



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 376109 - 1
County ID Number: 182500459618
Evaluated For: NEW

PERMIT VALID UNTIL: 08/15/2027

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

Applicant: Lawrence Homes
Address: 3192 Brassfield Rd
City: Creedmoor
State/Zip: NC 27525
Phone #: home: (919) 291-9471

Property Owner: Lawrence Homes
Address: 3192 Brassfield Rd
City: Creedmoor
State/Zip: NC, 27525
Phone #: home: (919) 291-9471

Property Location & Site Information

Address/Road #: River Manor Ct Franklinton, NC Subdivision: Ironwood Phase: NEW Lot: 153
27525
Structure: SINGLE FAMILY
of Bedrooms: 3
of People:
*Water Supply: NEW WELL

Directions

System Specifications

Initial System

*Site Classification: Provisionally Suitable
Design Flow: 360
Soil Application Rate: 0.3000

*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 ☒ No ☐ May Be Required

Pump Tank: Gallons

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

Repair System

*Site Classification: PS \
Soil Application Rate: 0.300

*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 ☒ 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

System (Initial/Repair) laid out in field by REHS. Drain lines min. 10' off property lines. Stay off bad topography. Call to schedule pit at time of SF to possibly get deeper trench depth. Min. 50' off well's. Septic 10' off house foundation.

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:

08/15/2022

Total Time: (HH:MM)

☒ Hand Drawing

☐ Import Drawing

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

Construction Authorization

Granville County Health Dept

Environmental Health

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☐ Open Pump System Sheet

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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: 0.3000

Minimum Trench Depth: 18 Inches

Maximum Trench Depth: 20 Inches

*System Classification/Description:

TYPE III G. OTHER NON-CONV. TRENCH SYSTEMS

Minimum Soil Cover: Inches

Maximum Soil Cover: Inches

*Proposed System:

25% REDUCTION

*Distribution Type: GRAVITY - SERIAL

Nitrification Field: 900 Sq. ft.

No. Drain Lines: 1

Total Trench Length: 300 ft.

Trench Spacing: 9 -

Trench Width: 3 -

Aggregate Depth: inches

☐ Inches O.C.☒ Feet O.C.☐ Inches☒ FeetPump Required: ☐ Yes ☒ No ☐ May Be Required

Pump Tank: Gallons

Grease Trap: Gallons

Septic Tank Installer

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

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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: 08/15/2022

☒ Hand Drawing☐ Import Drawing****Site Plan/Drawing attached.****

Total Time : (HH:MM)

**Granville County Health Department
Environmental Health**

Permit Number R-376109

Pin _____

☒ Improvement Permit 3rd bedroom

☒ Construction Authorization S-268522
W-268523

Site Sketch

Lawrence Homes Inc.
Applicant's Name
[Signature]
Authorized State Agent

River Manor Ct. / Ironwood 153
Subdivision - Section - Lot
8-15-22
Date

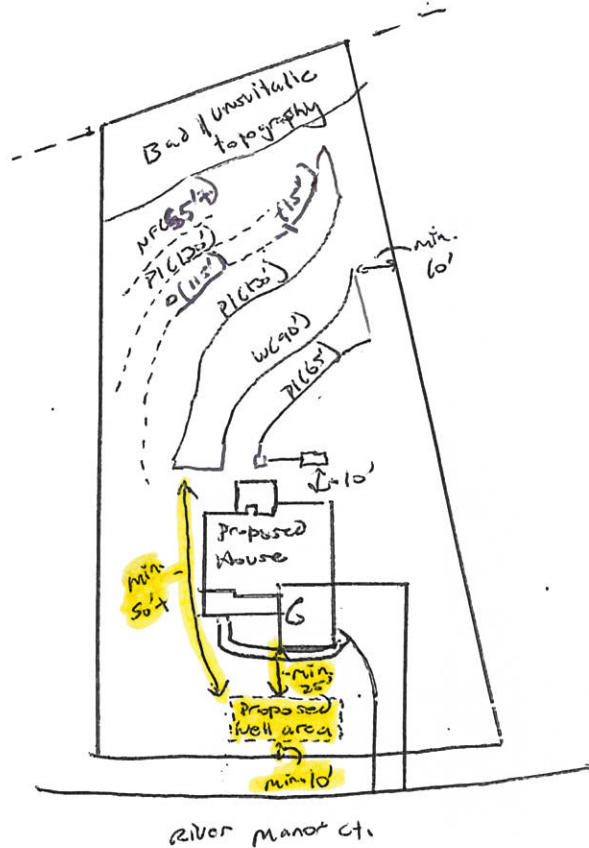
System components represent approximate contours only. The contractor must flag the system prior to beginning the installation to insure that proper grade is maintained.

KEY

- INITIAL LINES
- Repair lines
- [] Proposed well area

- obtain lines min. 10'
- off property lines
- any part of septic min
- 10' off house foundation
- 50' min. off well's

(154)



(152)

