SEWAGE DISPOSAL SYSTEM INSTALLATION REVIEW

SEPTIC AND PUMP TANK INSPECTION

SEPTIC TANK		INITIAL	DATE
Manufacturer	DB	WTB	2-23-21
Date of Manufacture	9/1/20		
Stamp	STD-324		
Capacity	1000		
Tee	✓		
Baffle	✓		
Sealant	✓		
AIR GAP ✓, FILTER ✓, RISER ✓			

PUMP TANK			
Manufacture			
Date of Manufacture			
Stamp			
Capacity			
Sealant			
Manhole			
RISER, SEALANT			

MECHANICAL INSPECTION

PUMP			
Manufacturer and Model #			
Control Panel			
Alarm			
Electrical Connection			
SEALANT AROUND CONDUIT			

NITRIFICATION/DISTRIBUTION AND DRAINFIELD INSPECTION

DISTRIBUTION BOX			
Level	✓	WTB	2-23-21
Equal Distribution	✓	↓	↓
Other			
DISTRIBUTION MANIFOLD			
Pipe Size			
Gate Valves			
Other			

OTHER DISTRIBUTION
Type _____

NITRIFICATION LINES	LINE 1	LINE 2	LINE 3	LINE 4	LINE 5	LINE 6
Trench Width	3'	3'	3'	3'		
Trench Length	110'	110'	110'	110' ✓		
Trench Grade	✓	✓	✓			
Stone Depth	18"	18"	20"	22"		
	ez flow					

WELL INSPECTION

LOCATION OF WELL No well yet — WTB — 2-23-21

COMMENTS: N-6-EZ1203WGED — WR# tags ✓ / Elec box ✓ / vent ✓ / grnd ✓ / 12" ✓ / Holes sealed ✓

Granville – Vance District Health Department
Environmental Health

Pin _____ Permit Number 328398

Final Sketch

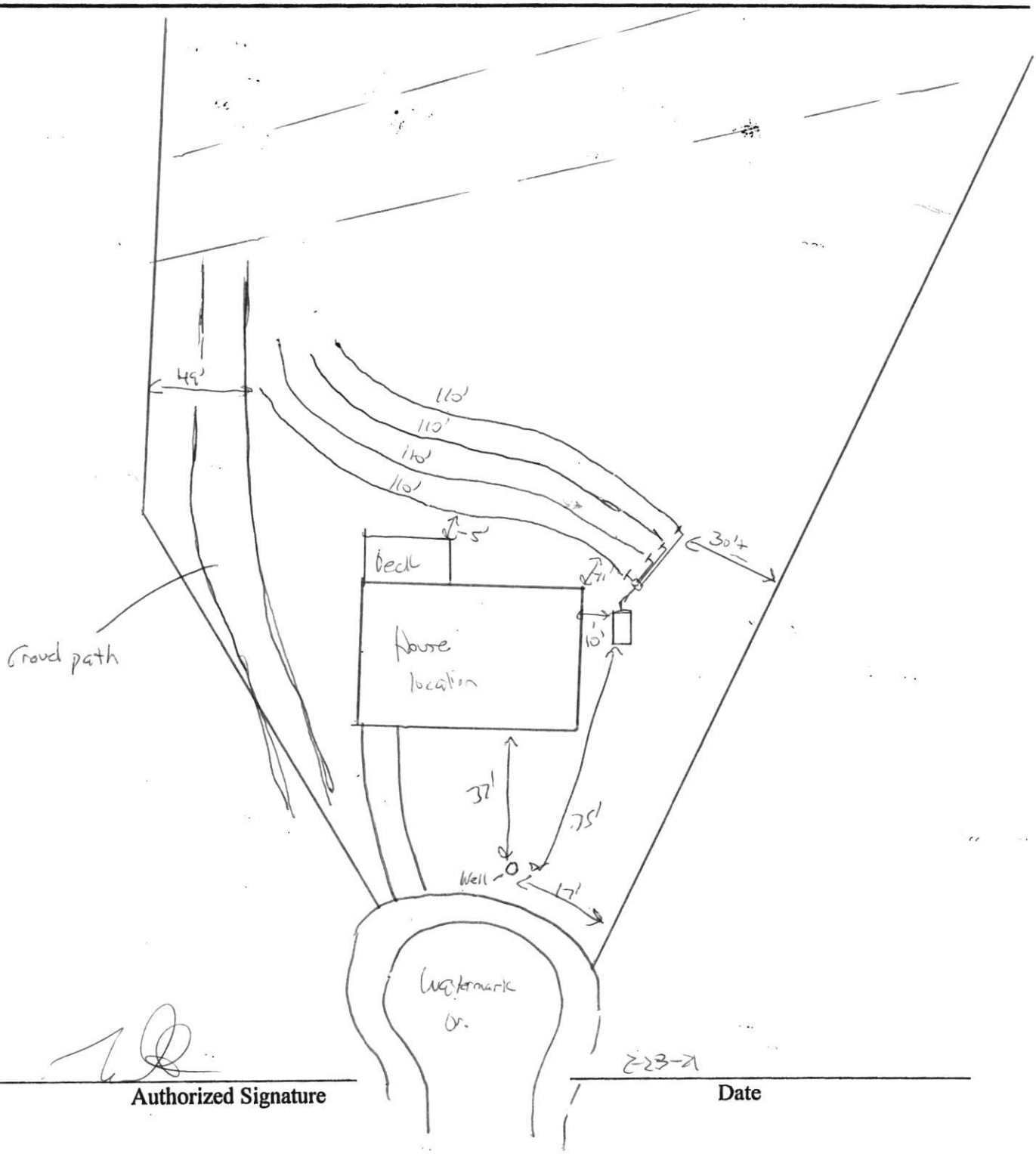
Sumner Const. — Applicants Name

Ironwood 199 — Subdivision – Section – Lot

Physical Address: 3800 Watermark dr. — Number of Bedrooms 4

Truckworks — System Installer

2-22-21 — Date



Authorized Signature

2-23-21 — Date

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: 328398 - 1
County ID Number: 182500642760
Evaluated For: NEW

PERMIT VALID UNTIL: 08/13/2025

☐ Open Pump System Sheet

Applicant:	Sumner Construction	Property Owner:	Ironwood Investements
Address:	PO Box 1011	Address:	3800 Watermark Dr
City:	Youngsville	City:	Youngsville
State/Zip:	NC 27596	State/Zip:	NC. 27596
Phone #:	home: (919) 422-5713	Phone #:	home: (919) 422-5713

Property Location & Site Information

Address/Road #: 3800 Watermark Dr Franklinton, NC 27525
Subdivision: Ironwood Phase: NEW Lot: 199
Structure: SINGLE FAMILY
# of Bedrooms: 4
# of People:
*Water Supply: NEW WELL

Directions:

Ironwood

System Specifications

*Site Classification: Provisionally Suitable
Design Flow: 480
Soil Application Rate: 0.2750
*System Classification/Description: TYPE III G. OTHER NON-CONV. TRENCH SYSTEMS
*Proposed System: 25% REDUCTION

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

Nitrification Field: 1309 Sq. ft.
No. Drain Lines: 1
Total Trench Length: 440 ft.
Trench Spacing: 9 - ____
Trench Width: 3 - ____
Aggregate Depth: ____ inches

◯ Inches O.C.
(X) Feet O.C.
◯ Inches
(X) Feet

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:**

System (Initial/Repair) laid out in field by REHS/Drainlines min. 10' off property lines/Stay off 20' drainage easement and 50' PSNC easement with any part of septic/50' min. off all well's/Serial Distribution system

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 REHS Date of Issue: 08/13/2020

(✓) Hand Drawing ◯ Import Drawing

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

Total Time : (HH:MM) ____