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	415332 - 1
County ID Number:	183400164083
Evaluated For:	NEW

PERMIT VALID UNTIL: 07/23/2029

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

Applicant:	Sumner Construction
Address:	PO Box 1011
City:	Youngsville
State/Zip:	NC 27596
Phone #:	home: (919) 422-5713 cell :(919) 422-5713

Property Owner:	JSW Partners
Address:	3923 Cedar Knolls
City:	Youngsville
State/Zip:	NC. 27596
Phone #:	

Property Location & Site Information

Address: 3923 Cedar Knoll Youngville, NC 27596 Subdivision: Cedar Knolls Block/Phase: NEW Lot: 12

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: 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 (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: _____ Inches

Maximum Trench: Depth: _____ Inches

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

Pump Required: ◯ Yes (X) 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. Min. 50' off wells. Repair is Horizontal T & J panel.

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: 07/23/2024

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:	Sumner Construction	Property Owner:	JSW Partners
Address:	PO Box 1011	Address:	3923 Cedar Knolls
City:	Youngsville	City:	Youngsville
State/Zip:	NC 27596	State/Zip:	NC. 27596
Phone #:	home: (919) 422-5713 cell :(919) 422-5713	Phone #:	

Property Location & Site Information

Address/Road #: 3923 Cedar Knoll Youngville, NC 27596
Subdivision: Cedar Knolls Phase: NEW Lot: 12

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: 18 Inches
Maximum Trench Depth: 20 Inches
Minimum Soil Cover: Inches
Maximum Soil Cover: Inches
*Distribution Type: GRAVITY - SERIAL

Nitrification Field: 1200 Sq. ft.
No. Drain Lines: 1
Total Trench Length: 400 ft.
Trench Spacing: 9 - ( ) Inches O.C. (X) Feet O.C.
Trench Width: 3 - ( ) Inches (X) Feet
Aggregate Depth: inches

Septic Tank: 1,000 Gallons
Pump Required: ( ) Yes (X) No ( ) May Be Required
Pump Tank: Gallons
Grease Trap: Gallons
Septic Tank Installer Grade Level Required: ( ) I (X) 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:**

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

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 WB NS Date of Issue: 07/23/2024

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

(/) Hand Drawing ( ) Import Drawing

Total Time : (HH:MM)

Granville-Vance Dist. Health Department
Environmental Health

Pin _____ Permit Number P-415352

✓ Improvement Permit 4 bedrooms ✓ Construction Authorization

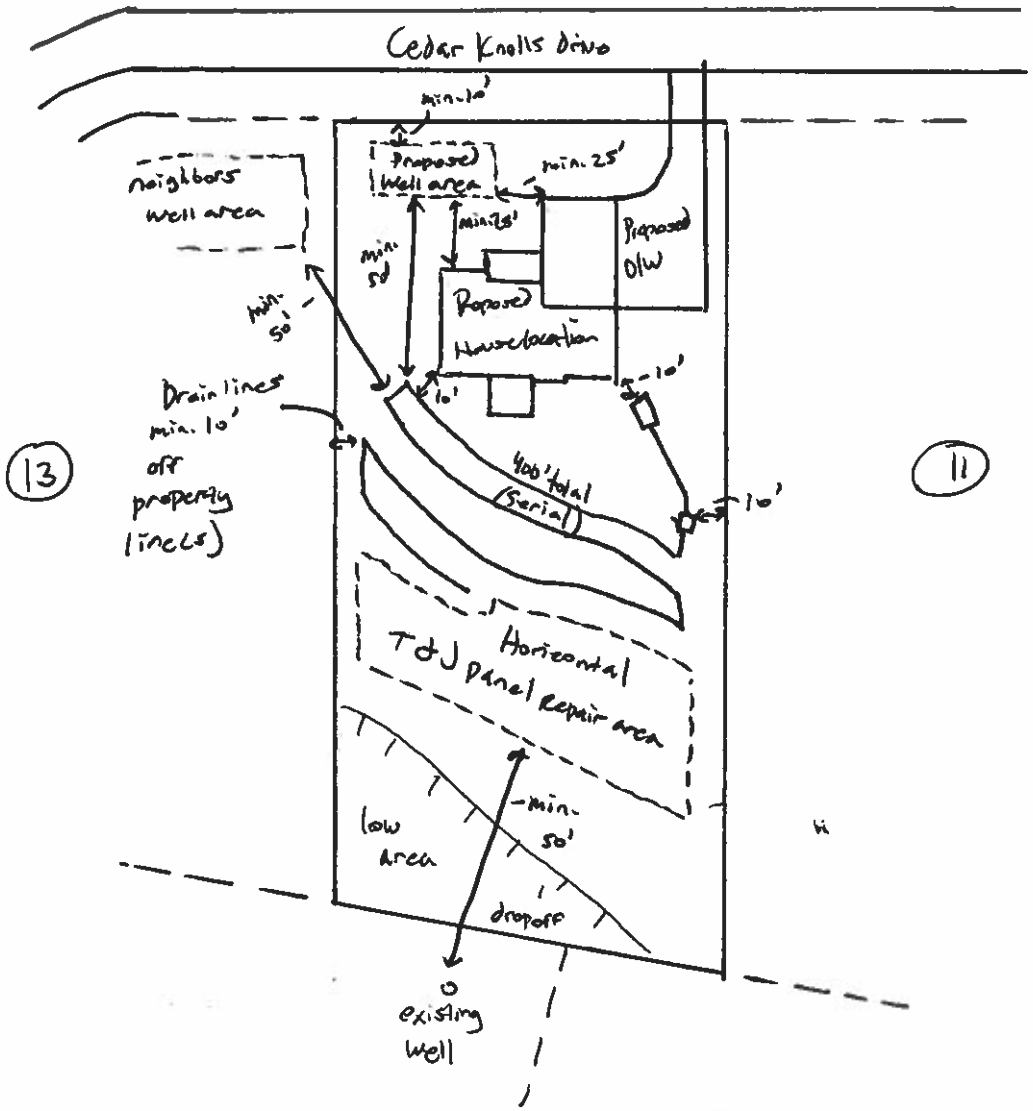
SITE SKETCH

Gunnar Construction	3923 Cedar Knolls Dr.	Cedar Knolls lot #12
Applicants Name	Address	Subdivision – Section – Lot

Mitchell Pollock RENS — Authorized State Agent

7-23-24 — 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 415332

PIN Number: 183400164083

Tax Lot #: 12 Tax Block #:

Evaluated For:

PERMIT VALID UNTIL: 07/23/2029

Property Owner:	JSW Partners	Applicant:	Sumner Construction
Address:	3923 Cedar Knolls	Address:	PO Box 1011
City:	Youngsville	City:	Youngsville
State/Zip:	NC / 27596	State/Zip:	NC / 27596
Phone #:		Phone #:	H: (919) 422-5713 C: (919) 422-5713

Property Location & Site Information

Address/Road #: Subdivision: Cedar Knolls Phase: Lot: 12

3923 Cedar Knoll
Youngville NC, 27596

*Proposed use of Well:

If Other:

Applicant Email: bobby@sumnerconstruction.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

Authorized State Agent: REHS

Owner/Applicant: JSW Partners/ Sumner Const.

*Date of Issue: 07/23/2024

⊘ Hand Drawing ○ Import Drawing

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

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public health

Well Construction Permit

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*CDP File Number 415332

PIN Number: 183400164083

Tax Lot #: 12 Tax Block #:

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