



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: 182500555147
Evaluated For: NEW

PERMIT VALID UNTIL: 07/30/2026

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

Applicant: Sumner Construction
Address: PO Box 1011
City: Youngsville
State/Zip: NC 27596
Phone #: home: (919) 422-5713

Property Owner: Sumner Construction
Address: PO Box 1011
City: Youngsville
State/Zip: NC 27596
Phone #: home: (919) 422-5713

Property Location & Site Information

Address/Road #: 3607 River Watch Ln Franklinton, Subdivision: _____ Phase: NEW Lot: 174
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

Minimum Trench Depth: 22 Inches
Maximum Trench Depth: 24 Inches

*System Classification/Description:
TYPE III G. OTHER NON-CONV. TRENCH SYSTEMS

Septic Tank: 1000 Gallons
Pump Required ☐ Yes ☒ No ☐ May Be Required
Pump Tank: _____ Gallons

*Proposed System:
25% REDUCTION

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

Repair System

*Site Classification: Provisionally Suitable
Soil Application Rate: 0.300

Minimum Trench Depth: 22 Inches
Maximum Trench Depth: 24 Inches

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

Pump Required: ☒ Yes ☐ No ☐ May Be Required
Pump Tank: _____ Gallons

*Proposed System:
25% REDUCTION

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 system. System (Initial/Repair) laid out in field by REHS. Stay out of low area/Gully's with any part of septic. Tank/"D" Box/Drain lines min. 10' off property lines. Supply line min. 5' off P/L's. 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 (1938(h)).

Authorized State Agent: _____

Bullock, Will

Will Bullock Date of Issue: _____

07/30/2021

Total Time: (HH:MM)

☒ Hand Drawing

☐ Import Drawing

Site Plan/Drawing attached.

Granville - Vance District Health Department
Environmental Health

Pin _____

Permit Number P-360251

Final Sketch

Sumner Const.

Ironwood 174

S-248336
W-248337

Applicants Name

Subdivision - Section - Lot

Physical Address: 3607 Riverwatch Ln

Number of Bedrooms 3

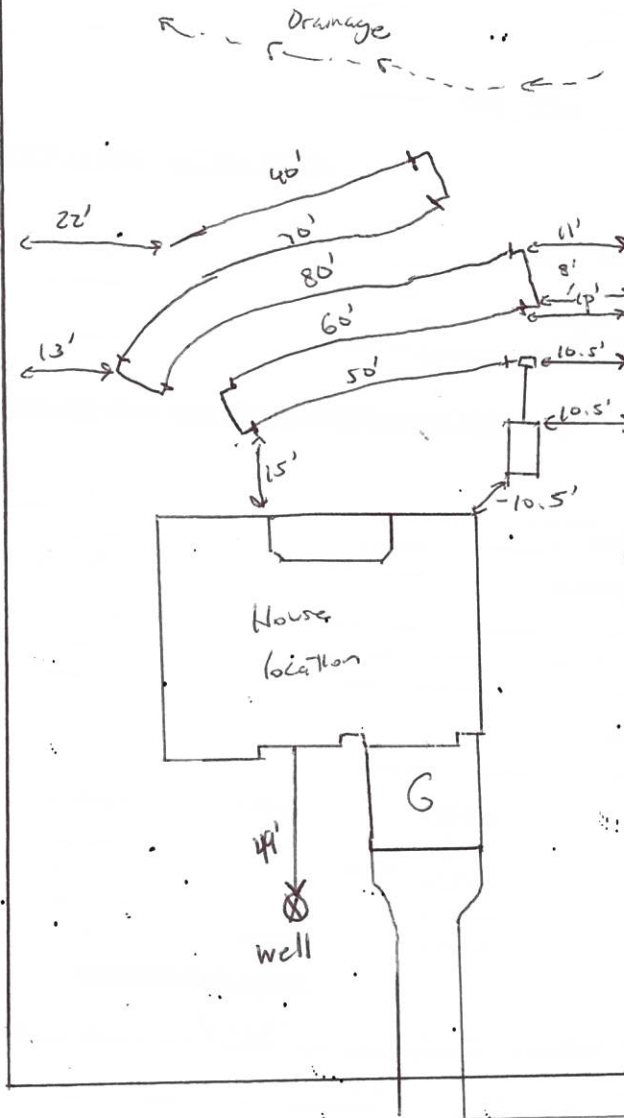
Treeworks, Inc.

10-26-21

System Installer

Date

(173)



(300' total)
E2 flow

(173)

Riverwatch Ln

[Signature]

Authorized Signature

10-26-21

Date



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 360250

PIN Number: 182500555147

Tax Lot #: 174

Tax Block #: _____

Evaluated For: SINGLE FAMILY \ WELL

Property Owner: Sumner Construction

Address: PO Box 1011

City: Youngsville

State/Zip: NC / 27596

Phone #: H: (919) 422-5713

Applicant: Sumner Construction

Address: PO Box 1011

City: Youngsville

State/Zip: NC / 27596

Phone #: H: (919) 422-5713

Property Location & Site Information

Address/Road #:

Subdivision: _____

Phase: _____

Lot: 174

3607 River Watch Ln

Franklinton NC, 27525

*Proposed use of Well: SINGLE FAMILY

Directions

If Other: _____

Well Contractor Information

Drilling Contractor: _____

Driller Registration: _____

Permit Conditions

*Permit Conditions

Keep proposed well min 100' off any part of septic (Including neighboring lots). Min. 25'+ off house/Garage foundation. Min. 10' off front property line. Min. 40' off left and right P/L to get setback off 173/175 proposed septic.

WG completed 12/7/21 by KBS

4' to total

90' casing

10' gpm

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. No volume of quality of water is guaranteed by the Health Department.

*Issued By: Bullock, Will

*Date of Issue: 07/30/2021

Authorized State Agent: Will Bullock

Owner/Applicant: Sumner Const.

☒ Hand Drawing

☐ Import Drawing

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