

IMPROVEMENT PERMIT

Granville Vance Public Health
Environmental Health
PO Box 367
Oxford, NC 27565
Phone: (252) 492-5263 Fax: (252) 492-2361

For Office Use Only

*CDP File Number 464012 - 1

County ID Number:

Evaluated For: NEW

PERMIT VALID UNTIL: 02/17/2031

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

Applicant: BLACKWELL BUILDERS INC.

Address: 3809 ORANGE COSMOS AVE

City: WAKE FOREST

State/Zip: NC 27587

Phone #: home: (919) 291-8015

Property Owner: GF MOODY PROPERTIES LLC

Address: PO BOX 926

City: DUNN

State/Zip: NC. 28335

Phone #: home: (919) 291-8015

Property Location & Site Information

Address: 3710 NOAH MILL TRACE
FRANKLINTON, NC 27525

Subdivision: CANNADY
MILLS

Block/Phase: NEW

Lot: 1A

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: 0.3000

Minimum Trench Depth: 20 Inches

Maximum Trench Depth: 24 Inches

*System Classification/Description:

TYPE IV B SYSTEM WITH MORE THAN 1 PUMP OR SIPHON

Septic Tank: 1000 Gallons

Pump Required: ☒ Yes ☐ No ☐ May Be Required

*Proposed System:

25% REDUCTION

Pump Tank: 1000 Gallons

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

Repair System

Usable Soil Depth: 36

Soil Application Rate: 0.300

*System Classification/Description:

TYPE IV B SYSTEM WITH MORE THAN 1 PUMP OR SIPHON

Minimum Trench Depth: 20 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 all parts of the septic 5ft min. from any part of the house and 10ft min. from any property line. Some of system laid out in field by LHD. Keep septic 50ft min. from any well or well location.

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(a)).

Authorized State Agent:

Wilkerson, Austin

Date of Issue:

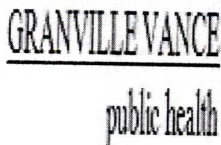
02/17/2026

☒ Hand Drawing

Import Drawing

*Axi W. REHS*****Site Plan/Drawing attached.****

Total Time: (HH:MM)



Construction Authorization

Granville Vance Public Health
Environmental Health
PO Box 367
Oxford, NC 27565
Phone: (252) 492-5263 Fax: (252) 492-2361

For Office Use Only

*CDP File Number: 464012 - 1
County ID Number: _____
Evaluated For: NEW

PERMIT VALID UNTIL: 02/17/2031

☐ Open Pump System Sheet

Applicant: BLACKWELL BUILDERS INC.
Address: 3809 ORANGE COSMOS AVE
City: WAKE FOREST
State/Zip: NC 27587
Phone #: home: (919) 291-8015

Property Owner: GF MOODY PROPERTIES LLC
Address: PO BOX 926
City: DUNN
State/Zip: NC. 28335
Phone #: home: (919) 291-8015

Property Location & Site Information

Address/Road #: 3710 NOAH MILL TRACE Subdivision: CANNADY Phase: NEW Lot: 1A
FRANKLINTON, NC 27525 MILLS
Directions: _____
Structure: SINGLE FAMILY GPS
of Bedrooms: 4
of People: _____
*Water Supply: NEW WELL

System Specifications

Usable Soil Depth: 36 Minimum Trench Depth: 20 Inches
Design Flow: 480 Maximum Trench Depth: 24 Inches
Soil Application Rate: 0.3000 Minimum Soil Cover: _____ Inches
*System Classification/Description: TYPE IV B SYSTEM WITH MORE THAN 1 PUMP OR SIPHON Maximum Soil Cover: _____ Inches
*Proposed System: 25% REDUCTION *Distribution Type: PRESSURE MANIFOLD
Nitrification Field: 1200 Sq. ft. Septic Tank: 1,000 Gallons
No. Drain Lines: 5 Pump Required: ☒ Yes ☐ No ☐ May Be Required
Total Trench Length: 400 ft. ☐ Inches O.C. Pump Tank: 1,000 Gallons
Trench Spacing: 9 - ☒ Feet O.C. Grease Trap: _____ Gallons
Trench Width: 3 - ☐ Inches
Aggregate Depth: _____ inches ☒ Feet
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 all parts of the septic 5ft min. from any part of the house and 10ft min. from any property line. Some of system laid out in field by LHD. Keep septic 50ft min. from any well or well location.

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: 02/17/2026

☒ Hand Drawing

☐ Import Drawing

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

Total Time : (HH:MM) _____