



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 395370 - 1
County ID Number: 183400003263
Evaluated For: NEW

PERMIT VALID UNTIL: 09/13/2028

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

Applicant: Haven Homes
Address: 1116 Hawk Hollow Ln
City: Wake Forest
State/Zip: NC 27587
Phone #: home: (919) 291-4318 cell : (919) 291-4318

Property Owner: Haven Homes
Address: 994 Browning Place
City: Youngsville
State/Zip: NC. 27596
Phone #: home: (919) 291-4318 cell : (919) 291-4318

Property Location & Site Information

Address: 994 Browning Place Youngsville, NC 27596 Subdivision: The Retreat at Merriweather Block/Phase: NEW Lot: 12

Directions

Road #:
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

Minimum Trench Depth: 18 Inches
Maximum Trench Depth: 20 Inches

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

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

*Proposed System:
25% REDUCTION

Pump Tank: _____ Gallons

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

Repair System

*Site Classification: Provisionally Suitable
Soil Application Rate: 0.300

Minimum Trench Depth: _____ Inches
Maximum Trench: Depth: _____ Inches

*System Classification/Description:
TYPE III E. PPBPS GRAVITY DOSED SYSTEM

Pump Required: ☒ Yes ☐ No ☐ May Be Required

*Proposed System: HORIZONTAL PPBPS

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

Serial distribution system. Tank/"D" box/Drain lines min. 10' off property lines. Stay off natural berm. Min. 50' off wells.
Horizontal T & J panel Repair.

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



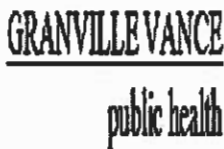
Date of Issue:

09/13/2023

Total Time: (HH:MM)

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

____ : ____



Construction Authorization

Granville County Health Dept
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☐ Open Pump System Sheet

Applicant: Haven Homes
Address: 1116 Hawk Hollow Ln
City: Wake Forest
State/Zip: NC 27587
Phone #: home: (919) 291-4318 cell: (919) 291-4318

Property Owner: Haven Homes
Address: 994 Browning Place
City: Youngsville
State/Zip: NC 27596
Phone #: home: (919) 291-4318 cell: (919) 291-4318

Property Location & Site Information

Address/Road #: 994 Browning Place
Youngsville, NC 27596
Subdivision: The Retreat at Merriweather
Phase: NEW Lot: 12
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 G. OTHER NON-CONV. TRENCH SYSTEMS
*Proposed System:
25% REDUCTION
*Distribution Type: GRAVITY - SERIAL
Minimum Trench Depth: 18 Inches
Maximum Trench Depth: 20 Inches
Minimum Soil Cover: Inches
Maximum Soil Cover: Inches
Nitrification Field: 1200 Sq. ft.
No. Drain Lines: 1
Total Trench Length: 400 ft.
Trench Spacing: 9 -
Trench Width: 3 -
Aggregate Depth: inches
Septic Tank: 1,000 Gallons
Pump Required: ☐ Yes ☒ No ☐ May Be Required
Pump Tank: Gallons
Grease Trap: Gallons
Septic Tank Installer
Grade Level Required: ☐ I ☒ II ☐ III ☐ IV
☐ Inches O.C.
☒ Feet O.C.
☐ Inches
☒ Feet

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. Tank/"D" box/Drain lines min. 10' off property lines. Stay off natural berm. Min. 50' off wells.
Horizontal T & J panel 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)). 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 *Will Bullock* Date of Issue: 09/13/2023

☒ Hand Drawing ☐ Import Drawing

Site Plan/Drawing attached.

Total Time : (HH:MM)

Granville-Vance Dist. Health Department
Environmental Health

Pin _____

☒ Improvement Permit

Permit Number P-395370

☒ Construction Authorization S-290134

**SITE SKETCH
ON-SITE / WELL**

Haven Homes
Applicants Name

996 Browning Place
Address

The Retreat @ Merriweather 12
Subdivision - Section - Lot

[Signature]
Authorized State Agent

9/12/23
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.

