



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 415308 - 1
County ID Number: 183400265861
Evaluated For: NEW

PERMIT VALID UNTIL: 08/21/2029

***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: 1224 Red Cedar
City: Youngsville
State/Zip: NC. 27596
Phone #:

Property Location & Site Information

Address: 1224 Red Cedar Youngsville, NC 27596 Subdivision: Cedar Knolls Block/Phase: NEW Lot: 33

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: 22 Inches
Maximum Trench Depth: 24 Inches

*System Classification/Description:
TYPE III B. SYSTEM W/SINGLE EFFLUENT PUMP

Septic Tank: 1000 Gallons

Pump Required ☒ Yes ☐ No ☐ May Be Required

*Proposed System:
25% REDUCTION

Pump Tank: 1000 Gallons

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

Repair System

Usable Soil Depth:
Soil Application Rate: 0.300
*System Classification/Description:
TYPE III E. PPBPS GRAVITY DOSED SYSTEM

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

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

Initial system laid out in field. Tanks/Drain lines/Manifold min. 10' off property lines. Min. 50' off wells.



Construction Authorization

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☐ Open Pump System Sheet

Applicant: Sumner Construction
Address: PO Box 1011
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Property Owner: JSW Partners
Address: 1224 Red Cedar
City: Youngsville
State/Zip: NC. 27596
Phone #:

Property Location & Site Information

Address/Road #: 1224 Red Cedar Youngsville, NC 27596 Subdivision: Cedar Knolls Phase: NEW Lot: 33
Directions:
Structure: SINGLE FAMILY
of Bedrooms: 4
of People:
*Water Supply: NEW WELL

System Specifications

Usable Soil Depth: 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 B. SYSTEM W/SINGLE EFFLUENT PUMP Maximum Soil Cover: Inches
*Proposed System: 25% REDUCTION *Distribution Type: PRESSURE MANIFOLD
Nitrification Field: 1200 Sq. ft. Septic Tank: 1,000 Gallons
No. Drain Lines: 3 Pump Required: ☒ Yes ☐ No ☐ May Be Required
Total Trench Length: 400 ft. ☐ Inches O.C. ☒ Feet O.C. Pump Tank: 1,000 Gallons
Trench Spacing: 9 - ☐ Inches ☒ Feet Grease Trap: Gallons
Trench Width: 3 - ☐ Inches ☒ Feet Septic Tank Installer Grade Level Required: ☐ I ☒ II ☐ III ☐ IV
Aggregate Depth: inches

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*Permit Conditions:

Initial system laid out in field. Tanks/Drain lines/Manifold 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: 08/21/2024

☒ Hand Drawing ☐ Import Drawing

Site Plan/Drawing attached.

Total Time : (HH:MM)

Granville-Vance Dist. Health Department
Environmental Health

Pin _____

Permit Number P-415308

☒ Improvement Permit

☒ Construction Authorization

SITE SKETCH

Summer Const.
Applicants Name

1224 Red Cedar Ct.
Address

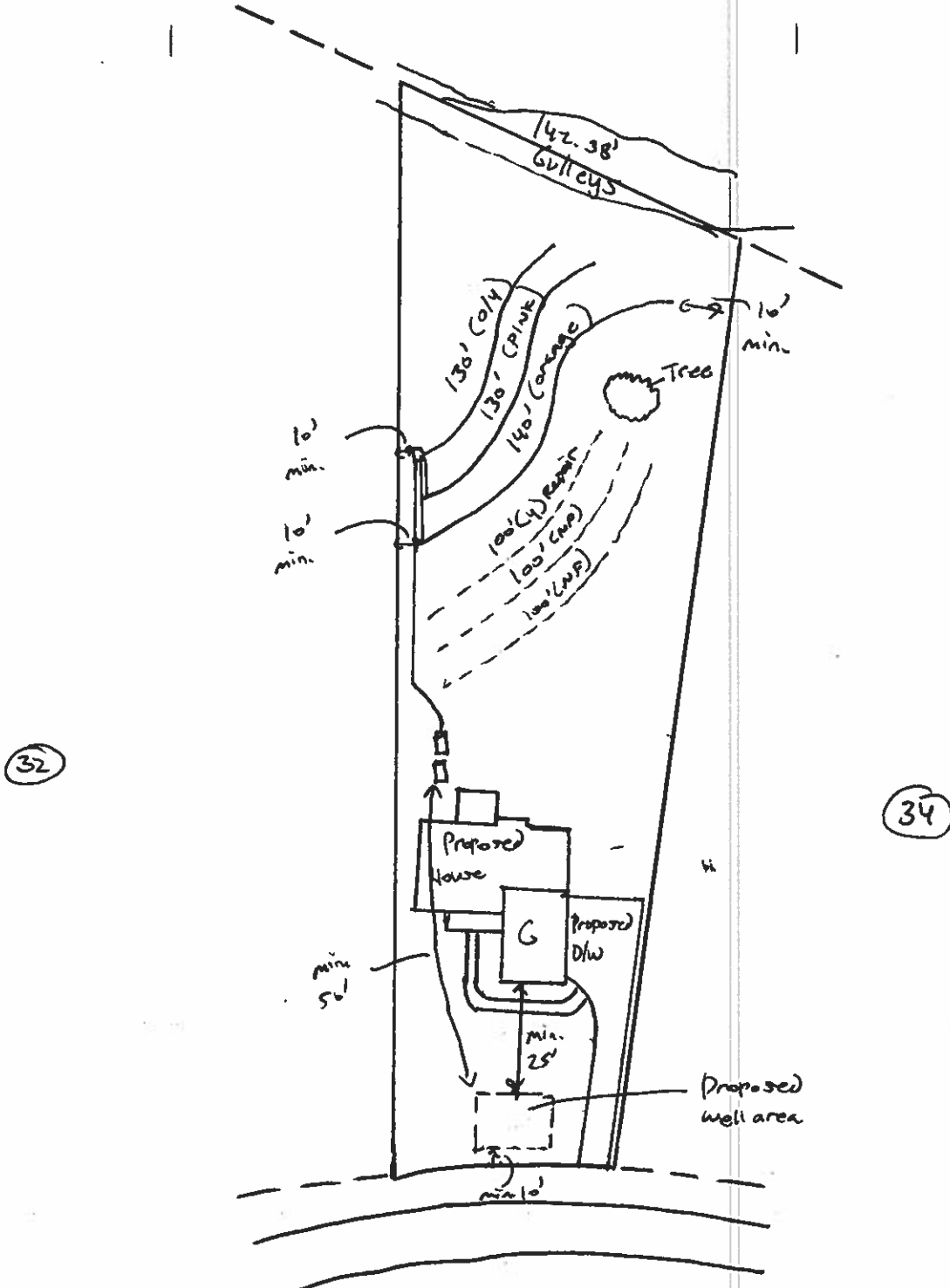
Cedar Knolls lot #33
Subdivision - Section - Lot

W. J. Bell REHS
Authorized State Agent

8-21-24

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

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*CDP File Number 415308

PIN Number: 183400265861

Tax Lot #: 33

Tax Block #: _____

Evaluated For: _____

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Property Owner: JSW Partners
Address: 1224 Red Cedar
City: Youngsville
State/Zip: NC / 27596
Phone #: _____

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

Property Location & Site Information

Address/Road #: 1224 Red Cedar Subdivision: Cedar Knolls Phase: _____ Lot: 33
Youngsville 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 house foundation. Min. 10' off front property line (Stay out of road right of way). 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: [Signature]

Owner/Applicant: JSW Partners / Sumner Const.

*Date of Issue: 08/21/2024

☒ Hand Drawing

☐ Import Drawing

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



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