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

For Office Use Only
*CDP File Number: 359719 - 1
County ID Number: 183400035778
Evaluated For: NEW

PERMIT VALID UNTIL: 07/26/2026
☐ Open Pump System Sheet

Applicant:	Traditions Builder LLC
Address:	28 Hayes Ct
City:	Franklinton
State/Zip:	NC 27525
Phone #:	home: (919) 554-6911

Property Owner:	Silverleaf of Granville LLC
Address:	28 Hayes Ct
City:	Franklinton
State/Zip:	NC. 27525
Phone #:	home: (919) 554-6911

Property Location & Site Information

Address/Road #: 1123 Doverfield Ln Youngsville, NC 27596
Subdivision: Silverleaf Phase: NEW Lot: 85
Directions:
Structure: SINGLE FAMILY
# of Bedrooms: 4
# of People:
*Water Supply: NEW WELL

System Specifications

*Site Classification: Provisionally Suitable
Design Flow: 480
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
Minimum Soil Cover: ____ Inches
Maximum Soil Cover: ____ Inches
*Distribution Type: PRESSURE MANIFOLD

Nitrification Field: 1200 Sq. ft.
No. Drain Lines: 3
Total Trench Length: 400 ft.
Trench Spacing: 9 - ____ ◯ Inches ⓧ Feet O.C.
Trench Width: 3 - ____ ◯ Inches ⓧ Feet
Aggregate Depth: ____ inches

Septic Tank: 1,000 Gallons
Pump Required: ⓧ Yes ◯ No ◯ May Be Required
Pump Tank: 1,000 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:**

System (Initial/Repair) laid out in field by REHS. Keep Manifold/Drainlines min. 10' off Property Lines. Supply Line min. 5' off property lines. Min. 25' off house foundation with any part of septic. Min. 100' off all well's.

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 (.1937(g)). Ther 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

Authorized State Agent: Bullock, Will Will Bullock REHS Date of Issue: 07/26/2021

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

✓ Hand Drawing ◯ Import Drawing

Total Time : (HH:MM) ____

Granville County Health Department
Environmental Health

Pin _____ Permit Number P-359719
S-247645
W-247646

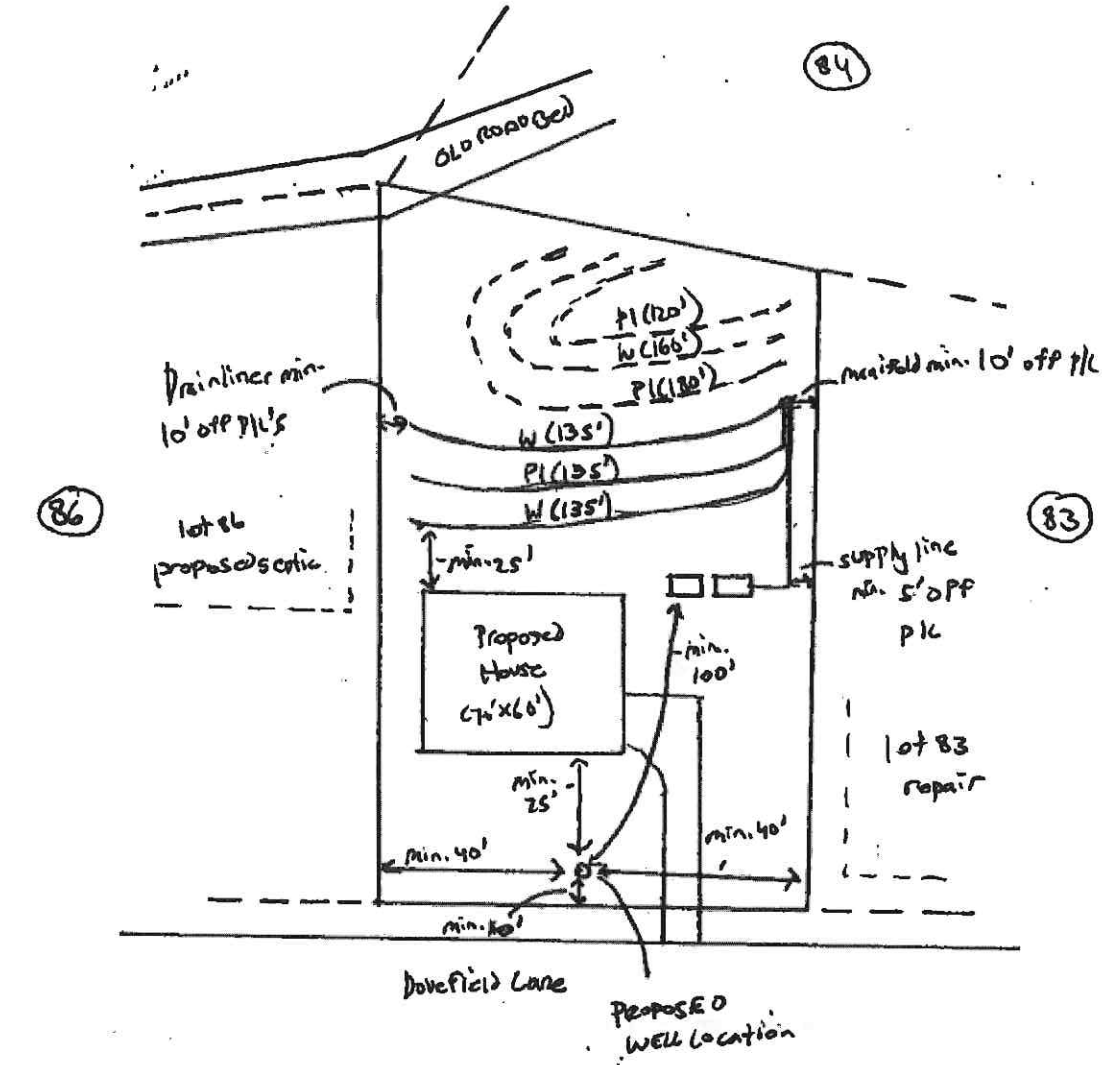
✓ Improvement Permit ✓ Construction Authorization

Site Sketch

Traditions Builder LLC- 4 bdrm. 1123 Dovefield Ln./ Silverleaf 85
Applicants Name **Subdivision – Section – Lot**

Authorized State Agent 7-23-21 **Date**

System components represent approximate contours only. The contractor must flag the system prior to beginning the installation to insure that proper grade is maintained.



3/4" sch 40 taps

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 359719

PIN Number: 183400035778

Tax Lot #: 85 Tax Block #:

Evaluated For: SINGLE FAMILY \ WELL

Property Owner:	Silverleaf of Granville LLC	Applicant:	Traditions Builder LLC
Address:	28 Hayes Ct	Address:	28 Hayes Ct
City:	Franklinton	City:	Franklinton
State/Zip:	NC / 27525	State/Zip:	NC / 27525
Phone #:	H: (919) 554-6911	Phone #:	H: (919) 554-6911

Property Location & Site Information

Address/Road #: 1123 Doverfield Ln
Youngsville NC, 27596

Subdivision: Silverleaf

Phase:

Lot: 85

*Proposed use of Well: SINGLE FAMILY

Directions

If Other:

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. Keep Proposed well min. 40' off left and right Property line to get setback off lot 86 Proposed Septic/ lot 83 Proposed Repair.

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. No volume of quality of water is guaranteed by the Health Department.

*Issued By: Bullock, Will

*Date of Issue: 07/26/2021

Authorized State Agent:

Owner/Applicant: Silverleaf of Granville LLC.

(X) Hand Drawing ( ) Import Drawing

Site Plan/Drawing attached.