



OPERATION PERMIT

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

For Office Use Only

*CDP File Number 391795 - 1
County ID Number: _____
Evaluated For: NEW

Property Owner:

Owner Address:

City:

State/Zip: /

Phone #:

Address: 45 WATER WILLOW LN
ZEBULON, NC 27597

Road #:

Township:

Subdivision:

Phase : NEW Lot:

Structure: SINGLE FAMILY

of Bedrooms: 4

of People: 4

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: True Works

Certification #:

Specific System UNKNOWN

Installed:

Septic Tank Date: 05/23/2023

STB: 1000

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 .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: 07/07/2023

Owner/Applicant: _____



CDP #
391795

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

Issued to: **Jesse Satterwhite**

Location: **45 WATER WILLOW LN ZEBULON, NC 27597**

**NEW SEPTIC APPLICATION
NEW WELL APPLICATION**

Application Type: **NEW SEPTIC NEW WELL**

Application Number: **E-23-240**

Date: March 14, 2023

Building Type:

Acreage:

Project Type: Single Family Dwelling

Zoning: R-30

of Bedrooms: 4

of Occupants: 4

Residential Project Type: Single Family Dwelling

Commercial Project Type:

Building Foundation: Crawlspace

Square Footage of Facility:

Water Source: New Well

Number of Employees:

Number of Seats:

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

Notes:

Parcel ID #: **049205**

Subdivision: NULL

Applicant Information

Applicant Name: Jesse Satterwhite

Address: 5933 Farmwell Road Raleigh, NC 27610

Phone: 9194227453

Email: satterwhiteconstructioninc@gmail.com

Property Owner Information

Owner Name: NULL

Address: NULL NULL, NULL NULL

Phone:

Email:

General Contractor Information

Contractor Name: Satterwhite Construction, Inc.

Address: 5933 Farmwell Rd. Raleigh, NC 27610

Phone: (919) 266-0033

Email: satterwhiteconstructioninc@gmail.com

Zoning

Zoning Permit #: Z-23-254

County Water: No

Front Setback: 30

Right Setback: 10

Left 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? No

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? 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



IMPROVEMENT PERMIT

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

For Office Use Only

*CDP File Number 391795 - 1

County ID Number:

Evaluated For: NEW

PERMIT VALID UNTIL: 03/30/2028

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

Applicant: JESSE SATTERWHITE

Address: 5933 FARMWELL RD

City: RALEIGH

State/Zip: NC 27610

Phone #:

Property Owner:

Address:

City:

State/Zip:

Phone #:

Property Location & Site Information

Address: 45 WATER WILLOW LN
ZEBULON, NC 27597

Subdivision:

Block/Phase: NEW

Lot:

Road #:

Directions

45 WATER WILLOW LN

Structure: SINGLE FAMILY

of Bedrooms: 4

of People: 4

*Water Supply: N/A

System Specifications

Initial System

*Site Classification: Provisionally Suitable

Design Flow: 480

Soil Application Rate: 0.2750

Minimum Trench Depth: Inches

Maximum Trench Depth: 24 Inches

*System Classification/Description:

TYPE III G. OTHER NON-CONV. TRENCH SYSTEMS

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: Provisionally Suitable

Soil Application Rate: 0.275

*System Classification/Description:

TYPE III G. OTHER NON-CONV. TRENCH SYSTEMS

*Proposed System: 25% REDUCTION

Minimum Trench Depth: Inches

Maximum Trench Depth: 24 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

INSTALL SYSTEM AS DESIGNED BY CCSC.

CDP File Number: 391795

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:

Ennis, Crystal

Date of Issue:

03/30/2023

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: 391795 - 1

County ID Number: _____

Evaluated For: NEW

PERMIT VALID UNTIL: 03/30/2028

☐ Open Pump System Sheet

Applicant: JESSE SATTERWHITE

Address: 5933 FARMWELL RD

City: RALEIGH

State/Zip: NC 27610

Phone #: _____

Property Owner: _____

Address: _____

City: _____

State/Zip: _____

Phone #: _____

Property Location & Site Information

Address/Road #: 45 WATER WILLOW LN
ZEBULON, NC 27597

Subdivision: _____

Phase: NEW Lot: _____

Directions:

Structure: SINGLE FAMILY

45 WATER WILLOW LN

of Bedrooms: 4

of People: 4

*Water Supply: NEW WELL

System Specifications

*Site Classification: Provisionally Suitable

Minimum Trench Depth: _____ Inches

Design Flow: 480

Maximum Trench Depth: 24 Inches

Soil Application Rate: 0.2750

Minimum Soil Cover: _____ Inches

*System Classification/Description:

TYPE III G. OTHER NON-CONV. TRENCH SYSTEMS

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: 3

Pump Required: ☐ Yes ☒ No ☐ May Be Required

Total Trench Length: 450 ft.

☐ Inches O.C.

Pump Tank: _____ Gallons

☒ Feet O.C.

Trench Spacing: _____ - 9

☐ Inches

Grease Trap: _____ Gallons

☒ Feet

Trench Width: _____ - 3

Septic Tank Installer

Grade Level Required: ☐ I ☐ II ☐ III ☐ IV

Aggregate Depth: _____ inches

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:

INSTALL SYSTEM AS DESIGNED BY CCSC.

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: Ennis, Crystal

Date of Issue: 03/30/2023

☐ 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 391795

PIN Number: _____

Tax Lot #: _____ Tax Block #: 049205

Evaluated For: _____

PERMIT VALID UNTIL: 03/30/2028

Property Owner: _____
Address: _____
City: _____
State/Zip: NC
Phone #: _____

Applicant: JESSE SATTERWHITE
Address: 5933 FARMWELL RD
City: RALEIGH
State/Zip: NC / 27610
Phone #: _____

Property Location & Site Information

Address/Road #: 45 WATER WILLOW LN Subdivision: _____ Phase: _____ Lot: _____
ZEBULON NC, 27597
*Proposed use of Well: _____
If Other: _____
Applicant Email: _____
Owner Email: _____

Directions: 45 WATER WILLOW LN

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: Ennis, Crystal

Authorized State Agent: *Crystal Ennis*

Owner/Applicant: _____

*Date of Issue: 03/30/2023

☐ Hand Drawing ☐ Import Drawing

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



File # 391795 PIN# _____

Property Address: 45 Water Willow Ln

Applicant or Owner Name: Jesse Satterwhite

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**: 3-30-23 EHS: Cynthia Eads

**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 1 Drainfield 3'x4.50' Type System Acc Max Trench Depth 24"

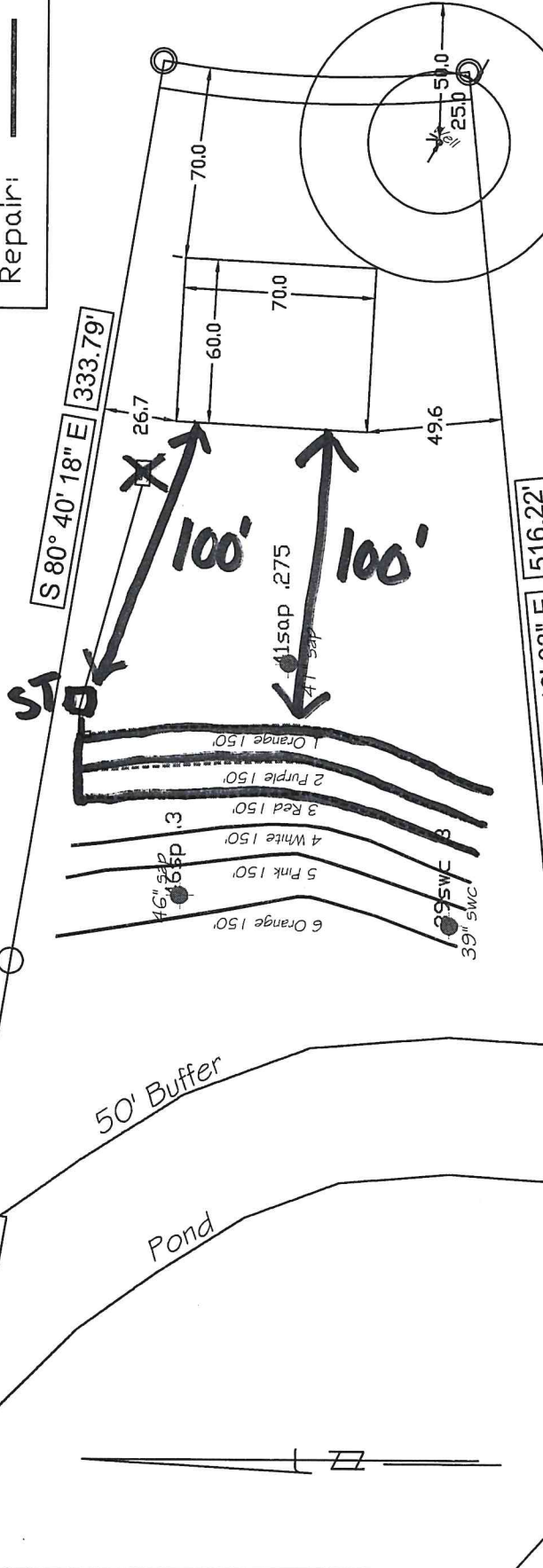
Septic Contractor True Works Septic/Pump tank dates 5-23-23 Pump fee? NO YES pd _____

Well Contractor _____ Well Grout date: _____

* See attached layout designed by CCSC *

- *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: -----

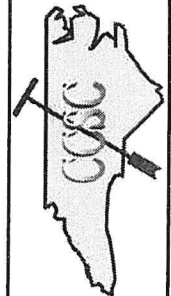


System: Gravity to D-Box
Lines 1-3, (450')
Accepted Status System
0.275 Soil LTAR
24" Trench Bottom

Repair: Gravity to D-Box
Lines 4-6, (450')
Accepted Status System
24" Trench Bottom
0.275 Soil LTAR

As-Built

GRAPHIC SCALE
1" = 60'



Central Carolina Soil Consulting, PLLC
1900 South Main Street, Suite 110
Wake Forest, North Carolina 27587
Phone (919)569-6704 Fax (919)569-6703

Septic Site Plan
Lot 22 Brannon Rd.
Franklin County, North Carolina

Job# : 3046
Drawn By : AH
Date : 03/6/2023
Revision:

LEGEND

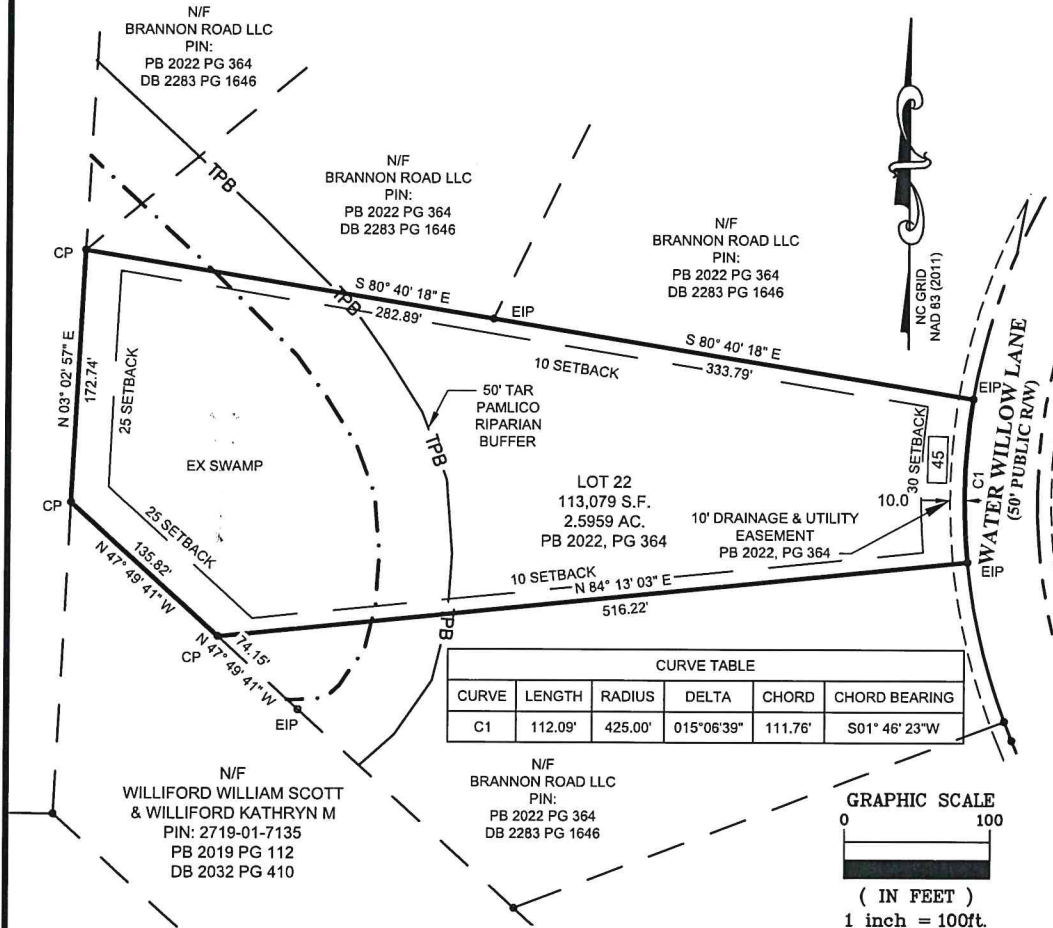
PG PAGE
EX EXISTING
AC. ACREAGE
DB DEED BOOK
CONC CONCRETE
S.F. SQUARE FEET
R/W RIGHT-OF-WAY
IPS IRON PIPE SET
PB PLAT BOOK
CP CALCULATED POINT
N/F NOW OR FORMERLY
EIP EXISTING IRON PIPE

BOUNDARY LINE
RIGHT OF WAY LINE
BOUNDARY NOT SURVEYED
EASEMENT LINE
BUILDING SETBACK

XXX DENOTES ADDRESS

R-30 SETBACK
INFORMATION:
FRONT: 30'
REAR: 25'
SIDE: 10'

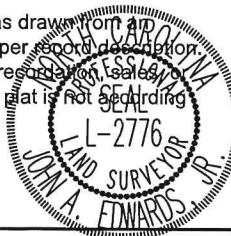
OWNER:
BRANNON ROAD LLC
45 WATER WILLOW LANE
ZEBULON, NC 27597
PIN # XXXX-XX-XXXX
RECORDED IN:
PLAT BOOK 2022, PAGE 364
FRANKLIN COUNTY REGISTRY



PERMIT PLAN - LOT 22

THIS PROPERTY ☐ (IS), ☒ (IS NOT)
LOCATED WITHIN A FEMA FLOOD HAZARD
AREA. PROPERTY IS LOCATED IN ZONE "X"
PER FEMA FLOOD INSURANCE RATE MAP
PANEL 3720271900J EFFECTIVE JANUARY
16, 2004.

I certify this plat was drawn from an actual field survey per report description. This plat is not for resale, nor conveyances. This plat is not according to G.S. 47-30.



SURVEY FOR

BRANNON ROAD LLC
45 WATER WILLOW LANE

ZEBULON

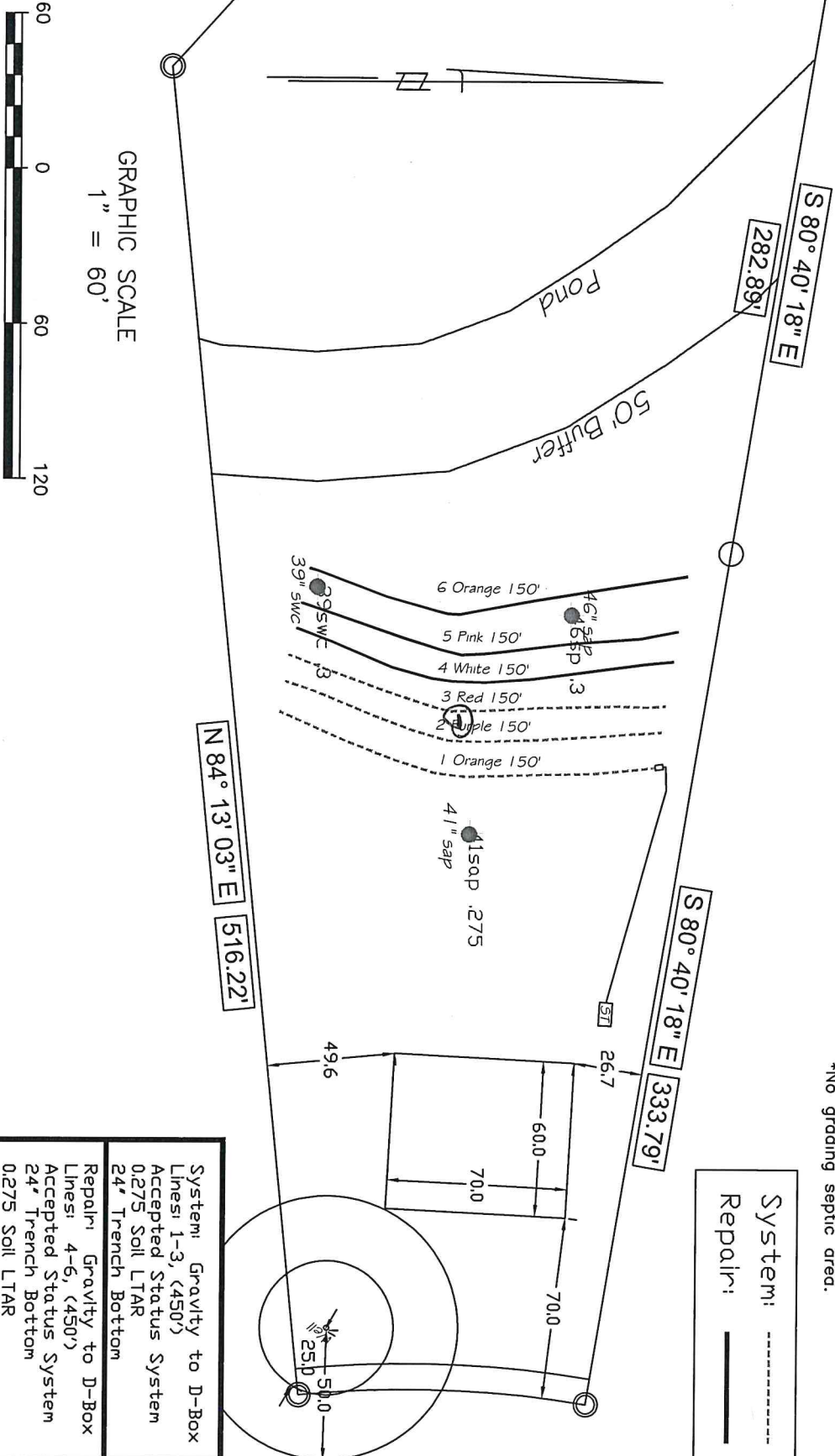
NORTH CAROLINA

Scale
1"= 100'
Date
10-26-2022

JOHN A. EDWARDS & COMPANY
NC License F-0289
333 Wade Ave., Raleigh, NC 27605
Phone (919) 828-4428

- *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: —————

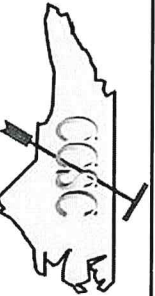


GRAPHIC SCALE
1" = 60'



System: Gravity to D-Box
Lines: 1-3, (450')
Accepted Status System
0.275 Soil LTAR
24' Trench Bottom

Repair: Gravity to D-Box
Lines: 4-6, (450')
Accepted Status System
24' Trench Bottom
0.275 Soil LTAR



Central Carolina Soil Consulting, PLLC
1900 South Main Street, Suite 110
Wake Forest, North Carolina 27587
Phone (919)569-6704 Fax (919)569-6703

Septic Site Plan
Lot 22 Brannon Rd.
Franklin County, North Carolina

Job# : 3046

Drawn By : AH

Date : 03/6/2023

Revision:

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

OWNER: Jesse Satterwhite

ADDRESS: _____

PROPOSED FACILITY: SFD

PROPOSED DESIGN FLOW (.1949): 480

APPLICATION DATE 3-14-23

DATE EVALUATED: 3-27-23

LOCATION OF SITE: 45 Water Willow Ln

PROPERTY SIZE: _____

PROPERTY RECORDED: _____

WATER SUPPLY: ☐ Private ☐ Public ☒ 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)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPR O CLASS	.1944 RESTR HORIZ	
1	LS 3.1	0-13	Gr / SL	VR, NL NP	24"				PS 0.275
		13-27	Gr / SC	PR SSSP / per					
		27-36	Gr / SCL	FI, SSSP / per					
2									
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM	OTHER FACTORS (.1946): _____ SITE CLASSIFICATION (.1948): <u>PS</u> EVALUATED BY: <u>Cyrtan Enn?</u> OTHER(S) PRESENT: _____
Available Space (.1945)	<u>yes</u>	<u>yes</u>	
System Type(s)	<u>Au</u>	<u>Ac</u>	
Site LTAR	<u>0.275</u>	<u>0.275</u>	
COMMENTS: _____			

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive) EXP (Expansive)	G (Single Grain)
CV (Convex Slope)		LS (Loamy Sand)				M (Massive)
D (Drainage Way)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		CR (Crumb)
DS (Debris Slump)		L (Loam)				GR (Granular)
FP (Flood Plain)	III	Si (Silt)	0.6 - 0.3	0.3 - 0.15		SBK (Subangular Blocky)
FS (Foot Slope)		SiCL (Silty Clay Loam)				ABK (Angular Blocky)
H (Head Slope)		CL (Clay Loam)				PL (Platy)
L (Linear Slope)		SCL (Sandy Clay Loam)				PR (Prismatic)
N (Nose Slope)		SiL (Silt Loam)				
R (Ridge)	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	MOIST VFR (Very Friable) FR (Friable) FI (Firm) VFI (Very Firm v. Very Sticky) EFI (Extremely Firm)	WET NS (Non-sticky)
S (Shoulder Slope)		SiC (Silty Clay)				SS (Slightly Sticky)
T (Terrace)		C (Clay)				S (Sticky)
		O (Organic)				VS (Very Sticky)
			None	None		NP (Non-plastic)
						SP (Slightly Plastic)
						P (Plastic)
						VP (Very Plastic)

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

NOTES

HORIZON DEPTH

In inches below natural soil surface

DEPTH OF FILL

In inches from land surface

RESTRICTIVE HORIZON

Thickness and depth from land surface

SAPROLITE

S(suitable) or U(unsuitable)

SOIL WETNESS

Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation

CLASSIFICATION

S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft²

Show profile locations and other site features (dimensions, reference or benchmark, and North).

