



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 415327 - 1
County ID Number: 183400164083
Evaluated For: NEW

PERMIT VALID UNTIL: 07/23/2029

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

Applicant: Haven Homes
Address: 1116 Strickland Rd
City: Raleigh
State/Zip: NC 27615
Phone #: home: (919) 291-4318 cell : (919) 291-4318

Property Owner: JSW Partners
Address: 1230 Red Cedar
City: Youngsville
State/Zip: NC. 27596
Phone #:

Property Location & Site Information

Address: 1230 Red Cedar Youngsville, NC Subdivision: Cedar Knolls Block/Phase: NEW Lot: 31
27596
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

*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

Septic Tank: 1000 Gallons

Pump Required ☒ Yes ☐ No ☐ May Be Required

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 B. SYSTEM W/SINGLE EFFLUENT PUMP

*Proposed System: 25% REDUCTION

Minimum Trench Depth: 22 Inches

Maximum Trench: Depth: 24 Inches

Pump Required: ☒ 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

Partial initial system laid out in field by REHS. Drain lines/Tanks/Manifold min. 10' off property lines. Min. 50' off wells.

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:

07/23/2024

Total Time: (HH:MM)



Hand Drawing



Import Drawing

Site Plan/Drawing attached.

:

Construction Authorization

Granville County Health Dept

Environmental Health

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☐ Open Pump System Sheet

Applicant: Haven Homes
 Address: 1116 Strickland Rd
 City: Raleigh
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 Phone #: home: (919) 291-4318 cell : (919) 291-4318

Property Owner: JSW Partners
 Address: 1230 Red Cedar
 City: Youngsville
 State/Zip: NC. 27596
 Phone #: _____

Property Location & Site Information

Address/Road #: 1230 Red Cedar Youngsville, NC 27596 Subdivision: Cedar Knolls Phase: NEW Lot: 31

Directions:Structure: SINGLE FAMILY# of Bedrooms: 4

of People: _____

*Water Supply: NEW WELL**System Specifications**

Usuable Soil Depth: _____

Design Flow: 480Soil Application Rate: 0.3000Minimum Trench Depth: 22 InchesMaximum Trench Depth: 24 Inches

Minimum Soil Cover: _____ Inches

Maximum Soil Cover: _____ Inches

*System Classification/Description:

TYPE III B. SYSTEM W/SINGLE EFFLUENT PUMP

*Proposed System:

25% REDUCTION*Distribution Type: PRESSURE MANIFOLDNitrification Field: 1200 Sq. ft.No. Drain Lines: 4Total Trench Length: 400 ft.Trench Spacing: 9 - _____Trench Width: 3 - _____

Aggregate Depth: _____ inches

☐ Inches O.C.☒ Feet O.C.☐ Inches☒ Feet

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:**

Partial initial system laid out in field by REHS. Drain lines/Tanks/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: 07/23/2024

☒ Hand Drawing☐ Import Drawing****Site Plan/Drawing attached.****

Total Time : (HH:MM) _____

**Granville-Vance Dist. Health Department
Environmental Health**

Pin _____

Permit Number P-415327

☒ Improvement Permit

4 born.

☒ Construction Authorization

SITE SKETCH

Haven Homes
Applicants Name

230 Red Cedar Ct.
Address

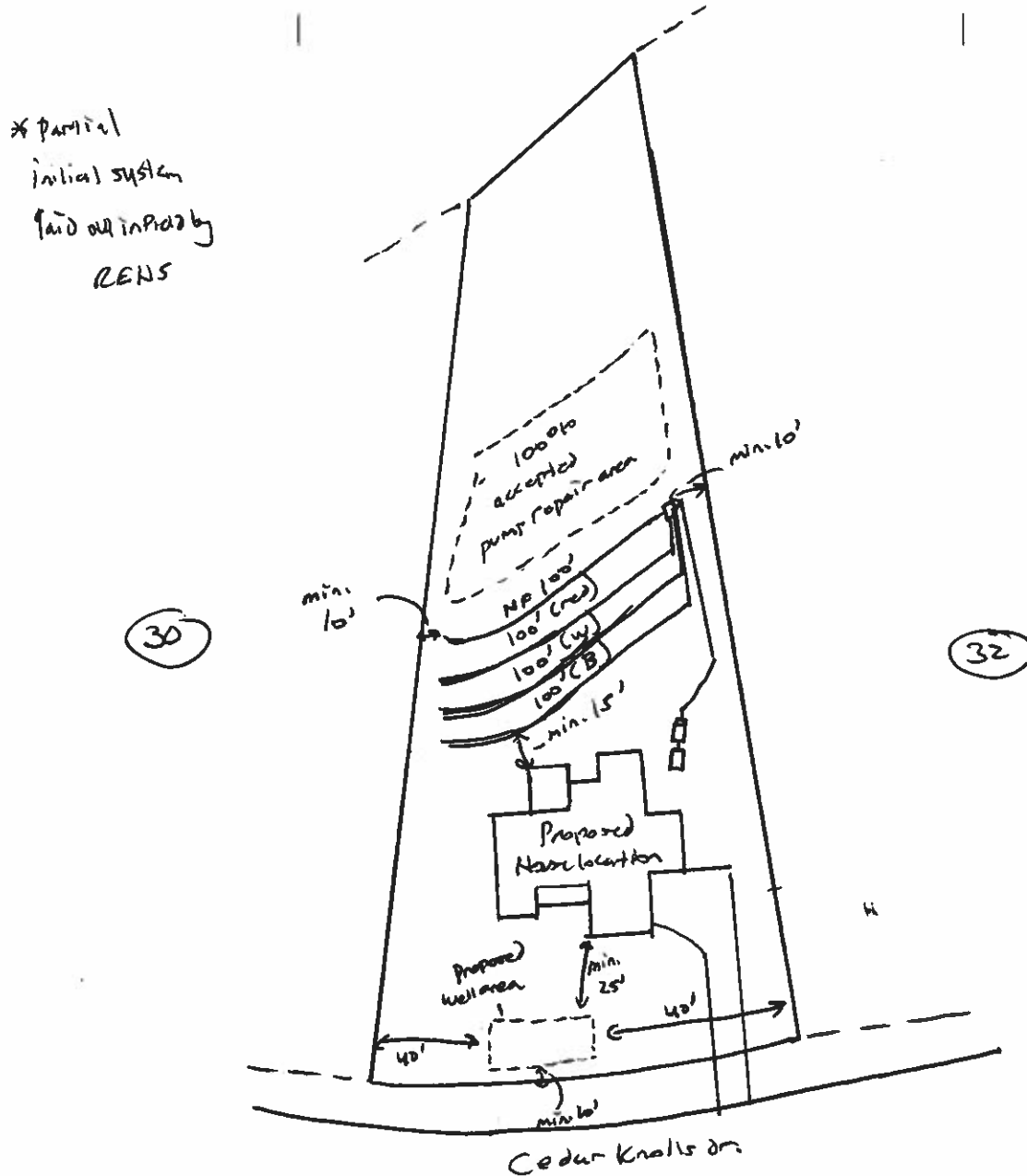
Cedar Knolls lot # 31
Subdivision - Section - Lot

Address _____
 H. B. RENS

 Authorized State Agent

7/20/24 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 415327

PIN Number: 183400164083

Tax Lot #: 31

Tax Block #: _____

Evaluated For: _____

PERMIT VALID UNTIL: 07/23/2029

Property Owner: JSW Partners

Address: 1230 Red Cedar

City: Youngsville

State/Zip: NC / 27596

Phone #: _____

Applicant: Haven Homes

Address: 1116 Strickland Rd

City: Raleigh

State/Zip: NC / 27615

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

Property Location & Site Information

Address/Road #:

1230 Red Cedar

Youngsville NC, 27596

Subdivision: Cedar Knolls

Phase: _____ Lot: 31

*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 structural foundations. 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 Partners / Haven Homes

*Date of Issue: 07/23/2024

☒ Hand Drawing

☐ Import Drawing

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



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