



IMPROVEMENT PERMIT

Granville County Health Dept
Environmental Health
101 Hunt Drive
Oxford, NC 27565
Phone: (252) 492-5263 Fax: (252) 492-2361

For Office Use Only

*CDP File Number 390942 - 1
County ID Number: 183400001536
Evaluated For: NEW

PERMIT VALID UNTIL: 04/20/2028

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

Applicant: Sumner Construction
Address: PO Box 1011
City: Youngsville
State/Zip: NC 27596
Phone #: home: (919) 422-5713 cell : (919) 422-5713

Property Owner: Churchill Associates
Address: 997 Browning Place
City: Youngsville
State/Zip: NC. 27596
Phone #: home: (919) 422-5713 cell : (919) 422-5713

Property Location & Site Information

Address: 997 Browning Place Youngsville, NC 27596 Subdivision: The Retreat at Merriweather Block/Phase: NEW Lot: 1

Directions

Road #:
Structure: SINGLE FAMILY
of Bedrooms:
of People:
*Water Supply: NEW WELL

System Specifications

Initial System

*Site Classification: Provisionally Suitable

Design Flow: 480

Soil Application Rate: 0.3500

*System Classification/Description:

TYPE III G. OTHER NON-CONV. TRENCH SYSTEMS

*Proposed System:
25% REDUCTION

Minimum Trench Depth: _____ Inches

Maximum Trench Depth: 22 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: 0.350

*System Classification/Description:

TYPE III G. OTHER NON-CONV. TRENCH SYSTEMS

*Proposed System: 25% REDUCTION

Minimum Trench Depth: _____ Inches

Maximum Trench: Depth: 22 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

Construction Authorization

Granville County Health Dept
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☐ Open Pump System Sheet

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Address: 997 Browning Place
City: Youngsville
State/Zip: NC, 27596
Phone #: home: (919) 422-5713 cell : (919) 422-5713

Property Location & Site Information

Address/Road #: 997 Browning Place Subdivision: The Retreat at Merriweather Phase: NEW Lot: 1
Youngsville, NC 27596
Directions:
Structure: SINGLE FAMILY
of Bedrooms:
of People:
*Water Supply: NEW WELL

System Specifications

*Site Classification: Provisionally Suitable Minimum Trench Depth: _____ Inches
Design Flow: 480 Maximum Trench Depth: 22 Inches
Soil Application Rate: 0.3500 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: 1035 Sq. ft. Septic Tank: 1,000 Gallons
No. Drain Lines: 4 Pump Required: ☐ Yes ☒ No ☐ May Be Required
Total Trench Length: 345 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: ☐ I ☐ II ☐ III ☐ IV
Grade Level Required: ☐ I ☐ II ☐ III ☐ IV

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***Permit Conditions:**

contractor to follow contour.

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: Diamond, Chris *Chris Diamond* Date of Issue: 04/20/2023

☐ Hand Drawing ☐ Import Drawing

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

Total Time : (HH:MM) _____

Granville-Vance Dist. Health Department
Environmental Health

Pip _____

Permit Number 390942

☒ Improvement Permit

☒ Construction Authorization

**SITE SKETCH
ON-SITE / WELL**

Summer Construction
Applicants Name

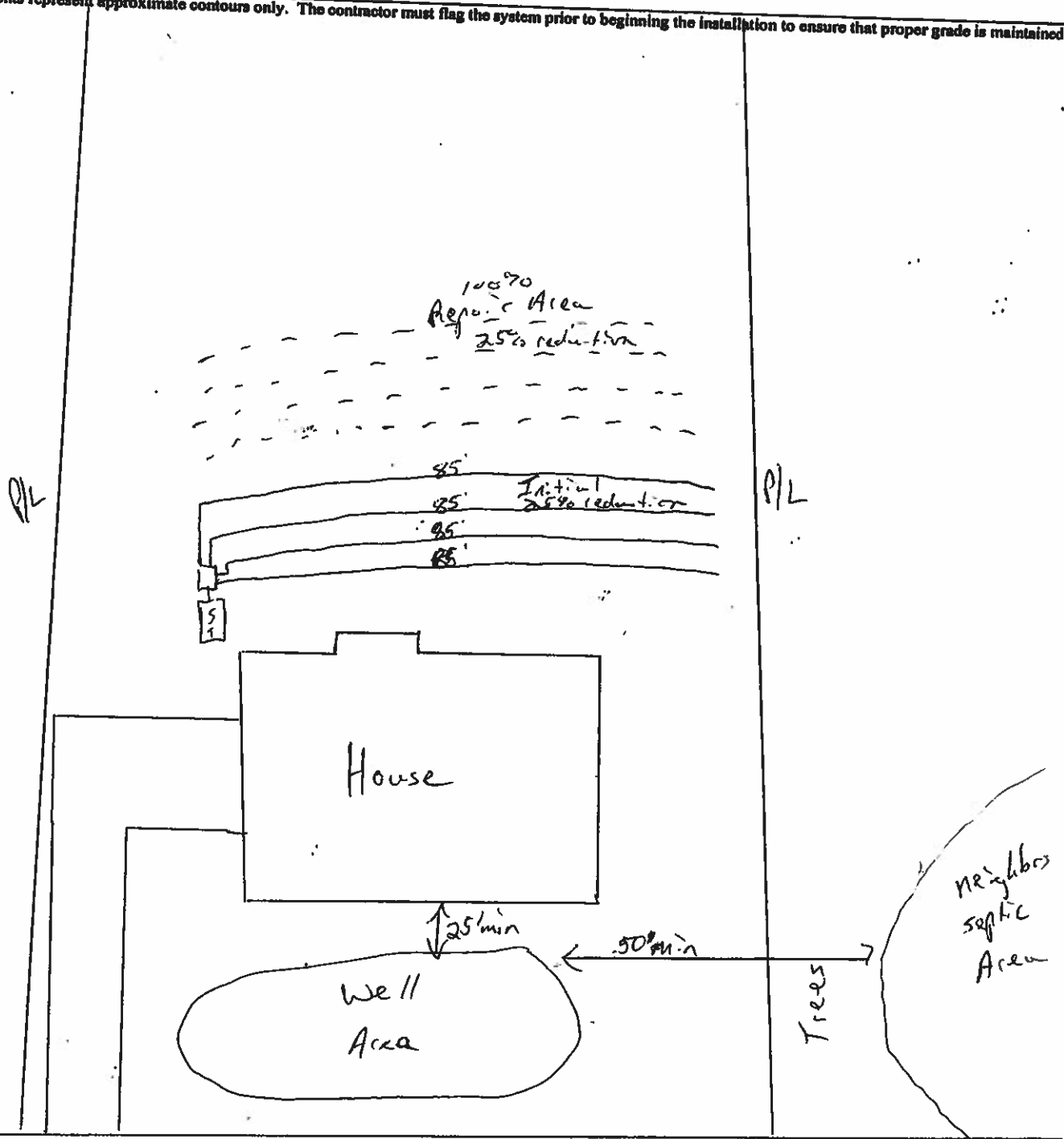
997 Browning Place
Address

Refer to Merriweather
Lot
Subdivision - Section - Lot

Ch. [Signature]
Authorized State Agent

4-20-23
Date

System components represent approximate contours only. The contractor must flag the system prior to beginning the installation to ensure that proper grade is maintained.



Browning Place Rd



Well Construction Permit

Granville County Health Dept
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Oxford NC, 27565
Phone: (252) 492-5263 Fax: (252) 492-2361

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*CDP File Number 390942

PIN Number: 183400001536

Tax Lot #: 1

Tax Block #: _____

Evaluated For: _____

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Address: 997 Browning Place
City: Youngsville
State/Zip: NC / 27596
Phone #: H: (919) 422-5713 C: (919) 422-5713

Applicant: Sumner Construction
Address: PO Box 1011
City: Youngsville
State/Zip: NC / 27596
Phone #: H: (919) 422-5713 C: (919) 422-5713

Property Location & Site Information

Address/Road #: 997 Browning Place
Youngsville NC, 27596
Subdivision: The Retreat at Merriweather Phase: _____ Lot: 1
*Proposed use of Well: _____
If Other: _____
Applicant Email: bobby@sumnerconstruction.com
Owner Email: _____

Directions:

Well Contractor Information

Drilling Contractor: _____

Driller Registration: _____

Permit Conditions

*Permit Conditions

well shall be 50ft from any septic, 25ft from any house including overhang, and 10ft from property line.

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: Diamond, Chris 

*Date of Issue: 04/20/2023

Authorized State Agent: _____

☒ Hand Drawing ☐ Import Drawing

Owner/Applicant: _____

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