GRANVILLE VANCE public health

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
County ID Number: 182500559591
Evaluated For: NEW

PERMIT VALID UNTIL: 08/06/2026

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

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

Property Owner:	Ironwood Investments Assoc
Address:	PO Box 1011
City:	Youngsville
State/Zip:	NC. 27596
Phone #:	home: (919) 422-5713

Property Location & Site Information

Address/Road #: 3614 Rive Watch Ln Franklinton, NC 27525 Subdivision: Ironwood Phase: NEW Lot: 184

Directions

Structure: SINGLE FAMILY
# of Bedrooms: 3
# of People:
*Water Supply: NEW WELL

System Specifications

Initial System

*Site Classification: Provisionally Suitable
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: 18 Inches
Maximum Trench Depth 20 Inches

Septic Tank: 1000 Gallons
Pump Required ◯ Yes (X) No ◯ May Be Required

Pump Tank: _____ Gallons

Repair System Required: (X) Yes ◯ No ◯ No, but has Available Space

Repair System

*Site Classification: Provisionally Suitable
Soil Application Rate: 0.300

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

*Proposed System:
25% REDUCTION

Minimum Trench Depth: _____ Inches
Maximum Trench Depth 12 Inches

Pump Required: ◯ Yes (X) 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 Departmen

***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**

System (Initial/Repair) laid out in field by REHS. Tank and drain lines min. 10' off property lines. ANY part of septic min. 10' off house foundation. Min. 100' off all well's.

The Department and Local Health Department may impose conditions on the issurance 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 it 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 (.1938(b)).

Authorized State Agent: Bullock, Will Date of Issue: 08/06/2021

Total TIme: (HH:MM) ____ : ____

◯ Hand Drawing ◯ Import Drawing ****Site Plan/Drawing attached.****

GRANVILLE VANCE public health

Construction Authorization

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: 359961 - 1
County ID Number: 182500559591
Evaluated For: NEW

PERMIT VALID UNTIL: 08/06/2026

☐ Open Pump System Sheet

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

Property Owner:	Ironwood Investments Assoc
Address:	PO Box 1011
City:	Youngsville
State/Zip:	NC. 27596
Phone #:	home: (919) 422-5713

Property Location & Site Information

Address/Road #: 3614 Rive Watch Ln, Franklinton, NC 27525
Subdivision: Ironwood Phase: NEW Lot: 184

Directions:

Structure: SINGLE FAMILY
# of Bedrooms: 3
# of People:
*Water Supply: NEW WELL

System Specifications

*Site Classification: Provisionally Suitable
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: 18 Inches
Maximum Trench Depth: 20 Inches
Minimum Soil Cover: _____ Inches
Maximum Soil Cover: _____ Inches
*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

◯ Inches O.C. (X) Feet O.C.
◯ Inches (X) Feet

Septic Tank: 1,000 Gallons
Pump Required: ◯ Yes (X) No ◯ May Be Required
Pump Tank: _____ Gallons
Grease Trap: _____ Gallons

Septic Tank Installer Grade Level Required: ◯ I (X) 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:**

System (Initial/Repair) laid out in field by REHS. Tank and drain lines min. 10' off property lines. ANY part of septic min. 10' off house foundation. Min. 100' off all well's.

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 (.1937(g)). Ther person owning or controlling the system shall be responsible for assuring compliance with the laws, rules, and permit conditions regaurding system location, installation, operation, maintenance, monitoring, reporting

Authorized State Agent: Bullock, Will REHS Date of Issue: 08/06/2021

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

✓ Hand Drawing ◯ Import Drawing

Total Time : (HH:MM) _____

Granville County Health Department
Environmental Health

Pin _____ Permit Number P-359961

✓ Improvement Permit ✓ Construction Authorization S-247944 W-247945

3 bedroom

Site Sketch

Summer Const. — Applicants Name

3614 RiverWatch Ln / Ironwood 184 — Subdivision – Section – Lot

Will Bullock — Authorized State Agent

8-5-21 — Date

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

KEY

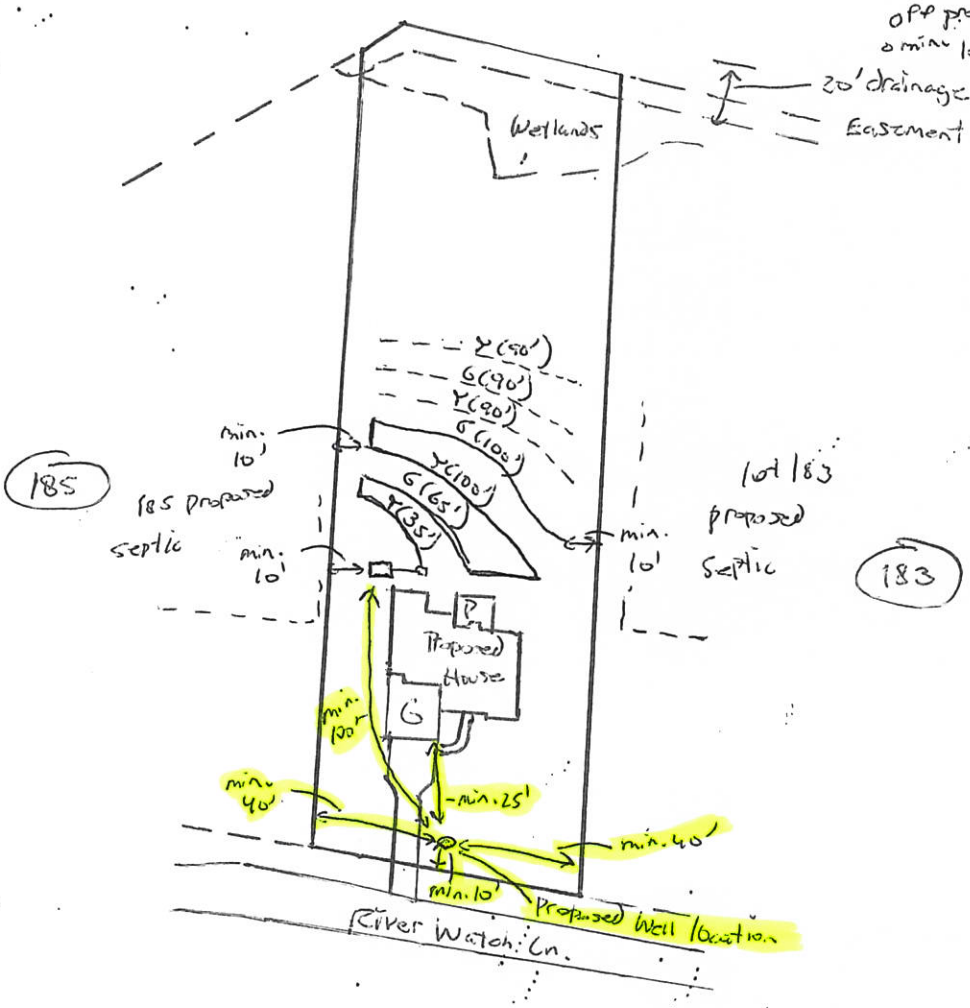
—— Initial lines

--- Repair lines

o proposed well location

NOTES

- ANY PART of septic min. 10' off House foundation
- Drainline/tank min. 10' off property lines
- min 100' off ALL well's



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 359961

PIN Number: 182500559591

Tax Lot #: 184 Tax Block #:

Evaluated For:

Property Owner:	Ironwood Investments Assoc
Address:	PO Box 1011
City:	Youngsville
State/Zip:	NC / 27596
Phone #:	H: (919) 422-5713

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

Property Location & Site Information

Address/Road #: 3614 Rive Watch Ln
Franklinton NC, 27525

Subdivision: Ironwood

Phase:

Lot: 184

*Proposed use of Well:

Directions

If Other:

Well Contractor Information

Drilling Contractor:

Driller Registration:

Permit Conditions

*Permit Conditions

Keep proposed well min. 100' off any part of septic (Including neighboring lots). Min. 25' off house/garage foundation. Min. 10' off front property line. Min. 40' off left & right property line to get setback off of lot 183/185 proposed 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. No volume of quality of water is guaranteed by the Health Department.

*Issued By: Bullock, Will

Authorized State Agent: RCHS

Owner/Applicant: Sumner Const.

*Date of Issue: 08/06/2021

☑ Hand Drawing ○ Import Drawing

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