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	411367 - 1
County ID Number:	183500353047
Evaluated For:	NEW

PERMIT VALID UNTIL: 05/03/2029

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

Applicant:	Ginger Blackwell
Address:	3809 Orange Cosmos Ave
City:	Wake Forest
State/Zip:	NC 27587
Phone #:	home: (919) 291-8015 cell :(919) 291-8015

Property Owner:	Frank Moody
Address:	4301 Bragg Farm Ln
City:	Oxford
State/Zip:	MT. 27565
Phone #:	home: (919) 291-8015 cell :(919) 291-8015

Property Location & Site Information

Address: 4301 Bragg Farm Ln Oxford, NC 27565 Subdivision: Bragg Farm Block/Phase: NEW Lot: 1

Directions

Road #:

Structure: SINGLE FAMILY

# of Bedrooms: 4

# of People:

*Water Supply: NEW WELL

System Specifications

Initial System

Usable Soil Depth:

Design Flow: 480

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 (X) No ( ) May Be Required

*Proposed System:
25% REDUCTION

Pump Tank: _____ Gallons

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

Repair System

Usable Soil Depth:

Soil Application Rate: 0.300

Minimum Trench Depth: 22 Inches

Maximum Trench: Depth: 24 Inches

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

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

*Proposed System: 25% REDUCTION

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**

Min. 10' off house foundation with any part of septic. Contractor to establish and follow contour. Min. 50' off wells. Do NOT go under powerline.

CDP File Number: 411367 County ID Number: 183500353047

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 (per rule .0301(a).

Authorized State Agent: Bullock, Will Date of Issue: 05/03/2024

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
Oxford, NC 27565
Phone: (252) 492-5263 Fax: (252) 492-2361

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☐ Open Pump System Sheet

Applicant:	Ginger Blackwell	Property Owner:	Frank Moody
Address:	3809 Orange Cosmos Ave	Address:	4301 Bragg Farm Ln
City:	Wake Forest	City:	Oxford
State/Zip:	NC 27587	State/Zip:	MT. 27565
Phone #:	home: (919) 291-8015 cell :(919) 291-8015	Phone #:	home: (919) 291-8015 cell :(919) 291-8015

Property Location & Site Information

Address/Road #: 4301 Bragg Farm Ln Oxford, NC 27565
Subdivision: Bragg Farm Phase: NEW Lot: 1

Directions:

Structure: SINGLE FAMILY
# of Bedrooms: 4
# of People:
*Water Supply: NEW WELL

System Specifications

Usable Soil Depth:
Design Flow: 480
Soil Application Rate: 0.3000
*System Classification/Description:
TYPE III G. OTHER NON-CONV. TRENCH SYSTEMS
*Proposed System:
25% REDUCTION

Minimum Trench Depth: 22 Inches
Maximum Trench Depth: 24 Inches
Minimum Soil Cover: ___ Inches
Maximum Soil Cover: ___ Inches
*Distribution Type: GRAVITY - PARALLEL (eq. d-box)
Septic Tank: 1,000 Gallons

Nitrification Field: 1200 Sq. ft.
No. Drain Lines: 3
Total Trench Length: 400 ft.
Trench Spacing: 9 - ___ ◯ Inches O.C. ⊗ Feet O.C.
Trench Width: 3 - ___ ◯ Inches ⊗ Feet
Aggregate Depth: ___ inches

Pump Required: ◯ Yes ⊗ No ◯ May Be Required
Pump Tank: ___ Gallons
Grease Trap: ___ Gallons
Septic Tank Installer Grade Level Required: ◯ I ⊗ 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:**

Min. 10' off house foundation with any part of septic. Contractor to establish and follow contour. Min. 50' off wells. Do NOT go under powerline.

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 (.0204(k)(1)). The 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 and repair (per rule .0301((a)).

Authorized State Agent: Bullock, Will [signature] REHS
Date of Issue: 05/03/2024

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

⊘ Hand Drawing ◯ Import Drawing

Total Time : (HH:MM) ___

Granville-Vance Dist. Health Department
Environmental Health

Pin _____ Permit Number P2411367

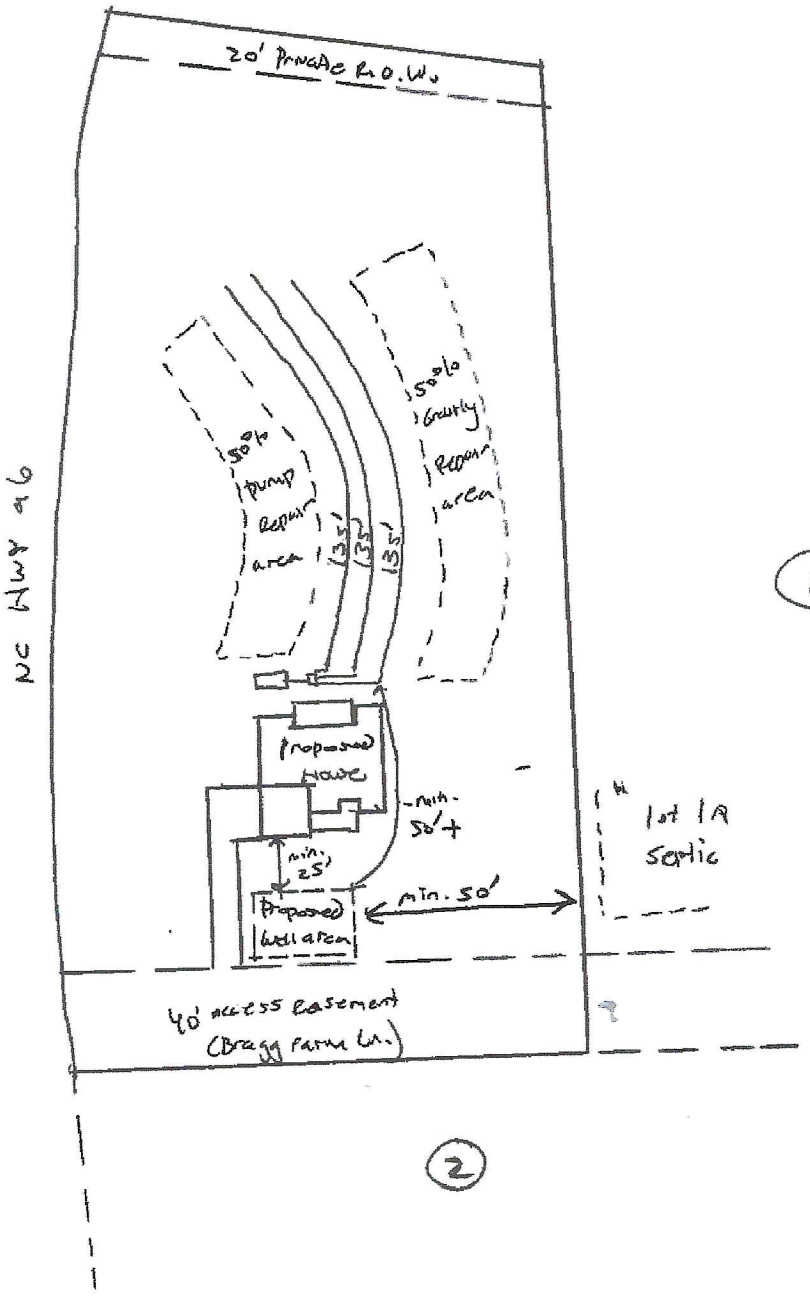
✓ Improvement Permit 4 bedroom ✓ Construction Authorization

SITE SKETCH

Ginger Blackwell	4304 Bragg Farm Ln.	Bragg Farm lot #1
Applicants Name	Address	Subdivision – Section – Lot

Authorized State Agent 5/3/24 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 411367

PIN Number: 183500353047

Tax Lot #: 1 Tax Block #:

Evaluated For:

PERMIT VALID UNTIL: 05/03/2029

Property Owner:	Frank Moody	Applicant:	Ginger Blackwell
Address:	4301 Bragg Farm Ln	Address:	3809 Orange Cosmos Ave
City:	Oxford	City:	Wake Forest
State/Zip:	NC / 27565	State/Zip:	NC / 27587
Phone #:	H: (919) 291-8015 C: (919) 291-8015	Phone #:	H: (919) 291-8015 C: (919) 291-8015

Property Location & Site Information

Address/Road #: 4301 Bragg Farm Ln
Oxford NC, 27565

Subdivision: Bragg Farm Phase: Lot: 1

*Proposed use of Well:

If Other:

Applicant Email: GLBlackwell@NC.RR.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. 15' vertical separation off powerline. Well driller responsible for maintaining all setbacks.

*min. 50' off right property line to avoid encroachment on lot 1A proposed septic

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: 05/03/2024

Authorized State Agent: Will Bullock

Owner/Applicant: Frank Moody/Ginger Blackwell

(●) Hand Drawing ( ) Import Drawing

Site Plan/Drawing attached.

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public health

Well Construction Permit

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*CDP File Number 411367

PIN Number: 183500353047

Tax Lot #: 1 Tax Block #: _____

Evaluated For: _____

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