GRANVILLE VANCE public health

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	397424 - 1
County ID Number:	182400909258
Evaluated For:	NEW

PERMIT VALID UNTIL: 08/29/2028

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

Applicant:	Roost Building Company
Address:	30 Bottomland Drive
City:	Youngsville
State/Zip:	NC 27596
Phone #:	home: (919) 671-9377 cell :(919) 671-9377

Property Owner:	Churchill Associates
Address:	Browning Pl
City:	Youngsville
State/Zip:	NC. 27596
Phone #:	

Property Location & Site Information

Address: Browning Pl Youngsville, NC 27596
Subdivision: The Retreat at Merriweather
Block/Phase: NEW
Lot: 4
Directions
Road #:
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: 0.2750
*System Classification/Description:
TYPE III G. OTHER NON-CONV. TRENCH SYSTEMS
*Proposed System:
25% REDUCTION

Minimum Trench Depth: 18 Inches
Maximum Trench Depth: 20 Inches
Septic Tank: 1000 Gallons
Pump Required ◯ Yes (X) No ◯ May Be Required
Pump Tank: _____ Gallons

Repair System Required: (X) 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: 18 Inches
Maximum Trench: Depth: 20 Inches
Pump Required: ◯ Yes (X) 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**

Serial Distribution (w/ "D" box). Initial/Partial Repair laid out in field by REHS. Drain lines min. 10' off property lines. Supply lines min. 5' off property lines. Min. 50' off wells.

CDP File Number: 397424 County ID Number: 182400909258

The Department and Local Health Department may impose conditions on the issurance 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 it 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: 08/29/2023

Total Time: (HH:MM)

☑ Hand Drawing ○ Import Drawing ****Site Plan/Drawing attached.****

GRANVILLE VANCE public health

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

Applicant:	Roost Building Company
Address:	30 Bottomland Drive
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State/Zip:	NC 27596
Phone #:	home: (919) 671-9377 cell :(919) 671-9377

Property Owner:	Churchill Associates
Address:	Browning Pl
City:	Youngsville
State/Zip:	NC. 27596
Phone #:	

Property Location & Site Information

Address/Road #: Browning Pl Youngsville, NC 27596
Subdivision: The Retreat at Merriweather
Phase: NEW
Lot: 4
Directions:
Structure: SINGLE FAMILY
# of Bedrooms: 3
# of People:
*Water Supply: NEW WELL

System Specifications

*Site Classification: Provisionally Suitable
Design Flow: 360
Soil Application Rate: 0.2750
*System Classification/Description: TYPE III G. OTHER NON-CONV. TRENCH SYSTEMS
*Proposed System: 25% REDUCTION

Minimum Trench Depth: 18 Inches
Maximum Trench Depth: 20 Inches
Minimum Soil Cover: ____ Inches
Maximum Soil Cover: ____ Inches
*Distribution Type: GRAVITY - SERIAL

Nitrification Field: 981 Sq. ft.
No. Drain Lines: 1
Total Trench Length: 330 ft.
Trench Spacing: 9 - ____
Trench Width: 3 - ____
Aggregate Depth: ____ inches

◯ Inches O.C.
(X) Feet O.C.
◯ Inches
(X) Feet

Septic Tank: 1,000 Gallons
Pump Required: ◯ Yes (X) No ◯ May Be Required
Pump Tank: ____ Gallons
Grease Trap: ____ Gallons

Septic Tank Installer Grade Level Required: ◯ I (X) 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:**

Serial Distribution (w/ "D" box). Initial/Partial Repair laid out in field by REHS. Drain lines min. 10' off property lines. Supply lines min. 5' off property lines. Min. 50' off wells.

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)). Ther person owning or controlling the system shall be responsible for assuring compliance with the laws, rules, and permit conditions regaurding system location, installation, operation, maintenance, monitoring, reporting

Authorized State Agent: Bullock, Will REHS
Date of Issue: 08/29/2023

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

Total Time : (HH:MM) ____

⊘ Hand Drawing ◯ Import Drawing

Granville-Vance Dist. Health Department
Environmental Health

Pin _____

Permit Number P-39742 4

Improvement Permit

Construction Authorization S-292716
W-292718

SITE SKETCH
ON-SITE / WELL

Roost Building Company
Applicants Name

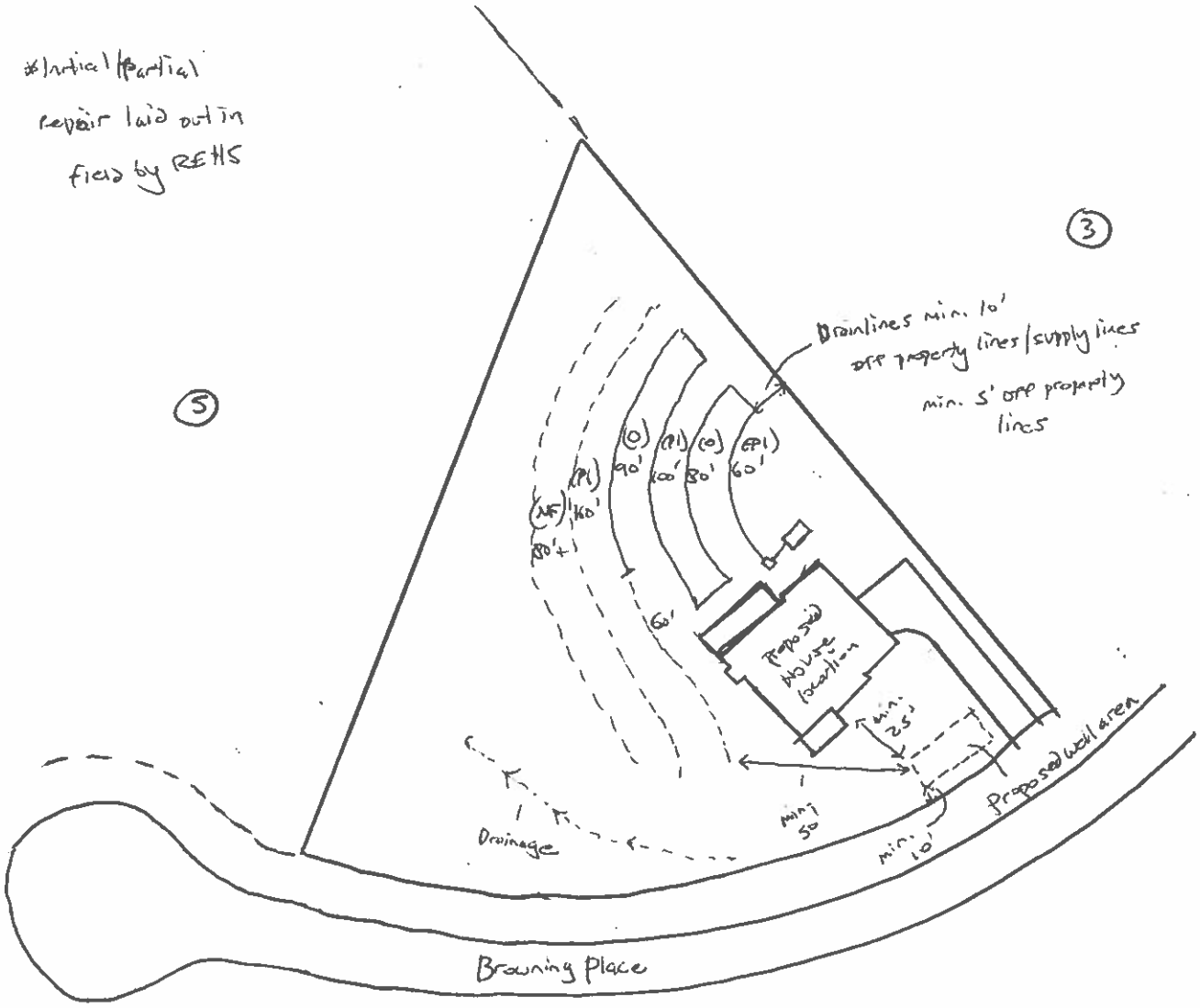
991 Browning Pl.
Address

Retreat @ Merriweather lot #4
Subdivision – Section – Lot

Weldon REHS
Authorized State Agent

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.



GRANVILLE VANCE public health

Well Construction 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 397424

PIN Number: 182400909258

Tax Lot #: 4 Tax Block #:

Evaluated For:

PERMIT VALID UNTIL: 08/29/2028

Property Owner:	Churchill Associates	Applicant:	Roost Building Company
Address:	Browning Pl	Address:	30 Bottomland Drive
City:	Youngsville	City:	Youngsville
State/Zip:	NC / 27596	State/Zip:	NC / 27596
Phone #:		Phone #:	H: (919) 671-9377 C: (919) 671-9377

Property Location & Site Information

Address/Road #: Browning Pl
Youngsville NC, 27596

Subdivision: The Retreat at Merriweather Phase: Lot: 4

*Proposed use of Well:

If Other:

Applicant Email: brandon@roostbuildingcompany.com

Owner Email:

Directions:

Well Contractor Information

Drilling Contractor:

Driller Registration:

Permit Conditions

*Permit Conditions

Keep proposed well min. 50' off any part of septic (Including neighboring lots). Min. 25' off structural foundations. Min. 10' off property lines. Stay out of road right of way. Well driller responsible for maintaining all setbacks.

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: Bullock, Will

*Date of Issue: 08/29/2023

Authorized State Agent:

Owner/Applicant: Roost Building Company

(✓) Hand Drawing ( ) Import Drawing

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

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public health

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Tax Lot #: 4 Tax Block #:

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