



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 450442 - 1

County ID Number:

Evaluated For: NEW

PERMIT VALID UNTIL: 03/14/2030

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

Applicant: WES SPRINGOB
Address: 7308 RIVER GLENN CT
City: RALEIGH
State/Zip: NC 27614
Phone #: home: (727) 244-0857

Property Owner: A&W OF RALEIGH
Address: 7308 RIVER GLENN CT
City: RALEIGH
State/Zip: NC. 27614
Phone #:

Property Location & Site Information

Address: 7635 SAM HALL ROAD OXFORD,
NC 27565

Subdivision:

Block/Phase: NEW

Lot:

Directions

Road #:

GPS

Structure: SINGLE FAMILY

of Bedrooms: 4

of People: 6

*Water Supply: NEW WELL

System Specifications

Initial System

Usable Soil Depth: 36

Design Flow: 480

Soil Application Rate: 0.3000

Minimum Trench Depth: 18 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: 36

Soil Application Rate: 0.300

Minimum Trench Depth: 18 Inches

Maximum Trench: Depth: 24 Inches

*System Classification/Description:

TYPE III G. OTHER NON-CONV. TRENCH SYSTEMS

Pump Required: ☐ Yes ☐ No ☒ May Be Required

*Proposed System: 25% REDUCTION

Pump Tank: Gallons

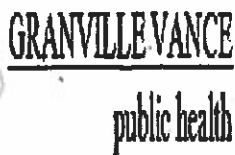
No grading or construction activity is allowed in areas designated for system and repair without approval of Health Department.

*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

Keep all parts of the septic system 10ft min. from any property lines. Keep 5ft min. from house. Keep septic 50ft min. from any well locations or wells including neighboring lots.



Construction Authorization

Granville County Health Dept
Environmental Health
101 Hunt Drive
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☐ Open Pump System Sheet

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Phone #: home: (727) 244-0857

Property Owner: A&W OF RALEIGH
Address: 7308 RIVER GLENN CT
City: RALEIGH
State/Zip: NC. 27614
Phone #: _____

Property Location & Site Information

Address/Road #: 7635 SAM HALL ROAD Subdivision: _____ Phase: NEW Lot: _____
OXFORD, NC 27565
Structure: SINGLE FAMILY Directions: _____
of Bedrooms: 4 GPS
of People: 6
*Water Supply: _____

System Specifications

Usuable Soil Depth: 36 Minimum Trench Depth: 18 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: 4 Pump Required: ☐ Yes ☒ No ☐ May Be Required
Total Trench Length: 400 ft. ☐ Inches O.C. Pump Tank: _____ Gallons
Trench Spacing: 9 - ☒ Feet O.C. Grease Trap: _____ Gallons
Trench Width: 3 - ☐ Inches
Aggregate Depth: _____ inches ☒ Feet Septic Tank Installer: ☐ I ☐ II ☐ III ☐ IV
Grade Level Required: ☐ I ☐ II ☐ III ☐ IV

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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: Wilkerson, Austin

Date of Issue: 03/14/2025

☒ Hand Drawing

☐ Import Drawing

Site Plan/Drawing attached.

Total Time : (HH:MM) _____

Granville-Vance Dist. Health Department
Environmental Health

Permit Number 450442

Improvement Permit

Construction Authorization

SITE SKETCH

Wes Springob
Applicants Name

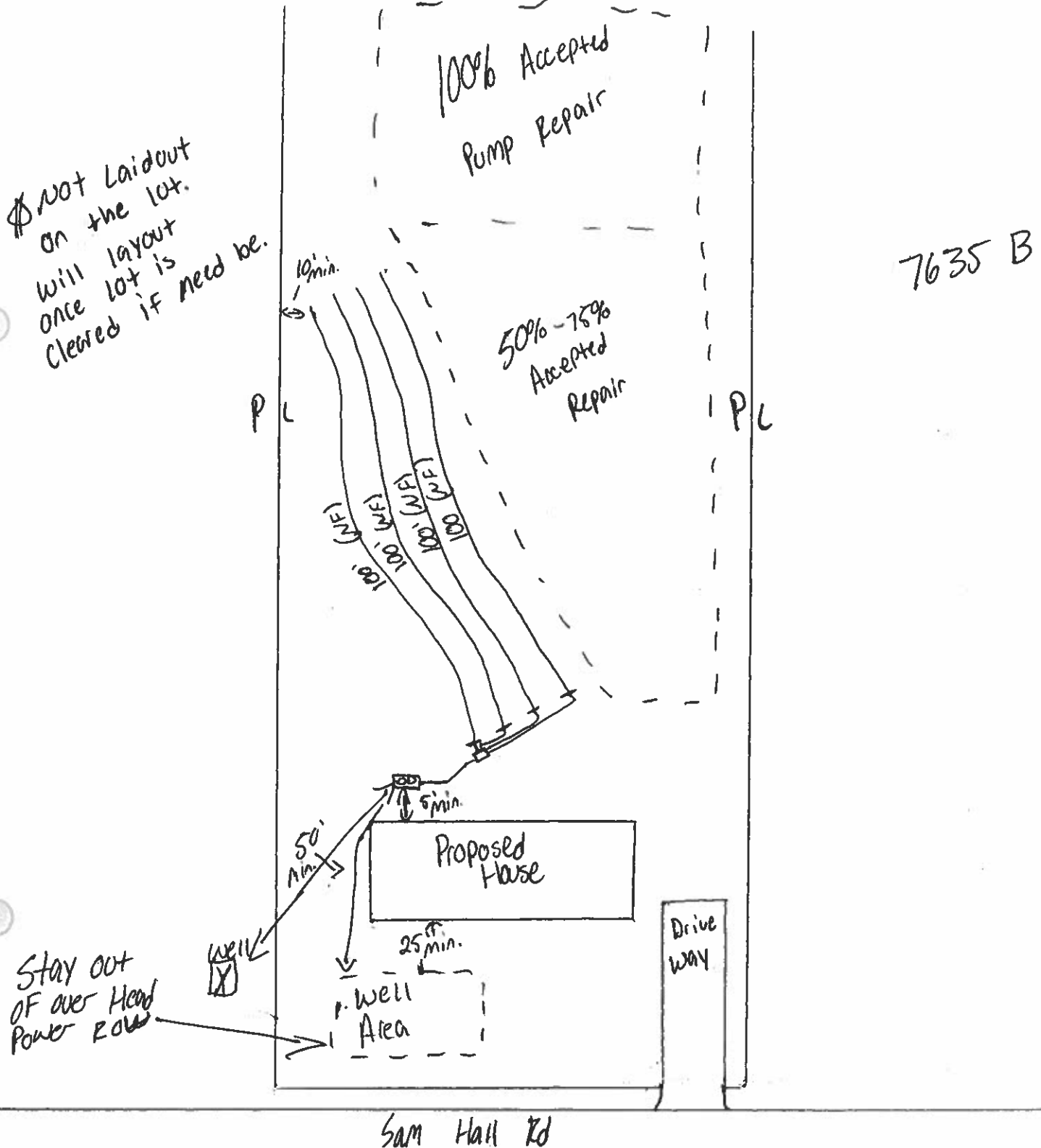
7635 Sam Hall Rd
Address

Subdivision - Section - Lot

Ann Wu
Authorized State Agent

3/14/25
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
Environmental Health
101 Hunt Drive
Oxford NC, 27565
Phone: (252) 492-5263 Fax: (252) 492-2361

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*CDP File Number 450442

PIN Number: _____

Tax Lot #: _____ Tax Block #: _____

Evaluated For: _____

PERMIT VALID UNTIL: 03/19/2030

Property Owner: A & W OF RALEIGH
Address: 7308 RIVER GLENN CT
City: RALEIGH
State/Zip: NC / 27614
Phone #: H: (727) 244-2857

Applicant: WES SPRINGOB
Address: 7308 RIVER GLENN CT
City: RALEIGH
State/Zip: NC / 27614
Phone #: H: (727) 244-2857

Property Location & Site Information

Address/Road #: 7635 SAM HALL ROAD Subdivision: _____ Phase: _____ Lot: _____
OXFORD NC, 27565
*Proposed use of Well: _____
If Other: _____
Applicant Email: _____
Owner Email: _____
Directions:GPS

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. 15' vertical separation off power line. Min. 10' off property lines (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: [Signature]

Owner/Applicant: A & W OF Raleigh / Wes Springob

*Date of Issue: 03/19/2025

☒ Hand Drawing ☐ Import Drawing

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



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State/Zip: NC 27614
Phone #: home: (727) 244-0857

Property Owner: A&W OF RALEIGH
Address: 7308 RIVER GLENN CT
City: RALEIGH
State/Zip: NC. 27614
Phone #: home: (727) 244-0587

Property Location & Site Information

Address: 7635 B SAM HALL ROAD
OXORD, NC 27565

Subdivision:

Block/Phase: NEW

Lot: B

Directions

Road #:

GPS

Structure: SINGLE FAMILY

of Bedrooms: 4

of People: 6

*Water Supply: NEW WELL

System Specifications

Initial System

Usable Soil Depth: 36

Design Flow: 480

Soil Application Rate: 0.3000

Minimum Trench Depth: 18 Inches

Maximum Trench Depth: 24 Inches

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Construction Authorization

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Environmental Health

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Authorized State Agent: Wilkerson, Austin

Date of Issue: 03/14/2025

☒ Hand Drawing☐ Import Drawing

Site Plan/Drawing attached.

Total Time : (HH:MM)

Granville-Vance Dist. Health Department
Environmental Health

Permit Number 4150428

Improvement Permit

Construction Authorization

SITE SKETCH

Wes Springob
Applicants Name

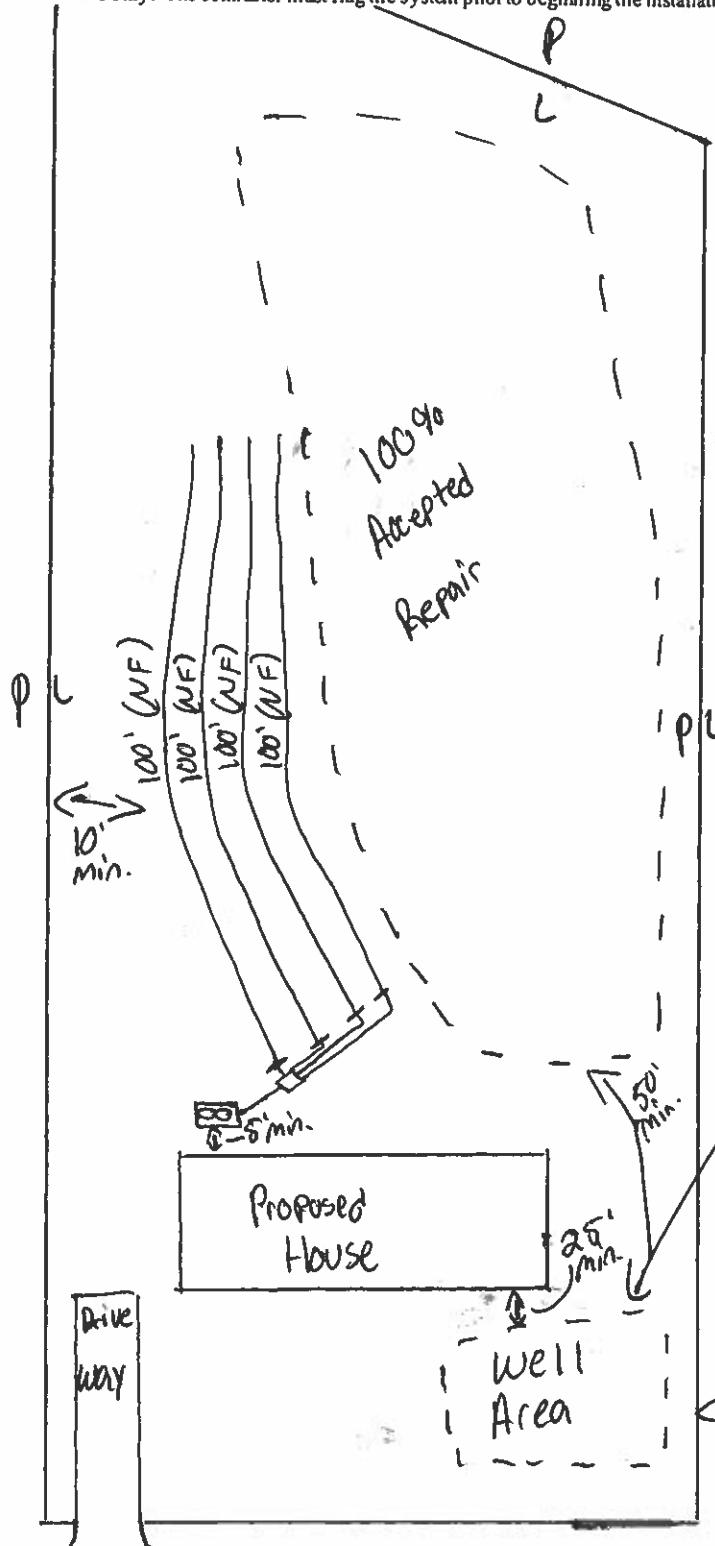
7635 B Sam Hall Rd
Address

Subdivision - Section - Lot

Alan W. W.
Authorized State Agent

3/14/25
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.



System not laid out
on lot. Can layout
once lot is cleared
if need be.

Neighboring
Septic

Stay out of
over head power
ROW

Sam Hall Rd



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Subdivision: _____

Phase: _____

Lot: *B

7635 B SAM HALL ROAD

OXORD NC, 27565

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If Other:

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*Issued By: Bullock, Will

Authorized State Agent: Will Bullock

Owner/Applicant: A&W of Raleigh / Wes Springob

*Date of Issue: 03/19/2025

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