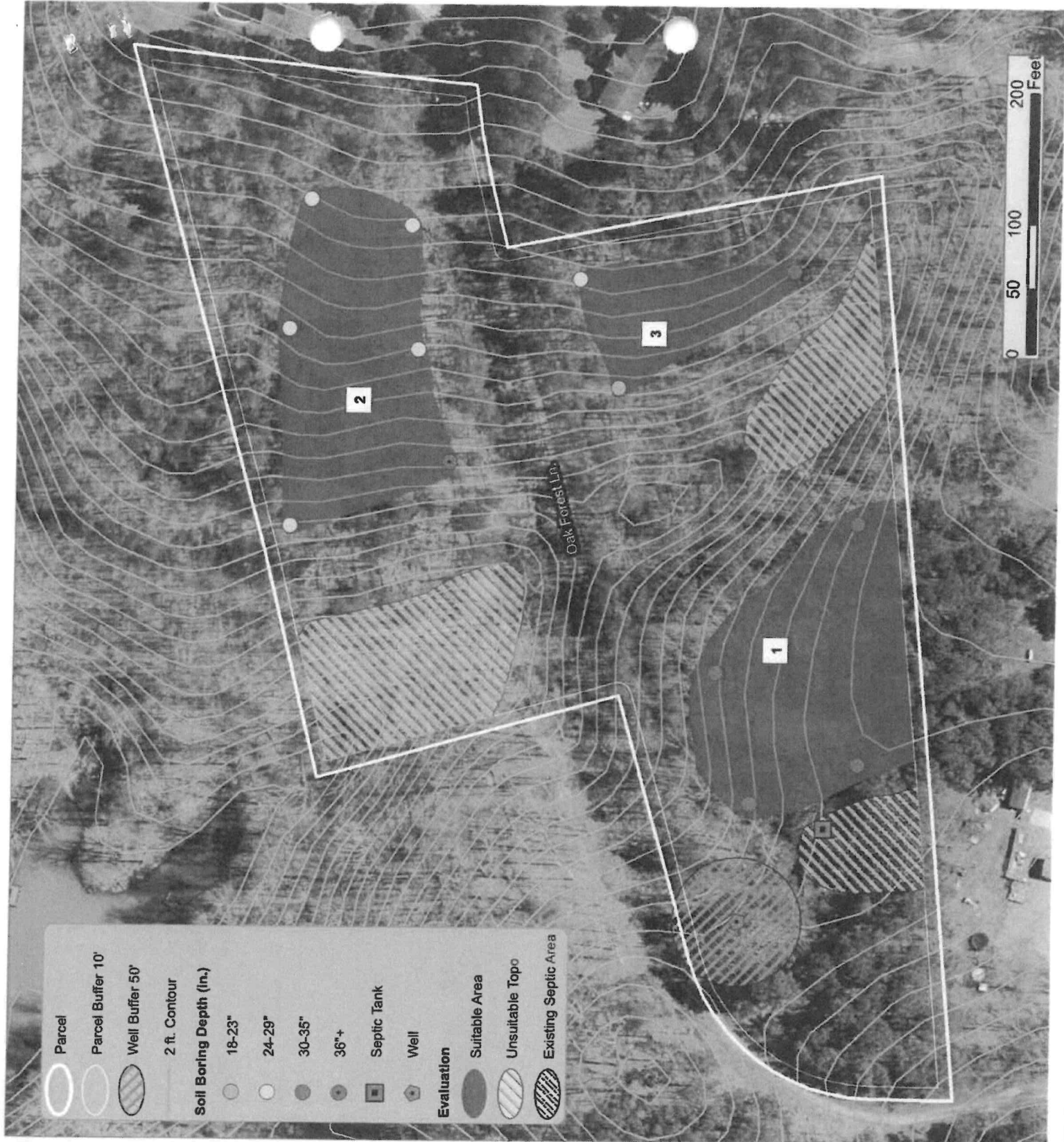
Comments: Low chroma is saprolite

EVALUATED BY: Trent Bostic

COMMENTS: _____

LEGEND OF ABBREVIATIONS FOR SITE EVALUATION FORM

<u>LANDSCAPE POSITION</u>	<u>TEXTURE GROUP</u>	<u>TEXTURE CLASS</u>	<u>.1955 LTAR</u> (gal/day/sqft)
CC - Concave Slope CV - Convex Slope DS - Debris Slump D - Depression DW - Drainage Way FP - Flood Plain FS - Foot Slope H - Head Slope I - Interfluvial L - Linear Slope N - Nose Slope P - Pocosin R - Ridge S - Shoulder T - Terrace	I	S - Sand LS - Loamy Sand	1.2 - .08
	II	SL - Sandy Loam L - Loam	0.8 - 0.6
	III	SCL - Sandy Clay Loam CL - Clay Loam SiL - Silt Loam Si - Silt SiCL - Silt Clay Loam	0.6 - 0.3
	IV	SC - Sandy Clay C - Clay SiC - Silty Clay O - Organic	0.4 - 0.1
<u>STRUCTURE</u>	<u>MOIST CONSISTENCE</u>	<u>MOTTLES</u>	<u>WET CONSISTENCE</u>
G - Single Grain M - Massive CR - Crumb GR - Granular SBK - Subgranular Blocky ABK - Angular Blocky PL - Platy PR - Prismatic	Vfr - Very Friable Fr - Friable Fi - Firm Vfi - Very Firm Efi - Extremely Firm	1 - Few 2 - Common 3 - Many F - Faint D - Distinct P - Prominent f - Fine m - Medium c - Coarse	NS - Non Sticky SS - Slightly Sticky S - Sticky VS - Very Sticky NP - Non Plastic SP - Slightly Plastic P - Plastic VP - Very Plastic





Agri-Waste Technology, Inc.
 501 N. Salem St. Suite 203
 Apex NC 27502
 P: 919.859.0669
 www.agriwaste.com

Preliminary Soil Evaluation

Emerald Holdings
Franklin Co., NC

Suitable Area:
 Area 1: ~ 30,449 sq. ft.
 Area 2: ~ 27,655 sq. ft.
 Area 3: ~ 10,224 sq. ft.

Soil Type:
 WaB - Wake-Saw-Wedowee complex
 WbD - Wake-Wateree-Wedowee complex

Drawn By: Julie Davidson
 Reviewed By: Trent Bostic
 Date: 7/1/2022



Well Construction Permit

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

For Office Use Only

*CDP File Number 402828

PIN Number: _____

Tax Lot #: _____ Tax Block #: 008261

Evaluated For: _____

PERMIT VALID UNTIL: 11/30/2028

Property Owner: CLAYTON HOMES

Address: _____

City: _____

State/Zip: NC

Phone #: _____

Applicant: CLAYTON HOMES

Address: _____

City: _____

State/Zip: NC

Phone #: _____

Property Location & Site Information

Address/Road #: _____

Subdivision: _____

Phase: _____

Lot: _____

245 OAK FOREST LN

FRANKLINTON NC, 27525

*Proposed use of Well:

If Other:

Applicant Email:

Owner Email:

Directions:245 OAK FOREST

Well Contractor Information

Drilling Contractor: _____

Driller Registration: _____

Permit Conditions

*Permit Conditions

Well sited for left of driveway close to gravel road to allow for 50 ft setback to septic. Respect 25 ft setback from house.

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: Jones, Lori

Authorized State Agent: _____

Owner/Applicant: _____

*Date of Issue: 11/30/2023

☒ Hand Drawing

☐ Import Drawing

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



Well Construction Permit

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

For Office Use Only

*CDP File Number 402828

PIN Number: _____

Tax Lot #: _____ Tax Block #: 008261

Evaluated For: _____

PERMIT VALID UNTIL: 11/30/2028



IMPROVEMENT PERMIT

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

For Office Use Only

*CDP File Number 402828 - 1
County ID Number: _____
Evaluated For: NEW

PERMIT VALID UNTIL: 11/30/2028

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

Applicant: CLAYTON HOMES
Address: 3912 FAYETTEVILLE RD
City: RALEIGH
State/Zip: NC 27603
Phone #: _____

Property Owner: CLAYTON HOMES
Address: 3912 FAYETTEVILLE RD
City: RALEIGH
State/Zip: NC. 27603
Phone #: _____

Property Location & Site Information
Address: 245 OAK FOREST LN Subdivision: _____ Block/Phase: NEW Lot: _____
FRANKLINTON, NC 27525
Directions
Road #: _____ 245 OAK FOREST
Structure: SINGLE FAMILY
of Bedrooms: 4
of People: 2
*Water Supply: N/A

Initial System

*Site Classification: Provisionally Suitable

Design Flow: 480

Soil Application Rate: 0.3000

*System Classification/Description:

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

*Proposed System:
25% REDUCTION

Minimum Trench Depth: _____ Inches

Maximum Trench Depth: 20 Inches

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: Provisionally Suitable

Soil Application Rate: 0.300

*System Classification/Description:

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

*Proposed System: 25% REDUCTION

Minimum Trench Depth: _____ Inches

Maximum Trench: Depth: 20 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: 402828

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:

Jones, Lori

Date of Issue:

11/30/2023

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: 402828 - 1
County ID Number: _____
Evaluated For: NEW

PERMIT VALID UNTIL: 11/30/2028

☐ Open Pump System Sheet

Applicant: CLAYTON HOMES
Address: 3912 FAYETTEVILLE RD
City: RALEIGH
State/Zip: NC 27603
Phone #: _____

Property Owner: CLAYTON HOMES
Address: 3912 FAYETTEVILLE RD
City: RALEIGH
State/Zip: NC. 27603
Phone #: _____

Property Location & Site Information

Address/Road #: 245 OAK FOREST LN Subdivision: _____ Phase: NEW Lot: _____
FRANKLINTON, NC 27525
Directions: _____
Structure: SINGLE FAMILY 245 OAK FOREST
of Bedrooms: 4
of People: 2
*Water Supply: _____

System Specifications

*Site Classification: Provisionally Suitable Minimum Trench Depth: _____ Inches
Design Flow: 480 Maximum Trench Depth: 20 Inches
Soil Application Rate: 0.3000 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: _____ *Distribution Type: GRAVITY - PARALLEL (eq. d-box)
25% REDUCTION
Nitrification Field: _____ Sq. ft. Septic Tank: 1,000 Gallons
No. Drain Lines: 4 Pump Required: ☐ Yes ☒ No ☐ May Be Required
Total Trench Length: 400 ft. ☐ Inches O.C. Pump Tank: _____ Gallons
☒ Feet O.C. Grease Trap: _____ Gallons
Trench Spacing: _____ - 9 ☐ Inches
Trench Width: _____ - 3 ☒ Feet
Aggregate Depth: _____ inches Septic Tank Installer _____
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: Jones, Lori Date of Issue: 11/30/2023

☒ Hand Drawing ☐ Import Drawing

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

Total Time : (HH:MM) _____



Construction Authorization

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

For Office Use Only

*CDP File Number: 402828 - 1

County ID Number: _____

Evaluated For: NEW

PERMIT VALID UNTIL: 11/30/2028

☐ Open Pump System Sheet

Applicant: CLAYTON HOMES

Address: 3912 FAYETTEVILLE RD

City: RALEIGH

State/Zip: NC 27603

Phone #: _____

Property Owner: CLAYTON HOMES

Address: 3912 FAYETTEVILLE RD

City: RALEIGH

State/Zip: NC, 27603

Phone #: _____

Property Location & Site Information

Address/Road #: 245 OAK FOREST LN
FRANKLINTON, NC 27525

Subdivision: _____

Phase: NEW Lot: _____

Directions:

Structure: SINGLE FAMILY 245 OAK FOREST

of Bedrooms: 4

of People: 2

*Water Supply: _____

Revised
12-15-23

System Specifications

*Site Classification: Provisionally Suitable

Minimum Trench Depth: _____ Inches

Design Flow: 480

Maximum Trench Depth: 20 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: 4

Pump Required: ☐ Yes ☒ No ☐ May Be Required

Total Trench Length: 400 ft.

☐ Inches O.C.

Pump Tank: _____ Gallons

Trench Spacing: _____ - 9

☒ Feet O.C.

Grease Trap: _____ Gallons

Trench Width: _____ - 3

☐ Inches

Aggregate Depth: _____ inches

☒ Feet

Septic Tank Installer

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:

*on 12/15/2023 added a 12x12 deck to site map. Suitable soil from house back is about 100 ft, so staying 20 feet from actual house location is permittable. May require 5 lines at 3x80 ft. Do not install septic 50 closer than 50 ft from property line behind house.

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: Jones, Lori

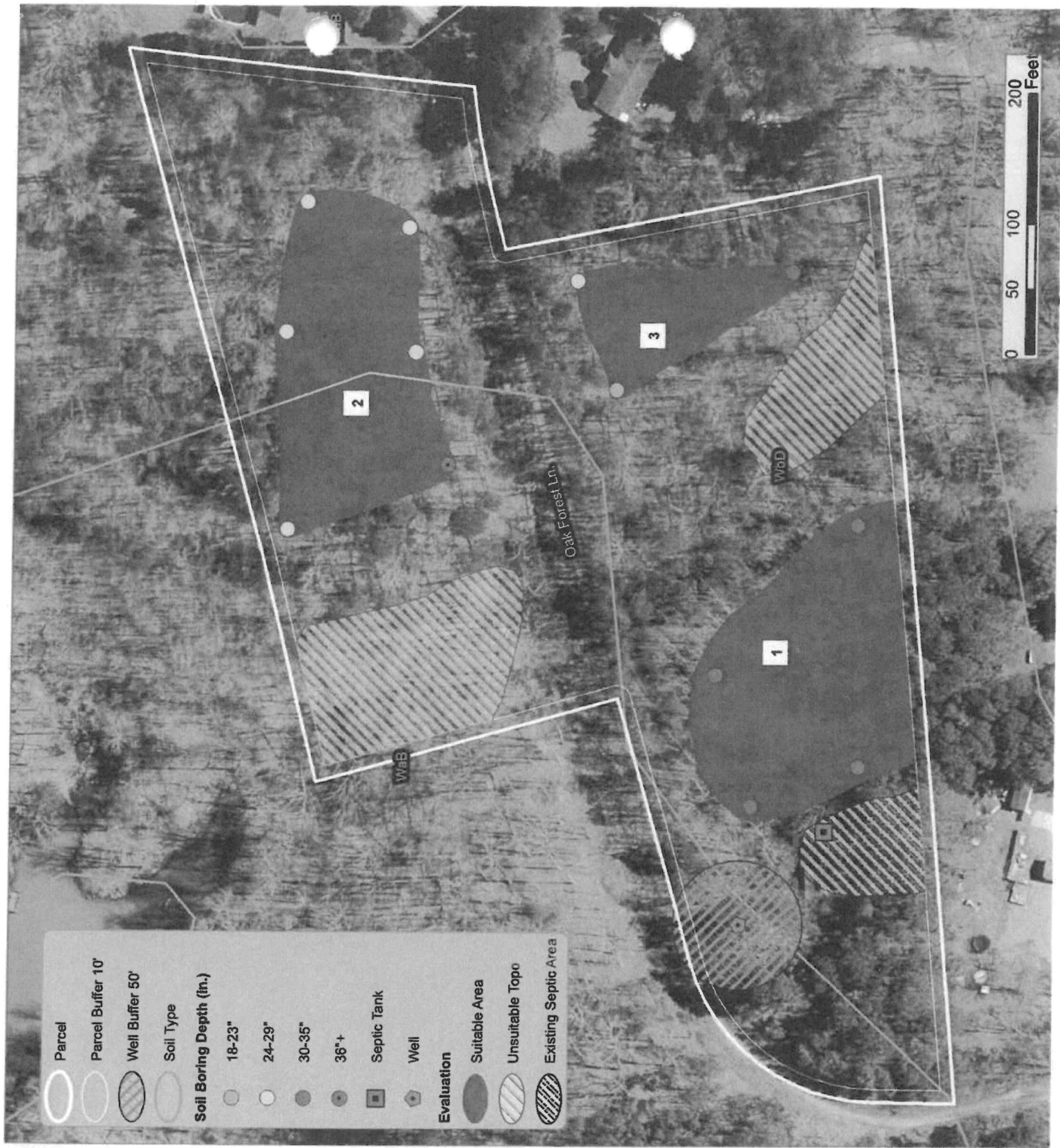
Date of Issue: 11/30/2023

☒ Hand Drawing

☐ Import Drawing

Site Plan/Drawing attached.

Total Time : (HH:MM) _____



AWT
Engineers and Soil Scientists

Agri-Waste Technology, Inc.
501 N. Salem St. Suite 203
Apex NC 27502
P: 919.859.0669
www.agriwaste.com

Preliminary Soil Evaluation

Suitable Area:

Area 1: ~ 30,449 sq. ft.
Area 2: ~ 27,655 sq. ft.
Area 3: ~ 10,224 sq. ft.

Soil Type:

WaB - Wake-Saw-Wedowee complex
WbD - Wake-Wateree-Wedowee complex

Drawn By: Julie Davidson
Reviewed By: Trent Boslich
Date: 7/1/2022

Clayton Hms

APPLICATION DATE 11-13-23

DATE EVALUATED: 11-30-23

PROPERTY SIZE:

PROPERTY RECORDED:

TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

3 parent
next
+
sep

→
over



OPERATION PERMIT

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

For Office Use Only

*CDP File Number 402828 - 1
County ID Number: _____
Evaluated For: NEW

Property Owner: CLAYTON HOMES
Owner Address: 3912 FAYETTEVILLE RD

City: RALEIGH
State/Zip: NC/ 27603
Phone #: _____
Address: 245 OAK FOREST LN
FRANKLINTON, NC 27525

Road #: _____
Township: _____
Subdivision: _____
Phase : NEW Lot: _____

Structure: SINGLE FAMILY
of Bedrooms: 4
of People: 2
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: Brinkley Farms

Certification #:

Specific System EZFLOW EZ 1203H-GEO
Installed:

Septic Tank Date: 12/20/2023

STB: 853

Pump Tank Date: _____

PT:

Comments:

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 .1301.
- II. Monitoring: As required by Rule .1301.
- 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: Jones, Lori

Date of Issue: 03/20/2024

Owner/Applicant: _____



*File #: 402828 - 2
PIN #:
Tax Lot #:
Tax Block #: 008261

WELL CONSTRUCTION RECORD

Owner: CLAYTON HOMES

, NC

Directions

245 OAK FOREST

WELL HEAD CONSTRUCTION

Location:

Latitude:

Longitude:

Enclosure	☐ Yes	☐ No	☒ N/A
Enclosure Floor	☐ Yes	☐ No	☒ N/A
Access Port	☒ Yes	☐ No	☐ N/A
Vent:	☒ Yes	☐ No	☐ N/A
Sample Tap	☒ Yes	☐ No	☐ N/A
Back Flow	☒ Yes	☐ No	☐ N/A
Tee (jet)	☐ Yes	☐ No	☒ N/A
Suction Line	☐ Yes	☐ No	☐ N/A
Temporary	☐ Yes	☐ No	☒ N/A
Well ID Plate	☒ Yes	☐ No	☐ N/A
Pump ID Plate	☒ Yes	☐ No	☐ N/A

EHS: Jones, Lori

Issue Date: 04/08/2024

Drilling Contractor: Southern Well Drilling

Driller Registration: 3104

Date Drilled: 03/21/2024

Use of Well: SINGLE FAMILY

Total Depth: 420 Ft.

Static Water Level: 30 Ft.

Replacement Well: NO

Yield: 2 gpm

Water Zone: 1) Ft. 2) Ft.
3) Ft. 4) Ft.

Disinfection Type: GRANULAR Amount:

Casing: Depth: Ft. Thickness: In. Comments:
Diameter: In. Top of Casing: In.
Material: PVC SCH 40

Grout:

	Depth	Material	Method
From 0 To Ft.		N/A	N/A
From 0 To Ft.		N/A	N/A

* Liner Date: From 0 To Ft.

Grout:

	Depth	Material	Method
From 0 To Ft.		N/A	N/A

Issued by: Jones, Lori

Date of Issue: 04/08/2024

This well was constructed, repaired or abandoned in compliance with the well permit and in accordance with 15 A NCAC 02C .0100, .0300.
The well owner shall not place potential sources of groundwater contamination closer to the well than the separation distances specified in 15A NCAC 02C .0100, .0300.

off Ballard Fruit Rd

12:00

11:00



File # 402828 PIN#

Property Address: 245 Oak Forest Ln. Frk

Applicant or Owner Name: Clayton 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**: 11-30-2023 EHS: Lori Jones

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

on back more details

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 na Drainfield 3'x400' Type System Gravity/Dbox Max Trench Depth 20"

Septic Contractor Brinkley Farms Septic/Pump tank dates 12-20-27 Pump fee? NO YES pd

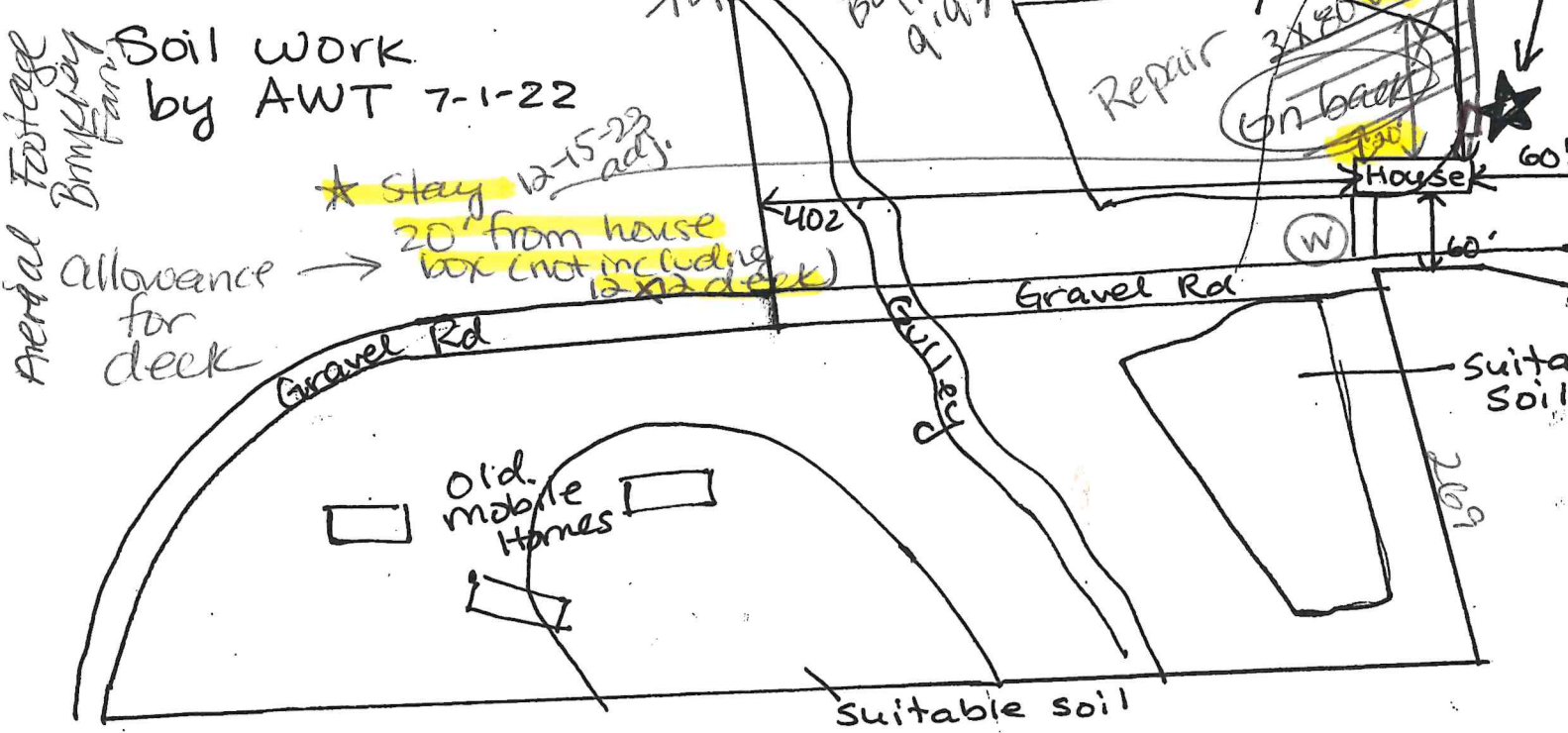
Well Contractor ELP Well Head date: 12-15-23 or self grout Well Head Date:

Bedrooms: 4

If Repair: na

Supply line 48"
50' closest line 20' from house
Acreage: 6.6
Parcel ID: 008261

*Drawing not to scale (if large acreage, may be portion)
(If not as built, indicate changes on front or back of sheet.)



WELL CONSTRUCTION RECORD

This form can be used for single or multiple wells

1. Well Contractor Information:

Van Elliott

Well Contractor Name

3104

NC Well Contractor Certification Number

Southern Well Drilling LLC

Company Name

402828

2. Well Construction Permit #:

List all applicable well construction permits (i.e. County, State, Variance, etc.)

3. Well Use (check well use):

Water Supply Well:

- ☐ Agricultural ☐ Municipal/Public
☐ Geothermal (Heating/Cooling Supply) ☒ Residential Water Supply (single)
☐ Industrial/Commercial ☐ Residential Water Supply (shared)
☐ Irrigation

Non-Water Supply Well:

- ☐ Monitoring ☐ Recovery

Injection Well:

- ☐ Aquifer Recharge ☐ Groundwater Remediation
☐ Aquifer Storage and Recovery ☐ Salinity Barrier
☐ Aquifer Test ☐ Stormwater Drainage
☐ Experimental Technology ☐ Subsidence Control
☐ Geothermal (Closed Loop) ☐ Tracer
☐ Geothermal (Heating/Cooling Return) ☐ Other (explain under #21 Remarks)

4. Date Well(s) Completed: 3-21-24 Well ID#

5a. Well Location:

Clayton Homes

Facility/Owner Name

Facility ID# (if applicable)

245 Oak Forest LN

Physical Address, City, and Zip

Franklin

County

Parcel Identification No. (PIN)

5b. Latitude and Longitude in degrees/minutes/seconds or decimal degrees:
(if well field, one lat/long is sufficient)

N W

6. Is (are) the well(s): ☒ Permanent or ☐ Temporary

7. Is this a repair to an existing well: ☐ Yes or ☒ No

If this is a repair, fill out known well construction information and explain the nature of the repair under #21 remarks section or on the back of this form.

8. Number of wells constructed: 1

For multiple injection or non-water supply wells ONLY with the same construction, you can submit one form.

9. Total well depth below land surface: 420 (ft.)

For multiple wells list all depths if different (example - 3@200' and 2@100')

10. Static water level below top of casing: 30 (ft.)

If water level is above casing, use "+"

11. Borehole diameter: 6 (in.)

12. Well construction method: Air

(i.e. auger, rotary, cable, direct push, etc.)

FOR WATER SUPPLY WELLS ONLY:

13a. Yield (gpm): 2 Method of test: Air

13b. Disinfection type: HTH Amount:

For Internal Use ONLY:

14. WATER ZONES

FROM	TO	DESCRIPTION
385 ft.	ft.	
ft.	ft.	

15. OUTER CASING (for multi-cased wells) OR LINER (if applicable)

FROM	TO	DIAMETER	THICKNESS	MATERIAL
+1 ft.	-60 ft.	6 in.		PVC

16. INNER CASING OR TUBING (geothermal closed-loop)

FROM	TO	DIAMETER	THICKNESS	MATERIAL
ft.	ft.	in.		
ft.	ft.	in.		

17. SCREEN

FROM	TO	DIAMETER	SLOT SIZE	THICKNESS	MATERIAL
ft.	ft.	in.			
ft.	ft.	in.			

18. GROUT

FROM	TO	MATERIAL	EMPLACEMENT METHOD & AMOUNT
0 ft.	-20 ft.	Beninite	Poured
ft.	ft.		
ft.	ft.		

19. SAND/GRAVEL PACK (if applicable)

FROM	TO	MATERIAL	EMPLACEMENT METHOD
ft.	ft.		
ft.	ft.		

20. DRILLING LOG (attach additional sheets if necessary)

FROM	TO	DESCRIPTION (color, hardness, soil/rock type, grain size, etc.)
ft.	ft.	
ft.	ft.	
ft.	ft.	
ft.	ft.	
ft.	ft.	
ft.	ft.	
ft.	ft.	

21. REMARKS

22. Certification:

Signature of Certified Well Contractor

4-5-24
Date

By signing this form, I hereby certify that the well(s) was (were) constructed in accordance with 15A NCAC 02C .0100 or 15A NCAC 02C .0200 Well Construction Standards and that a copy of this record has been provided to the well owner.

23. Site diagram or additional well details:

You may use the back of this page to provide additional well site details or well construction details. You may also attach additional pages if necessary.

SUBMITTAL INSTRUCTIONS

24a. For All Wells: Submit this form within 30 days of completion of well construction to the following:

Division of Water Quality, Information Processing Unit,
1617 Mail Service Center, Raleigh, NC 27699-1617

24b. For Injection Wells: In addition to sending the form to the address in 24a above, also submit a copy of this form within 30 days of completion of well construction to the following:

Division of Water Quality, Underground Injection Control Program,
1636 Mail Service Center, Raleigh, NC 27699-1636

24c. For Water Supply & Injection Wells: In addition to sending the form to the address(es) above, also submit one copy of this form within 30 days of completion of well construction to the county health department of the county where constructed.