



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 381987 - 1
County ID Number: 182500553753
Evaluated For: NEW

PERMIT VALID UNTIL: 11/16/2027

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

Applicant: V & M Homes
Address: 3224 Donlin Dr
City: Wake Forest
State/Zip: NC 27525
Phone #: home: (919) 606-8946

Property Owner: V & M Homes
Address: 3224 Donlin Dr
City: Wake Forest
State/Zip: NC. 27525
Phone #: home: (919) 606-8946

Property Location & Site Information

Address/Road #: 1765 River Club Ln Franklinton, Subdivision: Ironwood Phase: NEW Lot: 167
NC 27525
Structure: SINGLE FAMILY
of Bedrooms: 3
of People:
*Water Supply: NEW WELL

System Specifications

Initial System

*Site Classification: Provisionally Suitable
Design Flow: 360
Soil Application Rate: 0.3000
*System Classification/Description:
TYPE III B. SYSTEM W/SINGLE EFFLUENT PUMP
*Proposed System:
25% REDUCTION

Minimum Trench Depth: 20 Inches
Maximum Trench Depth: 22 Inches
Septic Tank: 1000 Gallons
Pump Required ☒ Yes ☐ No ☐ May Be Required
Pump Tank: 1000 Gallons

Repair System Required: ☒ Yes ☐ No ☐ No, but has Available Space

Repair System

*Site Classification:
Soil Application Rate: 0.300
*System Classification/Description:
TYPE III E. PPBPS GRAVITY DOSED SYSTEM
*Proposed System:
50% REDUCTION

Minimum Trench Depth: _____ Inches
Maximum Trench Depth: _____ 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

Initial system/partial repair laid out in field by REHS. Keep any part of septic min. 10' off house foundation. Stay off bad drainage. Install berm/swale to divert surface water coming off road. Min. 50'+ off wells. Horizontal T&J panel repair.

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:

Bullock, Will

Date of Issue:

11/16/2022

Total Time: (HH:MM)

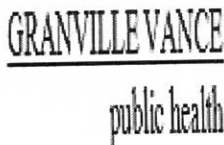


Hand Drawing



Import Drawing

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



Construction Authorization

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

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☐ Open Pump System Sheet

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Address: 3224 Donlin Dr
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Property Location & Site Information

Address/Road #: 1765 River Club Ln Franklinton, NC 27525 Subdivision: Ironwood Phase: NEW Lot: 167
Directions:
Structure: SINGLE FAMILY
of Bedrooms: 3
of People:
*Water Supply: NEW WELL

System Specifications

*Site Classification: Provisionally Suitable Minimum Trench Depth: 20 Inches
Design Flow: 360 Maximum Trench Depth: 22 Inches
Soil Application Rate: 0.3000 Minimum Soil Cover: Inches
*System Classification/Description: TYPE III B. SYSTEM W/SINGLE EFFLUENT PUMP Maximum Soil Cover: Inches
*Proposed System: 25% REDUCTION *Distribution Type: PRESSURE MANIFOLD
Nitrification Field: 900 Sq. ft. Septic Tank: 1,000 Gallons
No. Drain Lines: 4 Pump Required: ☒ Yes ☐ No ☐ May Be Required
Total Trench Length: 300 ft. ☐ Inches O.C. ☒ Feet O.C. Pump Tank: 1,000 Gallons
Trench Spacing: 9 - ☐ Inches ☒ Feet Grease Trap: Gallons
Trench Width: 3 - ☐ Inches ☒ Feet Septic Tank Installer Grade Level Required: ☐ I ☒ II ☐ III ☐ IV
Aggregate Depth: inches

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Initial system/partial repair laid out in field by REHS. Keep any part of septic min. 10' off house foundation. Stay off bad drainage. Install berm/swale to divert surface water coming off road. Min. 50'+ off wells. Horizontal T&J panel repair.

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:

Bullock, Will

Date of Issue: 11/16/2022

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

Total Time : (HH:MM)



Hand Drawing



Import Drawing

Granville County Health Department
Environmental Health

Permit Number P-381987
S-276008
W-276009

File _____

☒ Improvement Permit

☒ Construction Authorization

Site Sketch

V + m Homes
Applicant's Name
[Signature]
Authorized State Agent

36 acres

1765 River Dublin / Ironwood 167
Subdivision - Section - Lot

11/16/22

Date

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

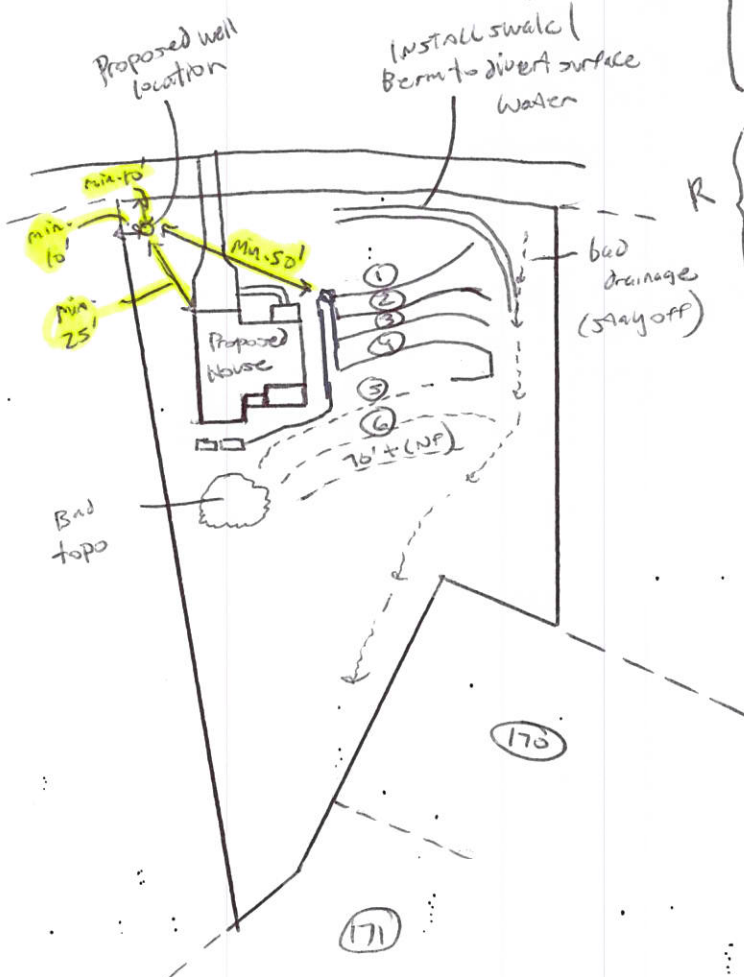
- Key
- Initial lines
 - - - Repair lines
 - o proposed well location

- * Any part of septic min. 10' off house foundation
- * min. 50' off well's

Lines (Laid out in field)

- I { (1) orange (50')
(2) white (80')
(3) blue (70')
(4) white (70')
(5) orange (30')
- R { (5) orange (remaining 60')
(6) white (70')
* rest of repair is not flagged

(166)



(168)

(170)

(171)

