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	378463 - 1
County ID Number:	182400410296
Evaluated For:	NEW

PERMIT VALID UNTIL: 08/05/2027

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

Applicant:	Jay Valenti
Address:	14916 Coveshore Dr
City:	Wake Forest
State/Zip:	NC 27587
Phone #:	cell :(919) 809-4044

Property Owner:	Jay Valenti
Address:	14916 Coveshore Dr
City:	Wake Forest
State/Zip:	NC. 27587
Phone #:	cell :(919) 809-4044

Property Location & Site Information

Address/Road #: Wake Forest, NC 27587 Subdivision: Sherron Phase: NEW Lot: 2

Directions Estates

Structure: SINGLE FAMILY

# of Bedrooms: 4

# of People:

*Water Supply: NEW WELL

System Specifications

Initial System

*Site Classification: Provisionally Suitable

Design Flow: 480

Soil Application Rate: 0.3000

*System Classification/Description:
TYPE III B. SYSTEM W/SINGLE EFFLUENT PUMP

*Proposed System:
25% REDUCTION

Minimum Trench Depth: _____ Inches

Maximum Trench Depth 24 Inches

Septic Tank: 1000 Gallons

Pump Required (X) Yes ( ) No ( ) May Be Required

Pump Tank: 1000 Gallons

Repair System Required: (X) Yes ( ) No ( ) No, but has Available Space

Repair System

*Site Classification: Provisionally Suitable

Soil Application Rate: 0.300

*System Classification/Description:
TYPE III B. SYSTEM W/SINGLE EFFLUENT PUMP

*Proposed System:
50% REDUCTION

Minimum Trench Depth: _____ Inches

Maximum Trench Depth 22 Inches

Pump Required: (X) 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 Departmen

***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**

CONTRACTOR TO ESTABLISH AND FOLLOW CONTOUR. 50' FROM ANY WELL. PUMP TO HORIZONTAL PPBPS FOR REPAIR

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: Hedrick, Chris Date of Issue: 08/05/2022

(X) Hand Drawing ( ) Import Drawing ****Site Plan/Drawing attached.****

Total Time: (HH:MM) ____ : ____

GRANVILLE VANCE public health

Construction Authorization

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

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☐ Open Pump System Sheet

Applicant:	Jay Valenti
Address:	14916 Coveshore Dr
City:	Wake Forest
State/Zip:	NC 27587
Phone #:	cell :(919) 809-4044

Property Owner:	Jay Valenti
Address:	14916 Coveshore Dr
City:	Wake Forest
State/Zip:	NC. 27587
Phone #:	cell :(919) 809-4044

Property Location & Site Information

Address/Road #: Wake Forest, NC 27587 Subdivision: Sherron Estates Phase: NEW Lot: 2

Directions:

Structure: SINGLE FAMILY

# of Bedrooms: 4

# of People:

*Water Supply: NEW WELL

System Specifications

*Site Classification: Provisionally Suitable

Design Flow: 480

Soil Application Rate: 0.3000

*System Classification/Description:
TYPE III B. SYSTEM W/SINGLE EFFLUENT PUMP

*Proposed System:
25% REDUCTION

Minimum Trench Depth: _____ Inches

Maximum Trench Depth: 24 Inches

Minimum Soil Cover: _____ Inches

Maximum Soil Cover: _____ Inches

*Distribution Type: PRESSURE MANIFOLD

Nitrification Field: 1200 Sq. ft.

No. Drain Lines: 4

Total Trench Length: 400 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: (X) Yes ◯ No ◯ May Be Required

Pump Tank: 1,000 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:**

CONTRACTOR TO ESTABLISH AND FOLLOW CONTOUR. 50' FROM ANY WELL. PUMP TO HORIZONTAL PPBPS FOR 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)). 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: Hedrick, Chris Date of Issue: 08/05/2022

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

(X) Hand Drawing ◯ Import Drawing

Total Time : (HH:MM) _____

Granville-Vance Dist. Health Department
Environmental Health

Pin _____

Permit Number 378463

_____ Improvement Permit

_____ Construction Authorization

SITE SKETCH
ON-SITE / WELL

Valenti Homes
Applicants Name

1119 Springdale Dr., Wake Forest
Address

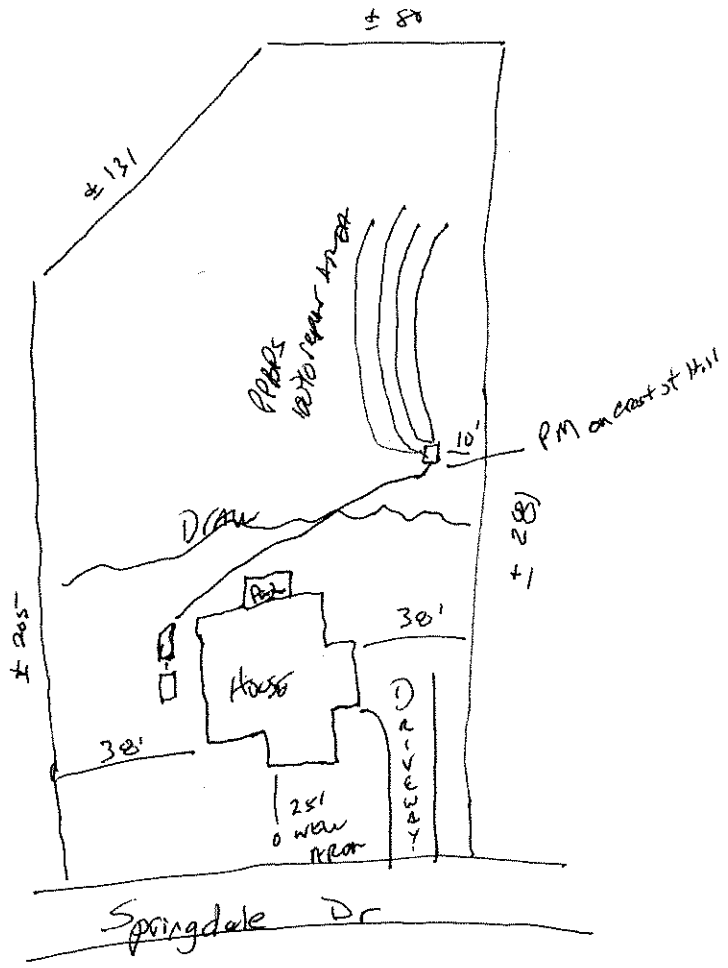
Sherron Estates # 2
Subdivision – Section – Lot

Chris Herbert
Authorized State Agent

8/5/2022
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.

Not to scale



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 378463

PIN Number: 182400410296

Tax Lot #: 2 Tax Block #:

Evaluated For: SINGLE FAMILY \ WELL

Property Owner:	Valenti Homes, LLC(Jay Valenti)	Applicant:	Valenti Homes, LLC(Jay Valenti)
Address:	14916 Coveshore Dr	Address:	14916 Coveshore Dr
City:	Wake Forest	City:	Wake Forest
State/Zip:	NC / 27587	State/Zip:	NC / 27587
Phone #:	H: (919) 809-4044	Phone #:	H: (919) 809-4044

Property Location & Site Information

Address/Road #:

Wake Forest NC, 27587

Subdivision: Sherron Estates Phase: Lot: 2

*Proposed use of Well: SINGLE FAMILY

If Other:

Applicant Email:

Owner Email:

Directions:

Well Contractor Information

Drilling Contractor:

Driller Registration:

Permit Conditions

*Permit Conditions

50' FROM ANY SEPTIC, 10' FROM PROPERTY LINES, AND 25' FROM ANY BUILDING INCLUDING OVERHANGS

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: Hedrick, Chris

Authorized State Agent:

Owner/Applicant:

*Date of Issue: 08/05/2022

◯ Hand Drawing ◯ Import Drawing

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