



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 415325 - 1
County ID Number: 193400164083
Evaluated For: NEW

PERMIT VALID UNTIL: 07/19/2029

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

Applicant: Haven Homes
Address: 1116 Hawk Hollow Lane
City: Wake Forest
State/Zip: NC 27587
Phone #: home: (919) 291-4318 cell : (919) 291-4318

Property Owner: JSW Properties
Address: 3925 Cedar Knoll Drive
City: Youngsville
State/Zip: NC. 27596
Phone #:

Property Location & Site Information

Address: 3925 Cedar Knoll Youngsville, NC 27596 Subdivision: Cedar Knolls Block/Phase: NEW Lot: 13

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 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:
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 ☒ 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 by REHS. Drain lines min. 10' off property lines as well as 10' off house foundation. ALL gutter/foundation drains to be piped away from septic to prevent water ponding on system. Min. 50' off wells.

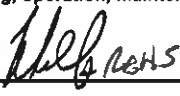
CDP File Number: 415325

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The Department and Local Health Department may impose conditions on the issuance 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 if 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(fa)).

Authorized State Agent:

Bullock, Will



Date of Issue:

07/19/2024

Total Time: (HH:MM)



Hand Drawing



Import Drawing

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

____ : ____



Construction Authorization

Granville County Health Dept
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☐ Open Pump System Sheet

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Property Owner: JSW Properties
Address: 3925 Cedar Knoll Drive
City: Youngsville
State/Zip: NC, 27596
Phone #: _____

Property Location & Site Information

Address/Road #: 3925 Cedar Knoll Youngsville, NC 27596 Subdivision: Cedar Knolls Phase: NEW Lot: 13

Directions:

Structure: SINGLE FAMILY
of Bedrooms: 4
of People: _____
*Water Supply: NEW WELL

System Specifications

Usuable 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 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. Septic Tank: 1,000 Gallons
No. Drain Lines: 3 Pump Required: ☐ Yes ☒ No ☐ May Be Required
Total Trench Length: 400 ft. ☐ Inches O.C. Pump Tank: _____ Gallons
☒ Feet O.C. Grease Trap: _____ Gallons
Trench Spacing: 9 - _____ ☐ Inches
Trench Width: 3 - _____ ☒ Feet
Aggregate Depth: _____ inches Septic Tank Installer: ☐ I ☒ II ☐ III ☐ IV
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:

Initial system laid out in field by REHS. Drain lines min. 10' off property lines as well as 10' off house foundation. ALL gutter/foundation drains to be piped away from septic to prevent water ponding on system. 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 

Date of Issue: 07/19/2024

☒ Hand Drawing

☐ Import Drawing

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

Total Time : (HH:MM) _____

Granville-Vance Dist. Health Department
Environmental Health

Pin _____

Permit Number P-415325

☒ Improvement Permit

4 bedroom

☒ Construction Authorization

SITE SKETCH

Haven Homes
Applicants Name

3925
Address

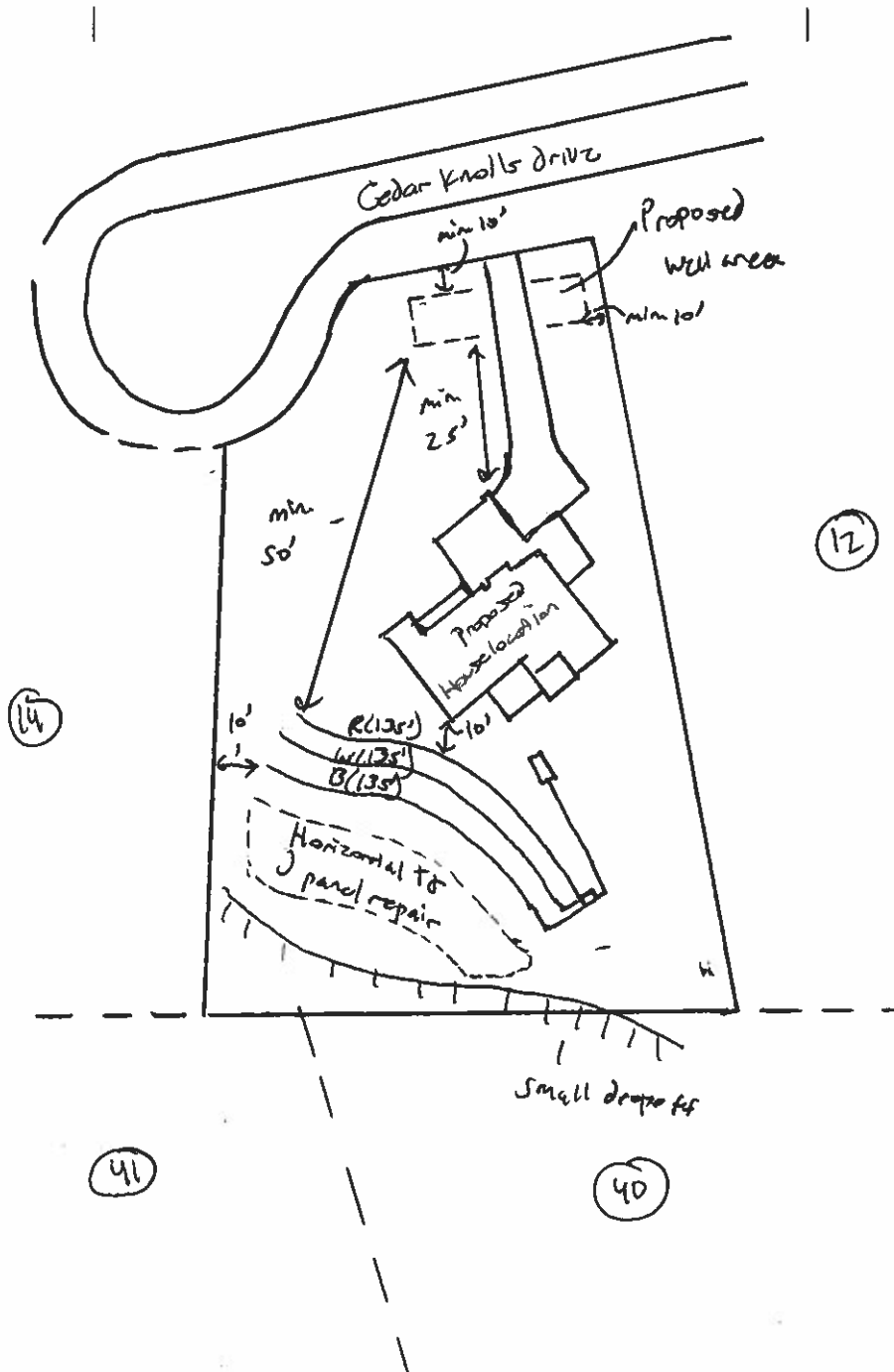
Cedar Knolls Lot #13
Subdivision - Section - Lot

W. J. B. REHS
Authorized State Agent

7/19/24

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

Granville County Health Dept
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Phone: (252) 492-5263 Fax: (252) 492-2361

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*CDP File Number 415325

PIN Number: 193400164083

Tax Lot #: 13

Tax Block #: _____

Evaluated For: _____

PERMIT VALID UNTIL: 07/19/2029

Property Owner: JSW Properties

Address: 3925 Cedar Knoll Drive

City: Youngsville

State/Zip: NC / 27596

Phone #: _____

Applicant: Haven Homes

Address: 1116 Hawk Hollow Lane

City: Wake Forest

State/Zip: NC / 27587

Phone #: H: (919) 291-4318 C: (919) 291-4318

Property Location & Site Information

Address/Road #: _____

Subdivision: Cedar Knolls

Phase: _____

Lot: 13

3925 Cedar Knoll

Youngsville NC, 27596

*Proposed use of Well:

If Other:

Applicant Email: tom@havenhomesnc.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 property lines. 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: Will Bullock

Owner/Applicant: JSW Properties / Haven Homes

*Date of Issue: 07/19/2024

☒ Hand Drawing

☐ Import Drawing

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



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