GRANVILLE VANCE public health

IMPROVEMENT PERMIT

Granville Vance Public Health
Environmental Health
PO Box 367
Oxford, NC 27565
Phone: (252) 492-5263 Fax: (252) 492-2361

For Office Use Only

*CDP File Number: 461812 - 1
County ID Number:
Evaluated For: NEW

PERMIT VALID UNTIL: 10/20/2030

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

Applicant:	PATRIOT BUILDERS - STEVE WRIGHT- WRIGT IN
Address:	119ROYAL ROAD
City:	OXFORD
State/Zip:	NC 27565
Phone #:	home: (919) 418-5677

Property Owner:	PATRIOT BUILDERS - STEVE WRIGHT- WRIC
Address:	119ROYAL ROAD
City:	OXFORD
State/Zip:	NC. 27565
Phone #:	home: (919) 418-5677

Property Location & Site Information

Address: 2085 SATTERWHITE ROAD , NC Subdivision: EVANS ESTATES Block/Phase: NEW Lot: 4

Directions

GPS

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

System Specifications

Initial System

Usable Soil Depth: 36
Design Flow: 480
Soil Application Rate: 0.3000

*System Classification/Description:
Type IIIg - Other Non-Conventional Systems

*Proposed System:
25% REDUCTION

Minimum Trench Depth: 20 Inches
Maximum Trench Depth: 22 Inches

Septic Tank: 1000 Gallons
Pump Required (X) Yes ( ) No ( ) May Be Required
Pump Tank: _____ Gallons

Repair System Required: (X) Yes ( ) No ( ) No, but has Available Space

Repair System

Usable Soil Depth: 36
Soil Application Rate: 0.300

*System Classification/Description:
Type IIIg - Other Non-Conventional Systems

*Proposed System: 25% REDUCTION

Minimum Trench Depth: 20 Inches
Maximum Trench: Depth: 22 Inches

Pump Required: (X) Yes ( ) No ( ) May Be Required
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**

System permitted under G.S. 130A-335(a2). Refer to soil scientist site sketch. Stay within suitable soil area (Boundary flagged with yellow). Septic min. 10' off house foundation. Min. 50' off wells.

CDP File Number: 461812 County ID Number:

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 REHS Date of Issue: 10/20/2025

Total Time: (HH:MM)

◯ Hand Drawing ✓ Import Drawing ****Site Plan/Drawing attached.****

____ : ____

GRANVILLE VANCE public health

Construction Authorization

Granville Vance Public Health
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PO Box 367
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County ID Number:
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☐ Open Pump System Sheet

Applicant:	PATRIOT BUILDERS - STEVE WRIGHT- WRIGT IN
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City:	OXFORD
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Phone #:	home: (919) 418-5677

Property Owner:	PATRIOT BUILDERS - STEVE WRIGHT- WRIC
Address:	119ROYAL ROAD
City:	OXFORD
State/Zip:	NC. 27565
Phone #:	home: (919) 418-5677

Property Location & Site Information

Address/Road #: 2085 SATTERWHITE ROAD , NC
Subdivision: EVANS ESTATES
Phase: NEW
Lot: 4
Directions: GPS
Structure: SINGLE FAMILY
# of Bedrooms: 4
# of People:
*Water Supply: NEW WELL

System Specifications

Usable Soil Depth: 36
Design Flow: 480
Soil Application Rate: 0.3000
*System Classification/Description: Type IIIg - Other Non-Conventional Systems
*Proposed System: 25% REDUCTION
Minimum Trench Depth: 20 Inches
Maximum Trench Depth: 22 Inches
Minimum Soil Cover: Inches
Maximum Soil Cover: Inches
*Distribution Type: GRAVITY - PARALLEL (eq. d-box)

Nitrification Field: 1200 Sq. ft.
No. Drain Lines: 5
Total Trench Length: 400 ft. ◯ Inches O.C. (X) Feet O.C.
Trench Spacing: 9 - ◯ Inches
Trench Width: 3 - (X) Feet
Aggregate Depth: inches

Septic Tank: 1,000 Gallons
Pump Required: (X) Yes ◯ 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 permitted under G.S. 130A-335(a2). Refer to soil scientist site sketch. Stay within suitable soil area (Boundary flagged with yellow). Septic min. 10' off house foundation. Min. 50' off wells. Front property corners and site property lines must be clearly marked prior to inspection.

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 WBB REHS
Date of Issue: 10/20/2025

◯ Hand Drawing ⊘ Import Drawing

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

Total Time : (HH:MM)

GRANVILLE VANCE public health

Well Construction Permit

Granville Vance Public Health
Environmental Health
PO Box 367
Oxford NC, 27565
Phone: (252) 492-5263 Fax: (252) 492-2361

For Office Use Only

*CDP File Number 461812

PIN Number:

Tax Lot #: 4 Tax Block #:

Evaluated For:

PERMIT VALID UNTIL: 10/20/2030

Property Owner:	PATRIOT BUILDERS - STEVE WRIGHT- WRI
Address:	119ROYAL ROAD
City:	OXFORD
State/Zip:	NC / 27565
Phone #:	H: (919) 418-5677

Applicant:	PATRIOT BUILDERS - STEVE WRIGHT- WRI
Address:	119ROYAL ROAD
City:	OXFORD
State/Zip:	NC / 27565
Phone #:	H: (919) 418-5677

Property Location & Site Information

Address/Road #: 2085 SATTERWHITE ROAD

Subdivision: EVANS ESTATES Phase: Lot: 4

*Proposed use of Well:

If Other:

Applicant Email:

Owner Email:

Directions: GPS

Well Contractor Information

Drilling Contractor:

Driller Registration:

Permit Conditions

*Permit Conditions

Refer to soil scientist site sketch for well placement. 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: RCWS

Owner/Applicant: Patriot Builders

*Date of Issue: 10/20/2025

○ Hand Drawing ⊘ Import Drawing

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

GRANVILLE VANCE
public health

Well Construction Permit

Granville Vance Public Health
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PO Box 367
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*CDP File Number 461812

PIN Number:

Tax Lot #: 4 Tax Block #:

Evaluated For:

PERMIT VALID UNTIL: 10/20/2030

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Public Health

Permit/File #: 461812

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EVANS ESTATES 4

This Section for Local Health Department Use Only

Initial submittal received: 10/2/25 (Date) by WTB (Initials)

G.S. 130A-335(a3) states the following:

When an applicant for an Improvement Permit submits to a local health department an Improvement Permit application, the permit fee charged by the local health department, the common form developed by the Department, and a soil evaluation pursuant to subsection (a2) of this section, the local health department shall, within five business days of receiving the application, conduct a completeness review of the submittal. A determination of completeness means that the Improvement Permit includes all of the required components. If the local health department determines that the Improvement Permit is incomplete, the local health department shall notify the applicant of the components needed to complete the Improvement Permit. The applicant may submit additional information to the local health department to cure the deficiencies in the Improvement Permit. The local health department shall make a final determination as to whether the Improvement Permit is complete within five business days after the local health department receives the additional information from the applicant. If the local health department fails to act within any period set out in this subsection, the applicant may treat the failure to act as a determination of completeness. The Department shall develop a common form for use as the Improvement Permit.

The review for completeness of this Improvement Permit was conducted in accordance with G.S. 130A-335(a3). This Improvement Permit is determined to be:

☐ Incomplete (If box is checked, information in this section is required.)

The following items are missing:

_____

_____

Copies of this were sent to the LSS and the Applicant on _____ (Date)

State Authorized Agent: _____ Date: _____

☑ Complete

State Authorized Agent: [signature] REHS Date: 10/20/25

This Improvement Permit is issued pursuant to G.S. 130A-335 (a2) and (a3) using the signed and sealed LSS/LG evaluation(s) attached here. The issuance of this permit in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. *This permit is subject to revocation if the site plan, plat, or the intended use changes.* The Improvement Permit shall not be affected by a change in ownership of the site. This permit is subject to compliance with the provisions of 15A NCAC 18E and to the conditions of this permit.

The Department, the Department's authorized agents, and the local health departments shall be discharged and released from any liabilities, duties, and responsibilities imposed by statute or in common law from any claim arising out of or attributed to evaluations, submittals, or actions from a licensed soil scientist or licensed geologist pursuant to GS 130A-335(a2).

Improvement Permit Expiration Date: 10/20/30

See attached site sketch

Permit/File #: 46812

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NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
MARK BENTON • Chief Deputy Secretary for Health
SUSAN KANSAGRA • Assistant Secretary for Public Health
Division of Public Health

Submittal Includes: ☐ (a2) Improvement Permit ☐ (a2) Construction Authorization ☐ Fee $_____

IMPROVEMENT PERMIT FOR G.S. 130A-335(a2)

County: GRANVILLE
PIN/Lot Identifier: 0995003096046
Issued To: Steve Wright
Property Location: 2085 SATTERWHITE RD.
Subdivision (if applicable) EVANS Estates Lot #: 4 Block: _____ Section: _____
LSS Report Provided: Yes ☑ No ☐
If yes, name and license number of LSS: HAROLD KELLY #1143
New ☑ Expansion ☐ System Relocation ☐ Change of Use ☐
Facility Type: House
Number of bedrooms: 4 Number of Occupants: 8 Other: _____
Design Wastewater Strength: ☑ Domestic ☐ High Strength ☐ Industrial Process Wastewater
Proposed Design Daily Flow: 480 GPD Proposed LTAR (Initial): .3 Proposed LTAR (Repair): .3
Proposed Wastewater System Type*: III 9 (Initial) Pump Required: ☐ Yes ☑ No ☐ May be required
Proposed Wastewater System Type*: III 9 (Repair) Pump Required: ☐ Yes ☑ No ☐ May be required
Please include system classification for proposed wastewater system types in accordance with Rule .1301 Table XXXII
Effluent Standard: ☑ DSE ☐ HSE ☐ NSF/ANSI 40 ☐ TS-I ☐ TS-II ☐ RCW
Saprolite System (Initial): ☐ Yes ☑ No Saprolite System (Repair): ☐ Yes ☑ No
Fill System (Initial): ☐ Yes ☑ No If yes, specify: ☐ New ☐ Existing (when adding more than 6 inches of fill to system area provide a fill plan)
Fill System (Repair): ☐ Yes ☑ No If yes, specify: ☐ New ☐ Existing (when adding more than 6 inches of fill to system area provide a fill plan)
Usable Depth to LC (Initial)x: 36" Usable Depth to LC (Repair)x: 36" x Limiting Condition
Max. Trench Depth (Initial)*: 22" Max. Trench Depth (Repair)*: 22" * Measured on the downhill side of the trench
Artificial Drainage Required: ☐ Yes ☑ No If yes, please specify details: _____
Type of Water Supply: ☑ Private well ☐ Public well ☐ Shared well ☐ Municipal Supply ☐ Spring ☐ Other: _____
Drainfield location meets requirements of Rule .0508: Yes ☑ No ☐ Drainfield location meets requirements of Rule .0601: Yes ☑ No ☐
Permit valid for: ☑ Five years [site plan submitted pursuant to GS 130A-334(13a)] ☐ No expiration [plat submitted pursuant to GS 130A-334(7a)]

Permit conditions:
FRONT PROPERTY CORNERS AND SIDE PROPERTY LINES MUST BE CLEARLY MARKED

Licensed Soil Scientist Print Name: HAROLD KELLY
Licensed Soil Scientist Signature: H. Kelly Date: 8/26/25

The LSS evaluation is being submitted pursuant to and meets the requirements of G.S. 130A-335(a2).

See attached site sketch

Harold Kelly
NC Licensed Soil Scientist, CPSS
7309 Blalock Road
Bahama, NC 27503
(336) 322-4724 (office)
(336-598-2382 (cell)

Steve Wright
119 Royall Road
Oxford, NC 27565
Steve.eod.wright@gmail.com

August 28, 2025

RE: LSS Evaluation (G.S. 130A (a2)/ 2085 Satterwhite Road/Parcel #: 099500308046/ Granville County, NC

Dear Mr. Wright:

This LSS evaluation is being submitted pursuant to and meets the requirements of G.S. 130A-335 (a2).

At your request, a soil/site evaluation was performed on the property referenced above. The purpose of this evaluation was to identify a suitable soil area that meets the requirements for the permitting and installation of a septic system for a four-bedroom home. The soil evaluation was done in accordance with NC Rules for Sewage Treatment and Disposal Systems (15A NCAC 18E). A site plan and soil profile descriptions accompany this report.

A suitable soil area (~12,500 ft2) was identified with useable soil depths of at least 36". Soil boring locations were marked with orange tape. The perimeter of the proposed system area was marked with orange pin flags and pink/black tape. Based on soil profiles, an LTAR of 0.30 gpd/ft2 is proposed. An *accepted* system (IIIg) will require approximately 400 linear feet of drain line. Based on the depth of the soil (>36") and a 5% slope, the maximum trench depth would be 22" (measured on the downhill side of the trench).

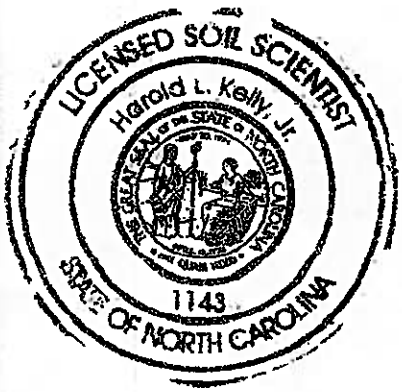
In summary, based on the observed soil characteristics, there appears to be an adequate area of suitable soil on the property to accommodate a system and repair for a four-bedroom home. This report is being provided to meet the requirements of *G.S. 130A-335 (a2),* and after their review and approval, will allow the Granville County Health Department to issue an Improvement Permit.

Thank you for the opportunity to provide you with this information. Please feel free to contact me (336-598-2382) if you, or Granville County Environmental Health, have any questions about this report.

Sincerely,

H. Kelly

Harold Kelly
NC Licensed Soil Scientist



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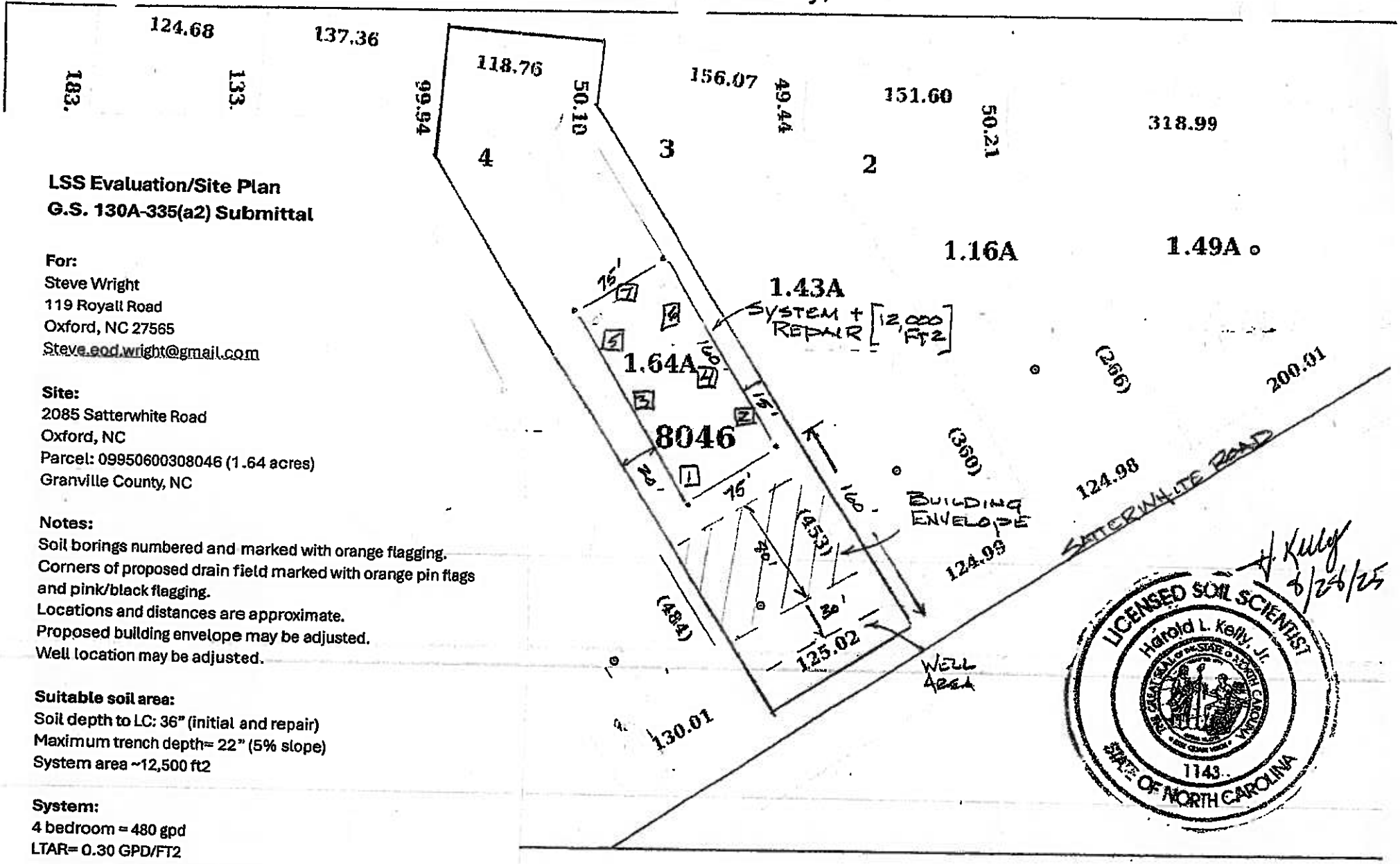
Granville County, NC



LSS Evaluation/Site Plan
G.S. 130A-335(a2) Submittal

For:
Steve Wright
119 Royall Road
Oxford, NC 27565
Steve.eod.wright@gmail.com

Site:
2085 Satterwhite Road
Oxford, NC
Parcel: 09950600308046 (1.64 acres)
Granville County, NC

Notes:
Soil borings numbered and marked with orange flagging.
Corners of proposed drain field marked with orange pin flags and pink/black flagging.
Locations and distances are approximate.
Proposed building envelope may be adjusted.
Well location may be adjusted.

Suitable soil area:
Soil depth to LC: 36" (initial and repair)
Maximum trench depth= 22" (5% slope)
System area ~12,500 ft2

System:
4 bedroom = 480 gpd
LTAR= 0.30 GPD/FT2
Accepted System (IIIg) = 400 LN. FT
1000g septic tank

Site Plan Scale: 1" = 100'

H. Kelly 6/26/25

LICENSED SOIL SCIENTIST
Harold L. Kelly, Jr.
1143
STATE OF NORTH CAROLINA

Harold Kelly
Licensed Soil Scientist
7309 Blalock Road.
Bahama, NC 27503
(336) 322-4724 office
(336) 598-2382 cell
hkelly0501@gmail.com