



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 411379 - 1
County ID Number: 183500346166
Evaluated For: NEW

PERMIT VALID UNTIL: 05/22/2029

***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: 4331 Medicus Lane
City: Oxford
State/Zip: NC. 27565
Phone #: home: (919) 291-8015 cell : (919) 291-8015

Property Location & Site Information

Address: 4331 Medicus Lane Oxford, NC 27565 Subdivision: Bragg Farm Block/Phase: NEW Lot: 3C

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: 24 Inches
Maximum Trench Depth: 26 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

Usable Soil Depth: _____
Soil Application Rate: 0.300

Minimum Trench Depth: 24 Inches
Maximum Trench: Depth: 26 Inches

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

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

Contractor to establish and follow contour. 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 .0301(fa)).

Authorized State Agent:

Bullock, Will



Date of Issue:

05/22/2024

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

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Property Location & Site Information

Address/Road #: 4331 Medicus Lane Oxford, NC 27565 Subdivision: Bragg Farm Phase: NEW Lot: 3C

Directions:

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

System Specifications

Usuable Soil Depth: _____ Minimum Trench Depth: 24 Inches
Design Flow: 480 Maximum Trench Depth: 26 Inches
Soil Application Rate: 0.3000

*System Classification/Description:

TYPE III G. OTHER NON-CONV. TRENCH SYSTEMS

Minimum Soil Cover: _____ Inches

Maximum Soil Cover: _____ Inches

*Proposed System:
25% REDUCTION

*Distribution Type: GRAVITY - PARALLEL (eq. d-box)

Nitrification Field: 1200 Sq. ft.

No. Drain Lines: 3

Total Trench Length: 400 ft.

Trench Spacing: 9 - _____

Trench Width: 3 - _____

Aggregate Depth: _____ inches

☐ Inches O.C.

☒ Feet O.C.

☐ Inches

☒ Feet

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

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:

Contractor to establish and follow contour. 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 *W. Bullock*

Date of Issue: 05/22/2024

☒ Hand Drawing

☐ Import Drawing

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

Total Time : (HH:MM) _____

Granville-Vance Dist. Health Department
Environmental Health

Pin _____

Permit Number P-44379

Improvement Permit

4 bsm.

Construction Authorization

SITE SKETCH

Ginger Blackwell
Applicants Name

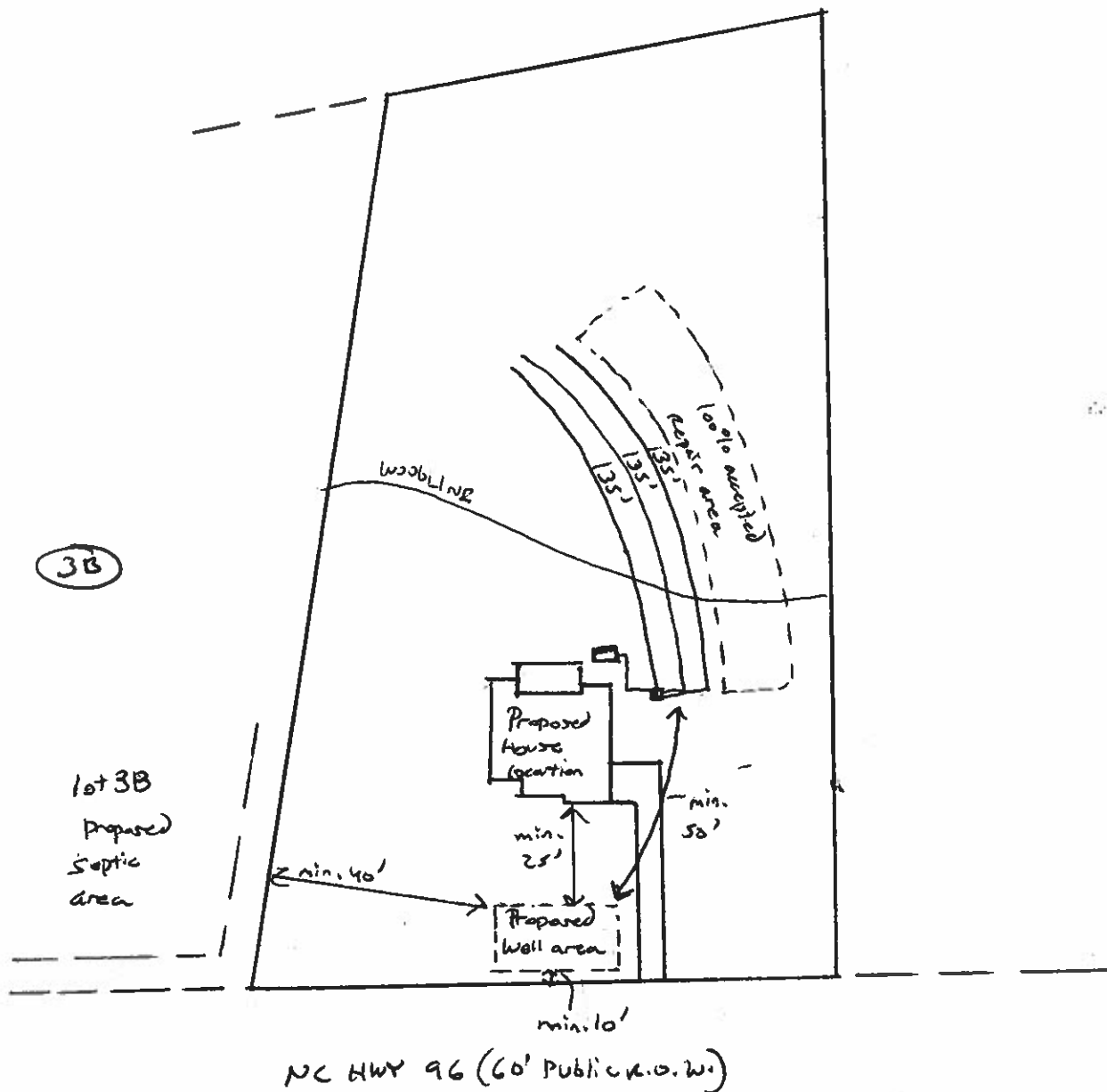
4331 Medicus Lane
Address

Bragg farm lot 3c
Subdivision - Section - Lot

W. P. R. H. S.
Authorized State Agent

5-22-24
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.





Well Construction Permit

Granville County Health Dept
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*CDP File Number 411379

PIN Number: 183500346166

Tax Lot #: 3C

Tax Block #: _____

Evaluated For: _____

PERMIT VALID UNTIL: 05/22/2029

Property Owner: Frank Moody

Address: 4331 Medicus Lane

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 #:

Subdivision: Bragg Farm

Phase: _____

Lot: 3C

4331 Medicus Lane

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. Min. 10' off front property line (Stay out of right of way). Min. 40' off left property line to avoid encroachment on proposed lot 3B Septic. 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: 05/22/2024

Authorized State Agent: [Signature]

☒ Hand Drawing

☐ Import Drawing

Owner/Applicant: Frank Moody / Ginger Blackwell

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

GRANVILLE VANCE

public health

Well Construction Permit

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