



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 416290 - 2
County ID Number: _____
Evaluated For: NEW

PERMIT VALID UNTIL: 07/23/2029

***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 #: wrk: (919) 291-4318

Property Owner: Haven Homes
Address: 1116 Hawk Hollow Ln.
City: Wake Forest
State/Zip: 27587
Phone #: wrk: (919) 291-4318

Property Location & Site Information

Address: 3912 Cedar Knolls Dr. , NC Subdivision: Cedar Knolls Block/Phase: NEW Lot: 22

Directions

Road #: _____
Structure: SINGLE FAMILY Left on Hugh Davis Rd. take left into sub.
of Bedrooms: 4
of People: _____
*Water Supply: NEW WELL

System Specifications

Initial System

Usable Soil Depth: 36

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 ☒ No ☐ May Be Required

*Proposed System:
25% REDUCTION

Pump Tank: _____ Gallons

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

Repair System

Usable Soil Depth: 36

Soil Application Rate: 0.300

*System Classification/Description:

TYPE III G. OTHER NON-CONV. TRENCH SYSTEMS

Minimum Trench Depth: 22 Inches

Maximum Trench: Depth: 24 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

Keep proposed septic 50ft min. from proposed well location. Keep 10ft min. off all property lines and 5ft min. from the house.

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: Haven Homes

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Property Owner: Haven Homes

Address: 1116 Hawk Hollow Ln.

City: Wake Forest

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Phone #: wrk: (919) 291-4318

Property Location & Site Information

Address/Road #: 3912 Cedar Knolls Dr. , NC Subdivision: Cedar Knolls Phase: NEW Lot: 22

Directions:

Structure: SINGLE FAMILY Left on Hugh Davis Rd. take left into sub.

of Bedrooms: 4

of People:

*Water Supply: NEW WELL

System Specifications

Usuable Soil Depth: 36 Minimum Trench Depth: 22 Inches

Design Flow: 480 Maximum Trench Depth: 24 Inches

Soil Application Rate: 0.3000 Minimum Soil Cover: Inches

*System Classification/Description:

TYPE III G. OTHER NON-CONV. TRENCH SYSTEMS

Maximum Soil Cover: Inches

*Proposed System:

25% REDUCTION

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

Nitrification Field: 1200 Sq. ft.

No. Drain Lines: 5

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:

Keep proposed septic 50ft min. from proposed well location. Keep septic 10ft min. off all property lines and 5ft min. from the house.

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: Wilkerson, Austin

Austin Wilkerson

Date of Issue: 07/23/2024

☒ Hand Drawing

☐ Import Drawing

Site Plan/Drawing attached.

Total Time : (HH:MM)

Granville-Vance Dist. Health Department
Environmental Health

Pin _____

Permit Number 416290

☒ Improvement Permit

☒ Construction Authorization

SITE SKETCH

Applicants Name Hevan Holmes

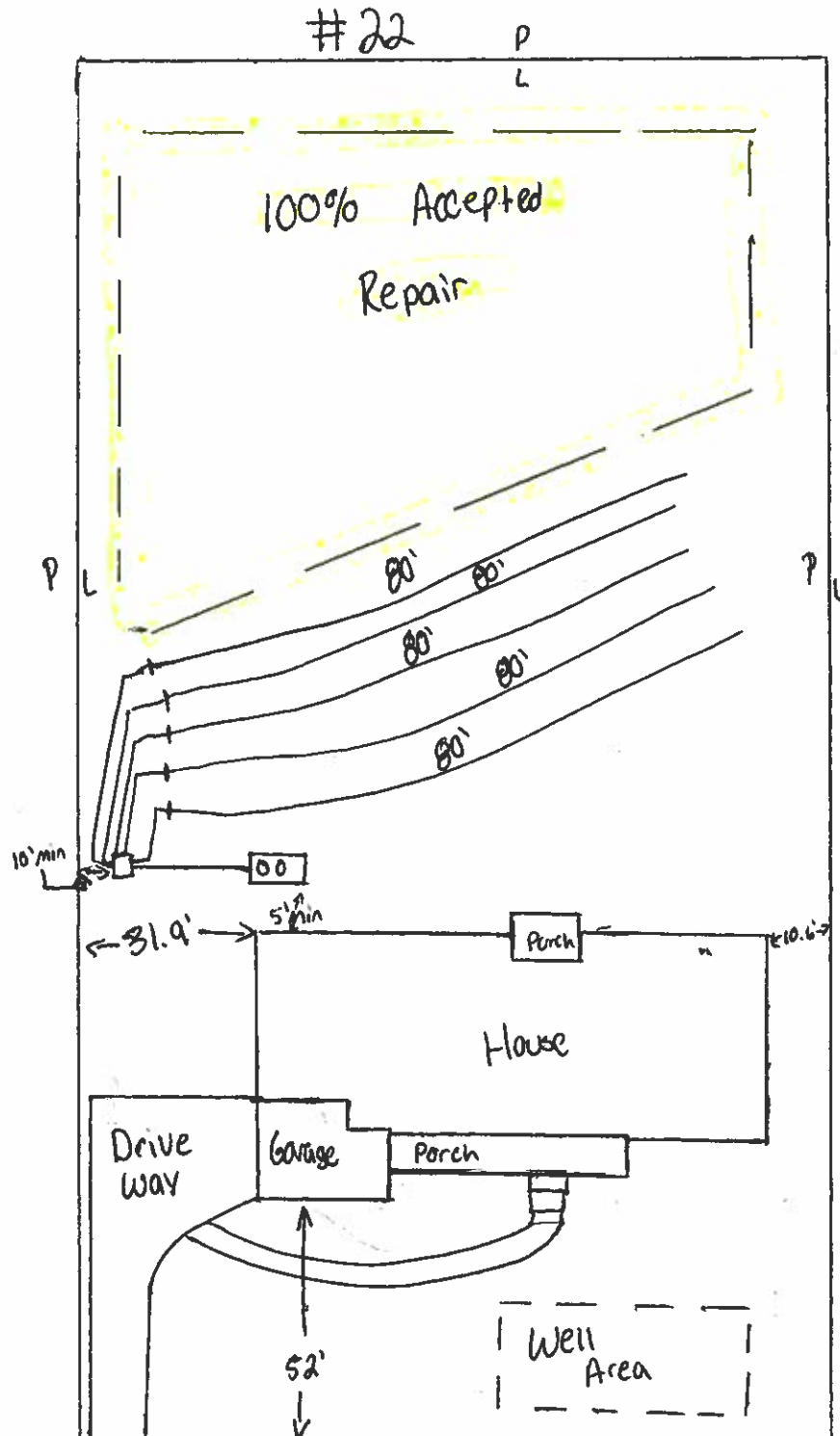
Address 3912 Cedar Knolls Dr.

Subdivision - Section - Lot Cedar Knolls #22

David Win
Authorized State Agent

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.



Cedar Knolls DR.

Hevan RD-7



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 416290

PIN Number: _____

Tax Lot #: 22

Tax Block #: _____

Evaluated For: _____

PERMIT VALID UNTIL: 07/23/2029

Property Owner: Heaven Homes
Address: 1116 Hawk Hollow Ln.
City: Wake Forest
State/Zip: NC / 27587
Phone #: C: (919) 291-4318

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

Property Location & Site Information

Address/Road #: _____ Subdivision: Cedar Knolls Phase: _____ Lot: 22
3912 Cedar Knolls Dr.
*Proposed use of Well: _____
If Other: _____
Applicant Email: _____
Owner Email: _____

Directions: Left on Hugh Davis Rd. take left into sub.

Well Contractor Information

Drilling Contractor: _____ Driller Registration: _____

Permit Conditions

*Permit Conditions

Keep proposed well 50ft min. from any part of the septic. Keep well 25ft min. from the house, and 10ft min. from property lines.

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: Wilkerson, Austin

*Date of Issue: 07/23/2024

Authorized State Agent: [Signature]

Owner/Applicant: Heaven Homes

☒ Hand Drawing ☐ Import Drawing

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

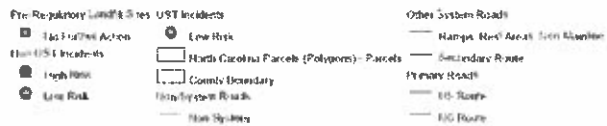


WPDT Screening Report

Area of Interest (AOI) Information

Area : 12,982,537.06 ft²

Jul 23 2024 14:36:26 Eastern Daylight Time



87249-411 1st Div. 10th A.S. 1951-1954.
 10th A.S. 1954-1956. 1st Div. 1956-1958.
 1st Div. 1958-1960. 1st Div. 1960-1962.
 1st Div. 1962-1964. 1st Div. 1964-1966.
 1st Div. 1966-1968. 1st Div. 1968-1970.

* No found contaminants within 1000ft Radius of Property.