GRANVILLE VANCE public health

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

Directions
GPS

Road #:
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: (X) Yes ( ) No ( ) May Be Required

*Proposed System:
25% REDUCTION

Pump Tank: 1000 Gallons

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

Repair System

Usable Soil Depth: 36
Soil Application Rate: 0.300

Minimum Trench Depth: 20 Inches
Maximum Trench: Depth: 24 Inches

*System Classification/Description:
TYPE IV B SYSTEM WITH MORE THAN 1 PUMP OR SIPHON

Pump Required: (X) Yes ( ) No ( ) May Be Required

*Proposed System: 25% REDUCTION

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.

CDP File Number: 464012

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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 (per rule .0301((a).

Authorized State Agent: Wilkerson, Austin Date of Issue: 02/17/2026

Austin W REHS

Total TIme: (HH:MM)

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

____ : ____

GRANVILLE VANCE public health

Construction Authorization

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

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☐ Open Pump System Sheet

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Property Location & Site Information

Address/Road #: 3710 NOAH MILL TRACE FRANKLINTON, NC 27525
Subdivision: CANNADY MILLS
Phase: NEW
Lot: 1A

Directions: GPS

Structure: SINGLE FAMILY
# of Bedrooms: 4
# of People:
*Water Supply: NEW WELL

System Specifications

Usable Soil Depth: 36
Design Flow: 480
Soil Application Rate: 0.3000
*System Classification/Description: TYPE IV B SYSTEM WITH MORE THAN 1 PUMP OR SIPHON
*Proposed System: 25% REDUCTION

Minimum Trench Depth: 20 Inches
Maximum Trench Depth: 24 Inches
Minimum Soil Cover: Inches
Maximum Soil Cover: Inches
*Distribution Type: PRESSURE MANIFOLD

Nitrification Field: 1200 Sq. ft.
No. Drain Lines: 5
Total Trench Length: 400 ft.
Trench Spacing: 9 - ( ) Inches (X) Feet O.C.
Trench Width: 3 - ( ) Inches (X) Feet
Aggregate Depth: inches

Septic Tank: 1,000 Gallons
Pump Required: (X) 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:**

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 regaurding system location, installation, operation, maintenance, monitoring, reporting and repair (per rule .0301((a)).

Authorized State Agent: Wilkerson, Austin AWi WD REHS
Date of Issue: 02/17/2026

(X) Hand Drawing ( ) Import Drawing

****Site Plan/Drawing attached.****
Total Time : (HH:MM)