

GRANVILLE VANCE

IMPROVEMENT PERMIT

public health

Granville County Health Dept
Environmental Health
101 Hunt Drive
Oxford, NC 27565

Phone: (252) 492-5263 Fax: (252) 492-2361

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

For Office Use Only

*CDP File Number 415336 - 1
County ID Number: 183400184083
Evaluated For: NEW

PERMIT VALID UNTIL: 08/08/2029

Applicant: Summer Construction
Address: PO Box 1011
City: Youngsville
State/Zip: NC 27596
Phone #: home: (919) 422-5713 cell: (919) 422-5713

Property Owner: JSW Partners
Address: 3907 Cedar Knolls Drive
City: Youngsville
State/Zip: NC, 27596
Phone #: _____

Address: 3907 Cedar Knolls Drive
Youngsville, NC 27596

Property Location & Site Information

Block/Phase: NEW Lot: 5

Road #:

SINGLE FAMILY

of Bedrooms:

3

of People:

*Water Supply:

NEW WELL

System Specifications

Initial System
Usable Soil Depth:

Design Flow: 360

Soil Application Rate: 0.3000

*System Classification/Description:
TYPE III G. OTHER NON-CONV. TRENCH SYSTEMS

*Proposed System:
25% REDUCTION

Minimum Trench Depth: 26 Inches

Maximum Trench Depth: 28 Inches

Septic Tank: 1000 Gallons

Pump Required: ☐ Yes ☒ No ☐ May Be Required

Pump Tank: _____ 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 G. OTHER NON-CONV. TRENCH SYSTEMS

*Proposed System: 25% REDUCTION

Minimum Trench Depth: 26 Inches

Maximum Trench Depth: 28 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. Serial Distribution system. Keep tank/"D" box/Drain lines min. 10' off property line(s). Min. 50' off wells.

CDP File Number: 415336

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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

Will Bullock

Date of Issue:

08/08/2024

Total Time: (HH:MM)

☒ Hand Drawing

☐ Import Drawing

Site Plan/Drawing attached.

____ : ____

GRANTVILLE VANCE

Construction Authorization

Granville County Health Dept
Environmental Health
101 Hunt Drive
Oxford, NC 27565

Phone: (252) 492-5263 Fax: (252) 492-2361

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☐ Open Pump System Sheet

Applicant: Summer Construction
Address: PO Box 1011
City: Youngsville
State/Zip: NC 27596
Phone #: home: (919) 422-5713 cell : (919) 422-5713

Property Owner: JSW Partners
Address: 3907 Cedar Knolls Drive
City: Youngsville
State/Zip: NC 27596
Phone #:

Address/Road #: 3907 Cedar Knolls Drive
Youngsville, NC 27596
Subdivision: Cedar Knolls
Phase: NEW Lot: 5
Directions:
Structure: SINGLE FAMILY
of Bedrooms: 3
of People:
Water Supply: NEW WELL

System Specifications

Usuable Soil Depth:
Design Flow: 360
Soil Application Rate: 0.3000
Minimum Trench Depth: 26 Inches
Maximum Trench Depth: 28 Inches

*System Classification/Description: TYPE III G. OTHER NON-CONV. TRENCH SYSTEMS
Minimum Soil Cover: Inches
Maximum Soil Cover: Inches

*Proposed System: 25% REDUCTION
Distribution Type: GRAVITY - SERIAL

Nitrification Field: 900 Sq. ft.
No. Drain Lines: 1
Total Trench Length: 300 ft.
Trench Spacing: 9
Trench Width: 3
Aggregate Depth: inches
Pump Required: ☐ Yes ☒ No ☐ May Be Required
Septic Tank: 1,000 Gallons
Pump Tank: 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. Serial Distribution system. Keep tank"D" box/Drain lines min. 10' off property line(s). 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: 08/08/2024

☒ Hand Drawing ☐ Import Drawing

Site Plan/Drawing attached.
Total Time : (HH:MM)

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

Pin

✓ Improvement Permit

3625m.

Construction Authorization

Permit Number _____

2415336

Sunmer Const.

Applicants Name

SITE SKETCH

3907 Cedar Knolls Dr.

Cedar Knolls lot #5

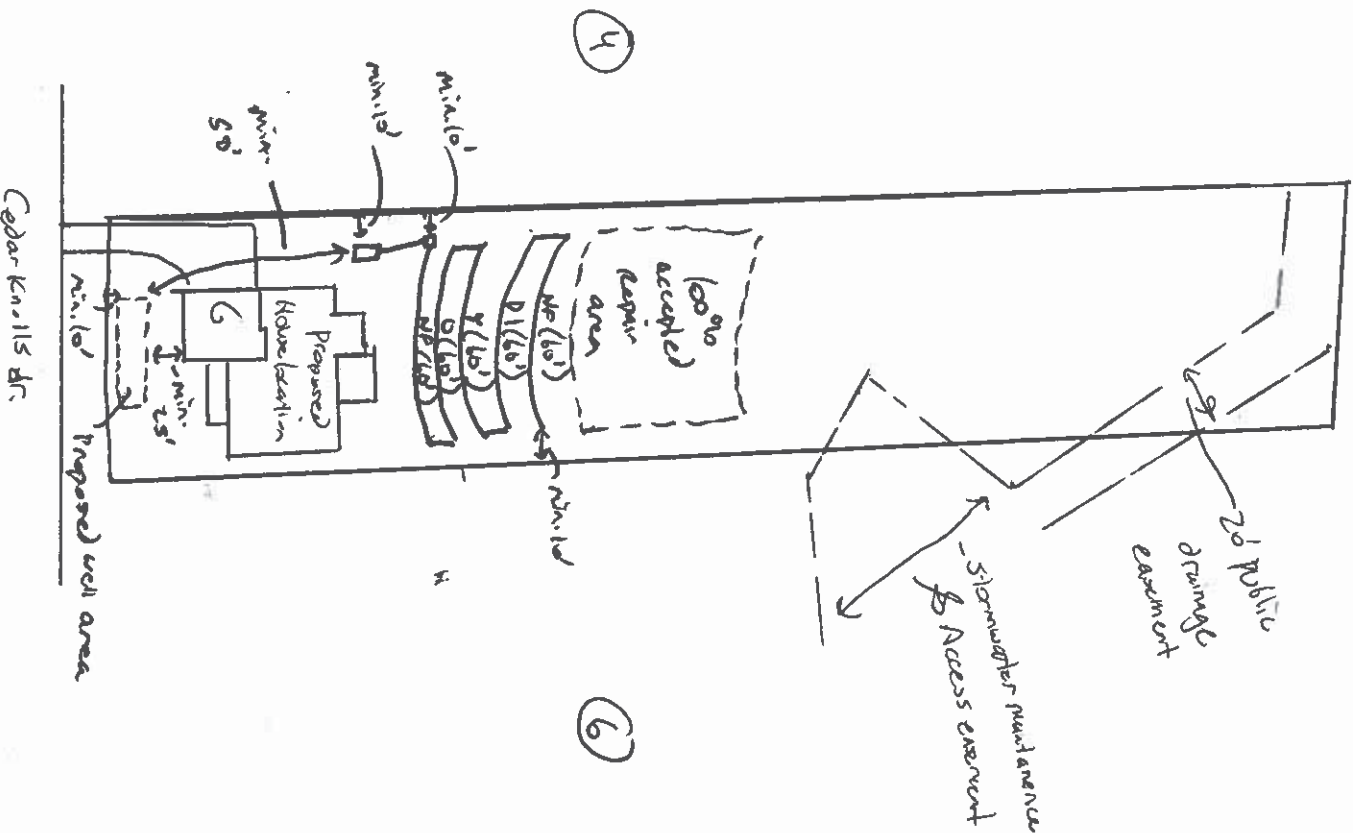
Address

Subdivision – Section – Lot

Authorized State Agent

8/8/24
Date

System components represent approximate conditions only. The contractor must flag the system prior to beginning the installation to ensure that proper grade is maintained.



GRANTVILLE VANCE

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 415336
PIN Number: 183400164083
Tax Lot #: 5 Tax Block #:
Evaluated For:

PERMIT VALID UNTIL: 08/08/2029

Property Owner: JSW Partners
Address: 3907 Cedar Knolls Drive
City: Youngsville
State/Zip: NC / 27596
Phone #:

Applicant: Summer Construction
Address: PO Box 1011
City: Youngsville
State/Zip: NC / 27596
Phone #: H: (919) 422-5713 C: (919) 422-5713

Property Location & Site Information

Address/Road #: Subdivision: Cedar Knolls Phase: Lot: 5
3907 Cedar Knolls Drive *Proposed use of Well:
Youngsville NC, 27596 If Other:
Applicant Email: bobby@summerconstruction.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. 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: *Will Bullock*
Owner/Applicant: JSW Partners Summer Const.

*Date of Issue: 08/08/2024
☒ Hand Drawing ☐ Import Drawing
Site Plan/Drawing attached.

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public health

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PIN Number: 183400164083

Tax Lot #: 5 Tax Block #:

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