



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 _____
County ID Number: 181300188311
Evaluated For: NEW

PERMIT VALID UNTIL: 05/07/2026

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

Applicant: Genesis Buiding Co Inc
Address: 5450 Old Wake Forest Rd
City: Raleigh
State/Zip: NC 27609
Phone #: home: (919) 669-9491

Property Owner: Juan Carlos Perez
Address: 675 Willard Dr
City: Creedmoor
State/Zip: 27522
Phone #: _____

Property Location & Site Information

Address/Road #: 675 Willard Dr Creedmoor, NC 27522 Subdivision: Hawthorne II Phase: NEW Lot: 77
Structure: SINGLE FAMILY
of Bedrooms: 4
of People: _____
*Water Supply: EXISTING WELL

System Specifications

Initial System

*Site Classification: Provisionally Suitable

Design Flow: 480

Soil Application Rate: 0.2500

*System Classification/Description:

Horizontal T&J panel system

*Proposed System:
50% REDUCTION

Minimum Trench Depth: _____ Inches

Maximum Trench Depth: 18 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: Provisionally Suitable

Soil Application Rate: 0.250

*System Classification/Description:

N/A (Horizontal T&J panel)

*Proposed System:
50% REDUCTION

Minimum Trench Depth: _____ Inches

Maximum Trench Depth: 18 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

Horizontal T & J Panel system. Water/Sewage must be distributed thru manifold. Any part of septic min. 5' off house foundation. NO foundation drain or permit is void. Haul in 6-8" off approved cover extending 5' past system, sloped to drain.

*50' min. off
all well's

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 (1.1938(b)).

Authorized State Agent:

Bullock, Will

Will Bullock

Date of Issue:

05/07/2021

Total Time: (HH:MM)

☒ Hand Drawing

☐ Import Drawing

Site Plan/Drawing attached.

Granville - Vance District Health Department

Environmental Health

Well Construction Permit

3043

Owner/Applicant: Genesis building Co.

Date: 9-10-19

Address or Location of Property: 675 Willard Dr.

Subdivision & Lot #: Hawthorne 77

Septic Permit #: 2063

Zoning Permit #: 21143

Environmental Health Specialist: W. J. [Signature]

This well permit is to locate and site the area that a private groundwater well may be established on the property listed above by the Environmental Health Specialists of Granville County. If one does not locate the well in the approved area and complete the well as specified by the 15A NCAC .02C rules, then permits may be revoked. At completion of drilling of the well, grout must be witnessed by EHS and a well log turned into Environmental Health.

Minimum Setbacks: (these are the main setbacks, but not all required setbacks)

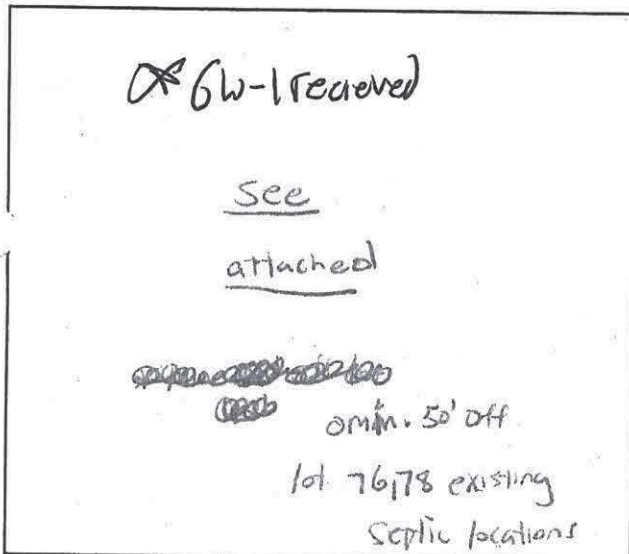
Setback from property lines – 10 ft

Setback from septic tank and drain field, including repair area – 100 ft

Setback from structural foundations – 25 ft

Setback from ponds, lakes or other bodies of water – 50 ft

Site Sketch:



Conditions: 100' min. off any part of septic (including neighboring lots)
 25' min. off house foundation
 10' off all property lines
 maintain all setbacks

Authorized Agent: [Signature]

Date: 9-10-19

1 Well Grout: (Circle or write in)

Witnessed: Yes or No EHS Agent: [Signature]

Date: 2/10/21 Annular Space Open: Yes or No

Over reamed: Yes or No Depth Grouted: 20ft

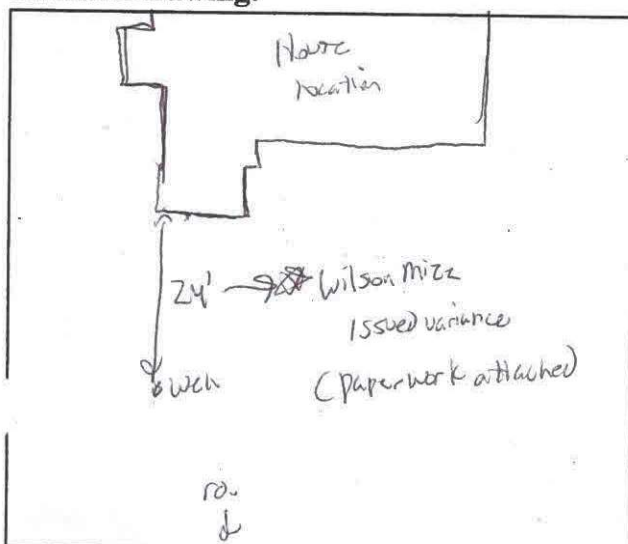
Method: Pump ☒ Poured ☐ Pressure ☐

Well Log received: Yes or No (EHS to Attach to Permit)

Driller Name: Upfront well Cert. #

Depth: 305' Casing Depth: 63' GPM: 12

As Built Drawing:



2 Well Final: (Place a check mark when finalized)

Seal Present and Intact: ☒ Air Vent: ☒

Hose Spigot: ☒ Electrical Box: ☒

Pump Installer Tag: ☒ Well Installer Tag: ☒

All holes sealed: ☒ 12" above grade: ☒

Comments:

3 Well Completion Permit: EHS

Date Completed: 8-3-21

4 Water Samples Taken: Date:

EHS: Results:

Retest: Results:

Granville - Vance District Health Department
Environmental Health

Pin _____

Permit Number 357210 (8)

Final Sketch

Juan Carlos Perez

Applicants Name

Tot J Panel
Horizontal

Hawthorne II lot 77

Subdivision - Section - Lot

Physical Address: 675 Willard Dr.

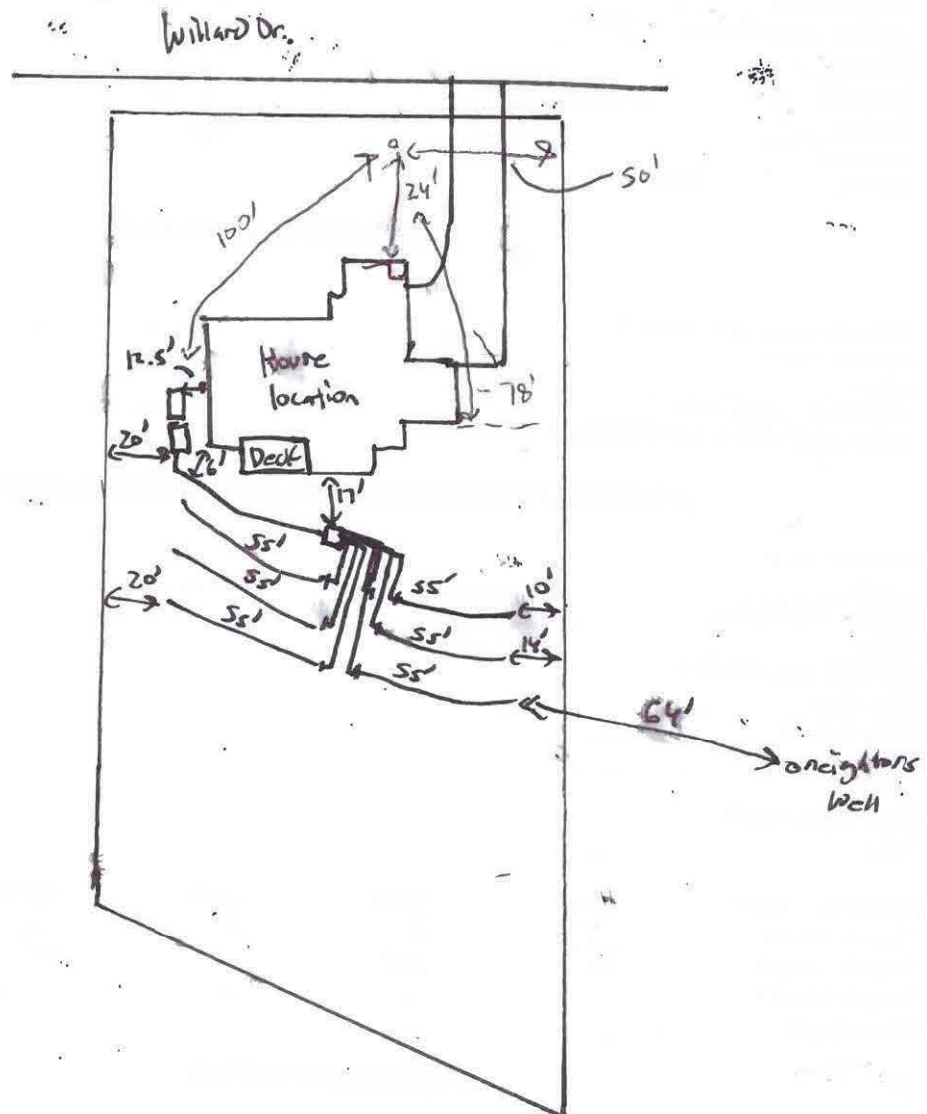
Number of Bedrooms 4

Blackley Bros.

System Installer

6-8-21

Date



[Signature]

Authorized Signature

7-1-21 (6-8-21) WTB

Date