



## 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 448293 - 1  
County ID Number: \_\_\_\_\_  
Evaluated For: NEW

PERMIT VALID UNTIL: 02/04/2030

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

Applicant: Ginger Blackwell  
Address: 3809 Orange Cosmos Av.  
City: Wake Forest  
State/Zip: NC  
Phone #: \_\_\_\_\_

Property Owner: GF Moody Properties  
Address: PO Box 926  
City: Dunn  
State/Zip: NC.  
Phone #: \_\_\_\_\_

### Property Location & Site Information

Address: 4330 Medicus Ln., NC Subdivision: Bragg Farms Block/Phase: NEW Lot: 4  
**Directions**  
Road #: \_\_\_\_\_ GPS  
Structure: SINGLE FAMILY  
# of Bedrooms: 4  
# of People: \_\_\_\_\_  
\*Water Supply: NEW WELL

### System Specifications

#### Initial System

Usable Soil Depth: 36

Design Flow: 480

Soil Application Rate: 0.3250

\*System Classification/Description:

TYPE III B. SYSTEM W/SINGLE EFFLUENT PUMP

\*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: 1000 Gallons

Repair System Required: ☒ Yes ☐ No ☐ No, but has Available Space

### Repair System

Usable Soil Depth: 36

Soil Application Rate: 0.325

\*System Classification/Description:

TYPE III B. SYSTEM W/SINGLE EFFLUENT PUMP

\*Proposed System: VERTICAL PPBPS

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

CA to be obtained once septic is fenced off.

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(f)).

Authorized State Agent:

Wilkerson, Austin

Date of Issue:

02/04/2025

Total Time: (HH:MM)



Hand Drawing



Import Drawing

*Hadi W*  
\*\*Site Plan/Drawing attached.\*\*

:

PERMIT CONDITIONS WHEN SEPTIC SYSTEMS ARE TO BE INSTALLED IN FRONT YARD

Prior to CA: Erect a 4' tall protection fence along grade line. Grade line is indicated on drawing. No grading or construction traffic allowed inside septic area **OR PERMIT MAY BE REVOKED.**

Septic contractor must meet EHS onsite prior to working on system. No clearing of trees within area reserved for septic system without prior consultation with EHS. Utilities shall not cross the drainfield. House gutter and foundation drains shall discharge away from and around area reserved for system and repair.



## 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 448293  
PIN Number: \_\_\_\_\_  
Tax Lot #: 4 Tax Block #: \_\_\_\_\_  
Evaluated For: \_\_\_\_\_

PERMIT VALID UNTIL: 02/04/2030

Property Owner: GF Moody Properties  
Address: PO Box 926  
City: Dunn  
State/Zip: NC  
Phone #: \_\_\_\_\_

Applicant: Ginger Blackwell  
Address: 3809 Orange Cosmos Av.  
City: Wake Forest  
State/Zip: NC  
Phone #: \_\_\_\_\_

### Property Location & Site Information

Address/Road #: \_\_\_\_\_ Subdivision: Bragg Farms Phase: \_\_\_\_\_ Lot: 4  
4330 Medicus Ln.  
\_\_\_\_\_  
\_\_\_\_\_  
\*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 10ft min. from Medicus Ln. and the property line. Keep proposed well 50ft min. from any part of septic including neighboring septic. Keep proposed well 25ft min. from house. Driller responsible for 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: Wilkerson, Austin  
Authorized State Agent: Austin Wilkerson  
Owner/Applicant: GF Moody Properties

\*Date of Issue: 02/04/2025  
☒ Hand Drawing ☐ Import Drawing  
\*\*Site Plan/Drawing attached.\*\*

