



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: 359726 - 1

County ID Number: 183400034501

Evaluated For: NEW

PERMIT VALID UNTIL: 07/07/2026

☐ Open Pump System Sheet

Applicant: Traditions Builder LLC

Address: 28 Hayes Ct

City: Franklinton

State/Zip: NC 27525

Phone #: home: (919) 554-6911

Property Owner: Silverleaf of Granville LLC

Address: 28 Hayes Ct

City: Franklinton

State/Zip: NC 27525

Phone #: home: (919) 554-6911

Property Location & Site Information

Address/Road #: 1119 Doverfield Ln Youngsville, NC 27596 Subdivision: Silverleaf Phase: NEW Lot: 87

Directions:

Structure: SINGLE FAMILY

of Bedrooms: 4

of People:

*Water Supply: NEW WELL

System Specifications

*Site Classification: Provisionally Suitable

Design Flow: 480

Soil Application Rate: 0.3000

Minimum Trench Depth: 24 Inches

Maximum Trench Depth: 26 Inches

Minimum Soil Cover: Inches

Maximum Soil Cover: Inches

*System Classification/Description:

TYPE III B. SYSTEM W/SINGLE EFFLUENT PUMP

*Proposed System:

25% REDUCTION

*Distribution Type: PRESSURE MANIFOLD

Nitrification Field: 1200 Sq. ft.

No. Drain Lines: 3

Total Trench Length: 400 ft.

Trench Spacing: 9 -

Trench Width: 3 -

Aggregate Depth: inches

☐ Inches O.C.

☒ Feet O.C.

☐ Inches

☒ Feet

Septic Tank: 1,000 Gallons
Pump Required: ☒ Yes ☐ No ☐ May Be Required

Pump Tank: 1,000 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:

System (Initial/Repair) laid out in field by REHS. Keep Manifold/Drain lines min. 10' off property lines. Any part of septic min. 25' off house foundation (Upslope Setback). Min. 100' off all well's. Call for Tap details.

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 (.1837(g)). Their 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

Authorized State Agent: Bullock, Will *Will Bullock REHS*

Date of Issue: 07/07/2021

☒ Hand Drawing

☐ Import Drawing

Site Plan/Drawing attached.

Total Time : (HH:MM)

Ptn _____

Improvement Permit

ly bedroom

Construction Authorization

S-247659
W-247658

Traditions builder LLC.

Applicant's Name

• 1119 Doverfield Cr. / Silverleaf 87

Subdivision - Section - Lot

7/6-21

Date _____

Authorized State Agent

lot 2 silverleaf
E3706 Nugh 60115 rd.

min-10'
off plus

OLD ROAD

KEY

— INITIAL
LINES

--- repair
lines

o proposed
well location

88

existential
88 septic

8

- Available info
in opp file

supply line
mfr. 5'
app property
line

Proposed
Home

7. 100

↑
ping

541.40

PROPOSED WELL LOCATION

INVESTED IN

Morning Song of

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 359726PIN Number: 183400034501Tax Lot #: 87

Tax Block #: _____

Evaluated For: SINGLE FAMILY \ WELLProperty Owner: Silverleaf of Granville LLCAddress: 28 Hayes CtCity: FranklintonState/Zip: NC / 27525Phone #: H: (919) 554-6911Applicant: Traditions Builder LLCAddress: 28 Hayes CtCity: FranklintonState/Zip: NC / 27525Phone #: H: (919) 554-6911**Property Location & Site Information**

Address/Road #:

Subdivision:

Silverleaf

Phase:

Lot:

871119 Doverfield LnYoungsville NC, 27596*Proposed use of Well: SINGLE FAMILYDirections

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 foundation. Min. 10' off front property line. Keep well min. 40' off left property line to get setback off lot 88 ~~proposed~~ existing septic area.

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*Date of Issue: 07/07/2021Authorized State Agent: Will Bullock☒ Hand Drawing☐ Import DrawingOwner/Applicant: Silverleaf of Granville LLC****Site Plan/Drawing attached.****