GRANVILLE VANCE public health

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 416210

PIN Number:

Tax Lot #: 32 Tax Block #:

Evaluated For: SINGLE FAMILY \ WELL

PERMIT VALID UNTIL: 07/18/2029

Property Owner:	JWS Partners	Applicant:	MB Homes Construction, Inc.
Address:	10931 Strickland Rd.	Address:	401 Wait Ave.
City:	Raleigh	City:	Wake Forest
State/Zip:	NC / 27615	State/Zip:	NC / 27587
Phone #:	H: (919) 741-7575	Phone #:	H: (919) 633-0687

Property Location & Site Information

Address/Road #: Red Cedar Ct.
Wake Forest NC, 27587

Subdivision: Cedar Knolls Phase: Lot: 32

*Proposed use of Well: SINGLE FAMILY

If Other:

Applicant Email:

Owner Email:

Directions: South of Hugh Davis, Right on Red Cardinal, Lot on right at the End.

Well Contractor Information

Drilling Contractor:

Driller Registration:

Permit Conditions

*Permit Conditions

Keep well 50ft min. from all parts of septic & neighboring's septic. 10ft min. from property lines.

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

*Date of Issue: 07/18/2024

Authorized State Agent: [signature] REHS

Owner/Applicant: JWS Partners

○ Hand Drawing ○ Import Drawing

Site Plan/Drawing attached.

NO Drawing Refer to LSS Drawing.

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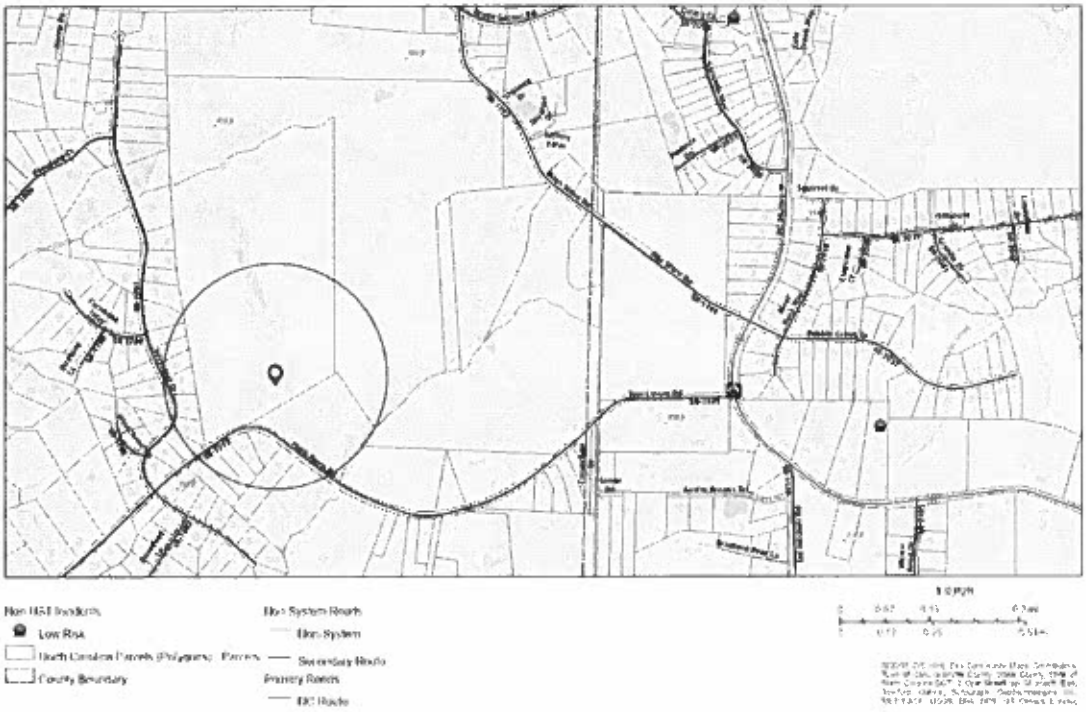
WPDT Screening Report

Area of Interest (AOI) Information

Area : 3,134,508.7 ft²

Jul 18 2024 9:58:49 Eastern Daylight Time



No known contaminates found within 1000ft radius of property.

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Public Health

Permit/File #: 41621o

CEDAR KNOLLS LOT 32

This Section for Local Health Department Use Only

Initial submittal received: 7/15/24 (Date) by WTB (Initials)

G.S. 130A-335(a5) states the following:

When an applicant for a Construction Authorization, or an Improvement Permit and Construction Authorization together, submits a Construction Authorization, or an Improvement Permit and Construction Authorization application together, the permit fee charged by the local health department, the common form developed by the Department, and any necessary signed and sealed plans or evaluations conducted by a person licensed pursuant to Chapter 89C of the General Statutes as a licensed engineer or a person certified pursuant to Article 5 of Chapter 90A of the General Statutes as an Authorized On-Site Wastewater Evaluator, 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 Construction Authorization or Improvement Permit and Construction Authorization includes all of the required components. If the local health department determines that the Construction Authorization or Improvement Permit and Construction Authorization is incomplete, the local health department shall notify the applicant of the components needed to complete the Construction Authorization or Improvement Permit and Construction Authorization. The applicant may submit additional information to the local health department to cure the deficiencies in the Construction Authorization or Improvement Permit and Construction Authorization. The local health department shall make a final determination as to whether the Construction Authorization or Improvement Permit and Construction Authorization 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 applicant may apply for the building permit for the project upon the decision of completeness of the Construction Authorization or Improvement Permit and Construction Authorization by the local health department or if the local health department fails to act within five business days. The Authorized On-Site Wastewater Evaluator or licensed engineer submitting the evaluation pursuant to this subsection may request that the local health department revoke or suspend the Construction Authorization or Improvement Permit and Construction Authorization for cause. Upon written request of the Authorized On-Site Wastewater Evaluator or licensed engineer, the local health department shall suspend or revoke the Construction Authorization or Improvement Permit and Construction Authorization pursuant to G.S. 130A-23. The Department shall develop a common form for use as the Construction Authorization.

The review for completeness of this Construction Authorization was conducted in accordance with G.S. 130A-335(a5). This Construction Authorization 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 AOWE/PE and the Applicant on _____ (Date)

State Authorized Agent: _____ Date: _____

☑ Complete

State Authorized Agent: [signature] CEHS Date of Issuance: 7/18/24

This Construction Authorization is issued pursuant to G.S. 130A-335(a2) and (a5) using the signed and sealed plans or evaluations attached here. This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes. The Construction Authorization shall not be affected by a change in ownership of the site. This Construction Authorization is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal 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 plans, evaluations, preconstruction conference findings, submittals, or actions from a person licensed pursuant to Chapter 89C of the General Statutes as a licensed engineer or a person certified pursuant to Article 5 of Chapter 90A of the General Statutes as an Authorized On-Site Wastewater Evaluator in GS 130A-335(a2), (a5), and (a7). The Department, the Department's authorized agents, and the local health departments shall be responsible and bear liability for their actions and evaluations and other obligations under State law or rule, including the issuance of the operations permit pursuant to GS 130A-337.

Construction Authorization Expiration Date: 7/18/2029

See attached site sketch

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Public Health

Permit/File #: ______________

CONSTRUCTION AUTHORIZATION FOR G.S. 130A-335(a2)

County: GRANVILLE   **Pre-Construction Conference Required:** Yes ☐ No ☒

PIN/Lot Identifier: PLAT MAP BOOK (BK) 53 & PAGE (PG) 103-106 (SEE ATTACHED PLAT MAP)

Issued To: MB Homes Construction, INC

Property Location: RED CEDAR COURT (JUST NORTH OF HUGH DAVIS RD); CEDAR KNOLLS SUBDIVISION LOT 32

AOWE/PE Plans/Evaluations Provided: Yes ☒ No ☐ If yes, name and license number of AOWE/PE: CORY CONNELL AOWE #10030E

Facility Type: SINGLE FAMILY HOME

Number of bedrooms: 4 Number of Occupants: 8 Other: ______

☒ New ☐ Expansion ☐ Repair ☐ System Relocation ☐ Change of Use

Basement? ☐ Yes ☒ No   Basement Fixtures? ☐ Yes ☒ No

Crawl Space? ☒ Yes ☐ No   Slab Foundation? ☐ Yes ☒ No

Type of Wastewater System* ACCEPTED 25% REDUCTION PRODUCT IIIBG (Initial)   ACCEPTED 25% REDUCTION PRODUCT IIIBG (Repair)

**Please include system classification for proposed wastewater system types in accordance with Rule .1301 Table XXXII*

Design Daily Flow: 480 GPD   Wastewater Strength: ☒ Domestic ☐ High Strength ☐ Industrial Process WW

Session Law 2014-120 Section 53, Engineering Design Utilizing Low-flow Fixtures and Low-flow Technologies? ☐ Yes ☐ No
(if yes, please provide engineering documentation)

Effluent Standard: ☒ DSE ☐ HSE ☐ NSF/ANSI 40 ☐ TS-I ☐ TS-II ☐ RCW

Type of Water Supply: ☒ Private well ☐ Public well ☐ Shared well ☐ Municipal Supply ☐ Spring ☐ Other: ______

Installation Requirements/Conditions

Septic Tank Size: 1000 gallons   Total Trench/Bed Length: 400 feet   Trench/Bed Spacing: 9 feet on center

Trench/Bed Width: 36 inches   LTAR: 0.3 gpd/ft²   Usable Depth to LC (Initial)ᶦ: 60   *ᶦLimiting condition*

MINIMUM Soil Cover: 6 inches   Slope Corrected Maximum Trench/Bed Depth‡: 36 inches   *‡ Measured on the downhill side of the trench*

Pump Tank Size (if applicable): 1000 gallons   Requires more than 1 pump? ☐ Yes ☒ No

Pump Requirements: 25.9 ft. TDH vs. 28.44 GPM   Grease Trap Size (if applicable): NA gallons

Distribution Method: ☐ Serial ☐ D-Box or Parallel ☒ Pressure Manifold(s) ☐ LPP ☐ Other: ______

Artificial Drainage Required: Yes ☐ No ☒ If yes, please specify details: ______

Legal Agreements *(If the answer is "Yes" to any type of legal agreements, please attach a copy of the agreement.)*

Multi-party Agreement Required [.0204(g)]: ☐ Yes ☒ No   Declaration of Restrictive Covenants: ☐ Yes ☒ No

Easement, Right-of-Way, or Encroachment Agreement Required [.0301(b)]: ☐ Yes ☒ No

Management Entity Required: ☒ Yes ☐ No   Minimum O&M Requirements: EVERY 5 YEARS INSPECTION BY OWNER, SUBSURFACE WASTEWATER OPERATOR, OR LHD

Permit conditions:
THIS LOT 32 HAS BEEN RECORDED BUT THE NEW PARCEL PIN NUMBER IS NOT KNOWN. THE ORIGINAL PARCEL THAT WAS SUBDIVIDED HAD THE PARCEL PIN NUMBER OF 183400164083. SEE ATTACHED RECORDED PLAT MAP. IF THE LOCAL HEALTH DEPT HAS ANY QUESTIONS THEY CAN REACH OUT TO CORY CONNELL AT S&EC AND/OR SCOTT GREENE AT NCDHHS. SEPTIC COMPONENTS (TANKS, TANK FILTER, PUMP, ETC) CAN BE THE PRODUCT(S) RECOMMENDED IN THIS SEPTIC DESIGN OR APPROVED COUNTY EQUIVALENTS. EVERY 5 YEARS IS THE LHD COMPLIANCE INSPECTION FREQUENCY AND MINIMUM MAINTENANCE INSPECTION FREQUENCY BY OWNER, CERTIFIED SUBSURFACE OPERATOR, AND/OR LOCAL HEALTH DEPT (LHD).

The requirements of 15A NCAC 18E are incorporated by reference into this permit and shall be met. Systems shall be installed in accordance with the attached site sketch. *This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes.* The Construction Authorization shall not be affected by a change in ownership of the site. This Construction Authorization is subject to compliance with the provisions of 15A NCAC 18E, or 15A NCAC 18A .1900, as applicable, and to the conditions of this permit.

AOWE/PE Print Name: CORY CONNELL

AOWE/PE Signature: ______________ Date: 6/20/2024

This AOWE/PE submittal is pursuant to and meets the requirements of G.S. 130A-336(a2) and (a3).

See attached site sketch

ONSITE WASTEWATER EVALUATOR 10030E
LICENSED SOIL SCIENTIST CORY R. CONNELL 1343 STATE OF NORTH CAROLINA

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Public Health

Permit/File #: 41,210

CEDAR KNOLLS LOT 32

This Section for Local Health Department Use Only

Initial submittal received: 7/15/24 (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] Date: 7/16/24

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: 7/16/29

See attached site sketch