



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 411370 - 1
County ID Number: 183500355038
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: 4303 Bragg Farm Ln
City: Oxford
State/Zip: NC. 27565
Phone #: home: (919) 291-8015 cell : (919) 291-8015

Property Location & Site Information

Address: 4303 Bragg Farm Lane Oxford, NC 27565 Subdivision: Bragg Farm Block/Phase: NEW Lot: 1A

Directions

Road #:
Structure: SINGLE FAMILY
of Bedrooms: 3
of People:
*Water Supply: NEW WELL

System Specifications

Initial System

Usable Soil Depth:

Design Flow: 360

Soil Application Rate: 0.3000

*System Classification/Description:

TYPE III B. SYSTEM W/SINGLE EFFLUENT PUMP

*Proposed System:

25% REDUCTION

Minimum Trench Depth: 22 Inches

Maximum Trench Depth: 24 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

Usable Soil Depth: 22

Soil Application Rate: 0.300

*System Classification/Description:

TYPE III G. OTHER NON-CONV. TRENCH SYSTEMS

*Proposed System: LOW PROFILE

Minimum Trench Depth: Inches

Maximum Trench Depth: 10 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

Partial initial system laid out in field by REHS. Driveway to NOT encroach on initial/repair lines. Drain lines min. 10' off property lines. Min. 50' off wells.

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 (per rule .03011(a)).

Authorized State Agent:

Bullock, Will



Date of Issue:

05/03/2024

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: Ginger Blackwell
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Address: 4303 Bragg Farm Ln
City: Oxford
State/Zip: NC 27565
Phone #: home: (919) 291-8015 cell: (919) 291-8015

Property Location & Site Information

Address/Road #: 4303 Bragg Farm Lane Oxford, NC 27565 Subdivision: Bragg Farm Phase: NEW Lot: 1A

Directions:

Structure: SINGLE FAMILY

of Bedrooms: 3

of People:

*Water Supply: NEW WELL

System Specifications

Usable Soil Depth: _____ Minimum Trench Depth: 22 Inches

Design Flow: 360

Maximum Trench Depth: 24 Inches

Soil Application Rate: 0.3000

Minimum Soil Cover: _____ Inches

*System Classification/Description:

TYPE III B. SYSTEM W/SINGLE EFFLUENT PUMP

Maximum Soil Cover: _____ Inches

*Proposed System:

25% REDUCTION

*Distribution Type: PRESSURE MANIFOLD

Nitrification Field: 900 Sq. ft.

Septic Tank: 1,000 Gallons

No. Drain Lines: 2

Pump Required: ☒ Yes ☐ No ☐ May Be Required

Total Trench Length: 300 ft. ☐ Inches O.C.

Pump Tank: 1,000 Gallons

Trench Spacing: 9 - ☒ Feet O.C.

Grease Trap: _____ Gallons

Trench Width: 3 - ☒ Feet

Septic Tank Installer

Aggregate Depth: _____ inches

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

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*Permit Conditions:

Partial initial system laid out in field by REHS. Driveway to NOT encroach on initial/repair lines. Drain lines min. 10' off property lines. Min. 50' off wells.

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 regarding system location, installation, operation, maintenance, monitoring, reporting and repair (per rule .0301((a)).

Authorized State Agent: Bullock, Will *Will Bullock*

Date of Issue: 05/03/2024

☒ Hand Drawing

☐ Import Drawing

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

Total Time : (HH:MM) _____

Pin

☒ Improvement Permit

4628 m.

Construction Authorization

Ginger Blackwell
Applicants Name

4301 Bragg Farm Ln.
Address

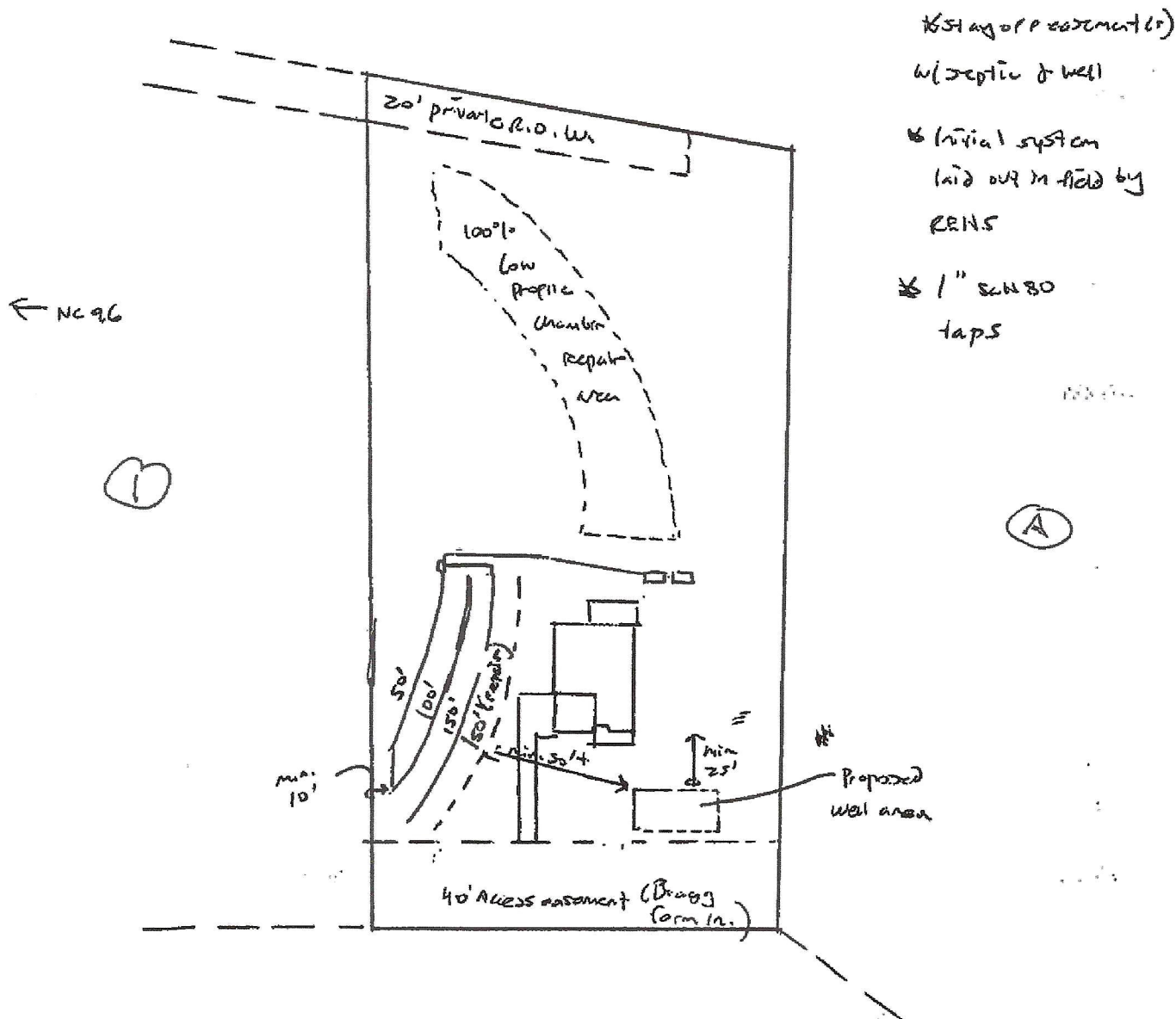
lot 1A

Subdivision - Section - Lot

Address
Chil Perkins CEHS
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
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101 Hunt Drive
Oxford NC, 27565
Phone: (252) 492-5263 Fax: (252) 492-2361

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*CDP File Number 411370
PIN Number: 183500355038
Tax Lot #: 1A Tax Block #: _____
Evaluated For: _____

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Property Owner: Frank Moody
Address: 4303 Bragg Farm Ln
City: Oxford
State/Zip: NC / 27565
Phone #: H: (919) 291-8015 C: (919) 291-8015

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

Property Location & Site Information

Address/Road #: 4303 Bragg Farm Lane Subdivision: Bragg Farm Phase: _____ Lot: 1A
Oxford NC, 27565
*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. Well driller responsible for maintaining all setbacks.

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: 05/03/2024Authorized State Agent: Will Bullock☒ Hand Drawing ☐ Import DrawingOwner/Applicant: Frank Moody / Ginger Blackwell****Site Plan/Drawing attached.****

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public health

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