



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 449802 - 1
County ID Number: _____
Evaluated For: NEW

PERMIT VALID UNTIL: 02/28/2030

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

Applicant: SUMMA CONSTRUCTION GROUP LLC
Address: 108 PRESTON PINES DRIVE
City: CARY
State/Zip: NC 27513
Phone #: home: (919) 215-8068

Property Owner: RONALD TOC
Address: 301 PINEGATE CIRCLE
City: CHAPEL HILL
State/Zip: NC. 27514
Phone #: home: (919) 957-8933

Property Location & Site Information

Address: 3208 BRUCE GARNER ROAD Subdivision: BECKS ESTATE Block/Phase: NEW Lot: 1
CREEDMOOR, NC 27522
Road #: _____
Structure: SINGLE FAMILY GPS
of Bedrooms: 4 CORNER OF BRUCE GARNER AND ANJANETTE LANE
of People: 6
*Water Supply: NEW WELL

System Specifications

Initial System

Usable Soil Depth: 40

Design Flow: 480

Soil Application Rate: 0.3000

*System Classification/Description:

TYPE III G. OTHER NON-CONV. TRENCH SYSTEMS

*Proposed System:

25% REDUCTION

Minimum Trench Depth: 18 Inches

Maximum Trench Depth: 24 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: 40

Soil Application Rate: 0.300

*System Classification/Description:

TYPE III G. OTHER NON-CONV. TRENCH SYSTEMS

*Proposed System: 25% REDUCTION

Minimum Trench Depth: 18 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

Keep proposed septic 50ft min. from any wells. Keep septic 10ft min. from any property lines. Be sure to stay out of cemetery easement.

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: SUMMA CONSTRUCTION GROUP LLC
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City: CARY
State/Zip: NC 27513
Phone #: home: (919) 215-8068

Property Owner: RONALD TOC
Address: 301 PINEGATE CIRCLE
City: CHAPEL HILL
State/Zip: NC. 27514
Phone #: home: (919) 957-8933

Property Location & Site Information

Address/Road #: 3208 BRUCE GARNER ROAD Subdivision: BECKS ESTATE Phase: NEW Lot: 1
CREEDMOOR, NC 27522
Directions:
Structure: SINGLE FAMILY GPS
of Bedrooms: 4 CORNER OF BRUCE GARNER AND ANJANETTE LANE
of People: 6
*Water Supply: NEW WELL

System Specifications

Usuable Soil Depth: 40 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: _____ Maximum Soil Cover: _____ Inches
TYPE III G. OTHER NON-CONV. TRENCH SYSTEMS
*Proposed System: _____ *Distribution Type: GRAVITY - PARALLEL (eq. d-box)
25% REDUCTION
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
☒ Feet O.C. Grease Trap: _____ Gallons
Trench Spacing: 9 - _____ ☐ Inches
Trench Width: 3 - _____ ☒ Feet
Aggregate Depth: _____ inches 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:**

Keep proposed septic 50ftmin. from any wells. Keep septic 10ft min. from any property lines. Be sure to stay out of cemetery easement.

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 *Austin Wilkerson* Date of Issue: 02/28/2025

☒ Hand Drawing ☐ Import Drawing

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

Total Time : (HH:MM) _____



Well Construction 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 449802

PIN Number: _____

Tax Lot #: 1 Tax Block #: _____

Evaluated For: _____

PERMIT VALID UNTIL: 02/28/2030

Property Owner: RONALD TOC
Address: 301 PINEGATE CIRCLE
City: CHAPEL HILL
State/Zip: NC / 27514
Phone #: H: (919) 957-8933

Applicant: SUMMA CONSTRUCTION GROUP LLC
Address: 108 PRESTON PINES DRIVE
City: CARY
State/Zip: NC / 27513
Phone #: H: (919) 512-8068

Property Location & Site Information

Address/Road #: 3208 BRUCE GARNER ROAD Subdivision: BECKS ESTATE Phase: _____ Lot: 1
CREEDMOOR NC, 27522
*Proposed use of Well: _____
If Other: _____
Applicant Email: _____
Owner Email: _____

Directions:GPS
CORNER OF BRUCE GARNER AND ANJANETTE LANE

Well Contractor Information

Drilling Contractor: _____ Driller Registration: _____

Permit Conditions

*Permit Conditions

Keep proposed well 25ft min. from proposed house. Keep well 15ft min. from side property line. Keep 50ft min. from any part of the septic.

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: Wilkerson, Austin
Authorized State Agent: Alex W. Wilkerson
Owner/Applicant: Ronald Toc

*Date of Issue: 02/28/2025

☒ Hand Drawing ☐ Import Drawing

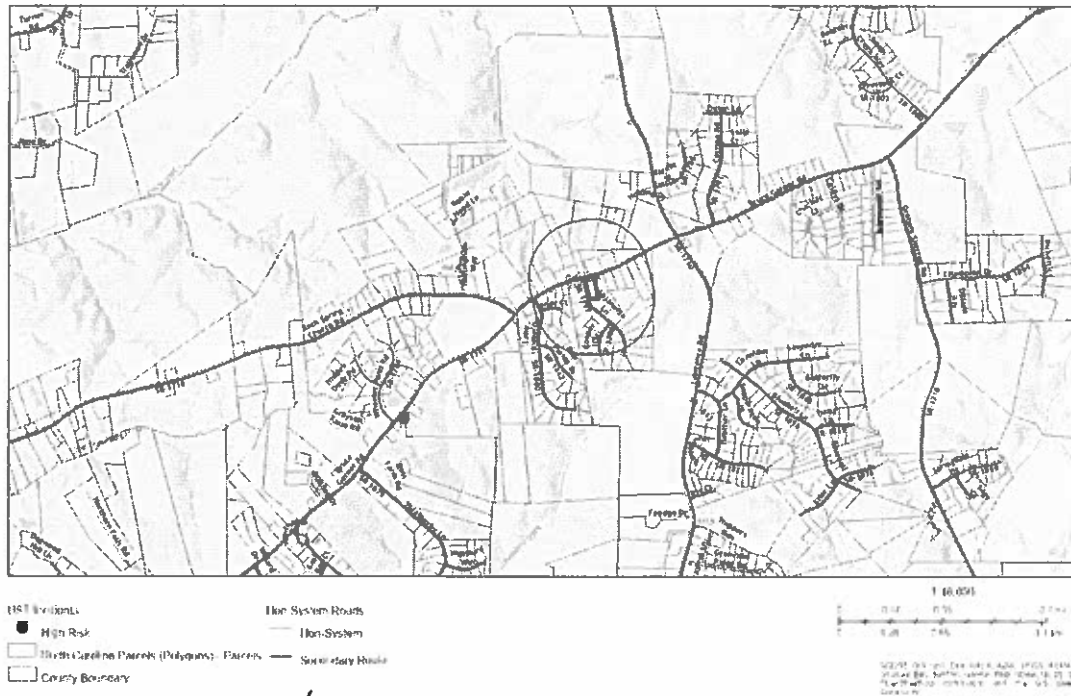
****Site Plan/Drawing attached.****



Area of Interest (AOI) Information

Area : 4,330,429.58 ft²

Feb 28 2025 16:42:11 Eastern Standard Time



★ No Found Contamination within 1000ft Radius of Property. ★

Granville-Vance Dist. Health Department
Environmental Health

Pin _____

Permit Number 4149802

☒ Improvement Permit

☒ Construction Authorization

SITE SKETCH

Summa Construction
Applicants Name

3208 Bruce Garner Rd
Address

Beck Estates # 1
Subdivision - Section - Lot

Aaron W. W.
Authorized State Agent

2/28/25
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.

