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: 468288 - 1
County ID Number:
Evaluated For: NEW

PERMIT VALID UNTIL: 03/25/2031

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

Applicant:	MB HOMES CONSTRUCTION INC
Address:	401 WAIT AVENUE
City:	WAKE FOREST
State/Zip:	NC 27587
Phone #:	home: (919) 278-7308

Property Owner:	MB HOMES CONSTRUCTION INC
Address:	401 WAIT AVENUE
City:	WAKE FOREST
State/Zip:	NC. 27587
Phone #:	home: (919) 278-7308

Property Location & Site Information

Address: 3843 GRAHAM SHERRON ROAD , NC
Subdivision: OLIVIA FARMS Block/Phase: NEW Lot: 2
Road #:
Structure: SINGLE FAMILY
# of Bedrooms: 4
# of People: 6
*Water Supply: NEW WELL

Directions

GPS

System Specifications

Initial System

Usable Soil Depth: 40
Design Flow: 480
Soil Application Rate: 0.3000

Minimum Trench Depth: 24 Inches
Maximum Trench Depth: 26 Inches

*System Classification/Description:
Type IIIb - Wastewater System with a Single Pump o

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

*Proposed System:
25% REDUCTION

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

Repair System

Usable Soil Depth:
Soil Application Rate: 0.300

Minimum Trench Depth: Inches
Maximum Trench: Depth: Inches

*System Classification/Description:
Type IIIb - Wastewater System with a Single Pump o

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

*Proposed System: HORIZONTAL PPBPS

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**

Refer to soil site scientist site sketch/flagging in field. Initial/Repair lines to be marked off from vehicular traffic prior to issuance of CA (See attached). Driveway to not encroach on septic.

CDP File Number: 468288 County ID Number:

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: Bullock, Will WBB REHS Date of Issue: 03/25/2026

Total Time: (HH:MM)

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

____ : ____

GRANVILLE VANCE public health

Construction Authorization

Granville Vance Public Health
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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 Owner:	MB HOMES CONSTRUCTION INC
Address:	401 WAIT AVENUE
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Phone #:	home: (919) 278-7308

Property Location & Site Information

Address/Road #: 3843 GRAHAM SHERRON ROAD , NC
Subdivision: OLIVIA FARMS Phase: NEW Lot: 2

Structure: SINGLE FAMILY
# of Bedrooms: 4
# of People: 6
*Water Supply:

Directions:
GPS

System Specifications

Usable Soil Depth: 40
Design Flow: 480
Soil Application Rate: 0.3000
*System Classification/Description: Type IIIb - Wastewater System with a Single Pump o
*Proposed System: 25% REDUCTION

Minimum Trench Depth: 24 Inches
Maximum Trench Depth: 26 Inches
Minimum Soil Cover: Inches
Maximum Soil Cover: Inches
*Distribution Type: PRESSURE MANIFOLD

Nitrification Field: 1200 Sq. ft.
No. Drain Lines: 4
Total Trench Length: 400 ft.
Trench Spacing: 9 - ( ) Inches O.C. (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 (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:**

Refer to soil site scientist site sketch/flagging in field. Initial/Repair lines to be marked off from vehicular traffic thru completion of construction. Driveway to not encroach on septic. Min. 50' off wells.

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: Bullock, Will RCHS
Date of Issue: 04/20/2026

( ) Hand Drawing (X) Import Drawing

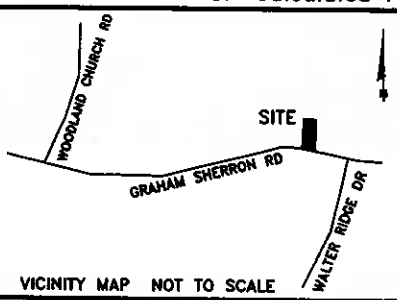
****Site Plan/Drawing attached.****
Total Time : (HH:MM)

Book of maps 54 Vol. — Page 76 Book — Page — County GRANVILLE

Block — Lot 2 Subdivision OLIVIA FARMS, LLC

◉IPF=Iron Pipe Found ○IPS=Iron Pipe Set
◙ECM=Existing Concrete Monument PP=Power Pole
▲PK=PK Nail • CP=Calculated Point LP=Light Pole

SCALE 1"=50'
0' 50' 100'



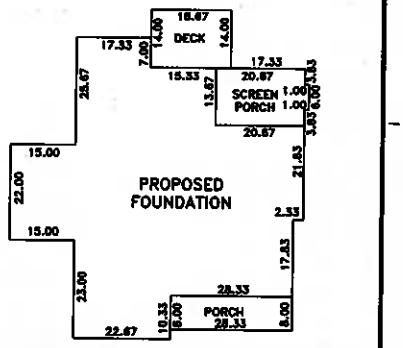
VICINITY MAP NOT TO SCALE

I certify that this map was drawn under my supervision from an actual survey made under my supervision (deed description recorded in Book 2023, page 299 or other reference source ———); that the boundaries not surveyed are indicated as drawn from information in Book MAP 54, page 76 or other reference source ———; that the ratio of precision or positional accuracy is 1: 10,000+; and that this map meets the requirements of The Standards of Practice for Surveying in North Carolina (21 NCAC 56. 1600)." This 26 day of FEBRUARY, 20 26.

SEAL L-3076 JACKIE RAY THOMASON LAND SURVEYOR

Jackie Ray Thomason, PLS, L-3076

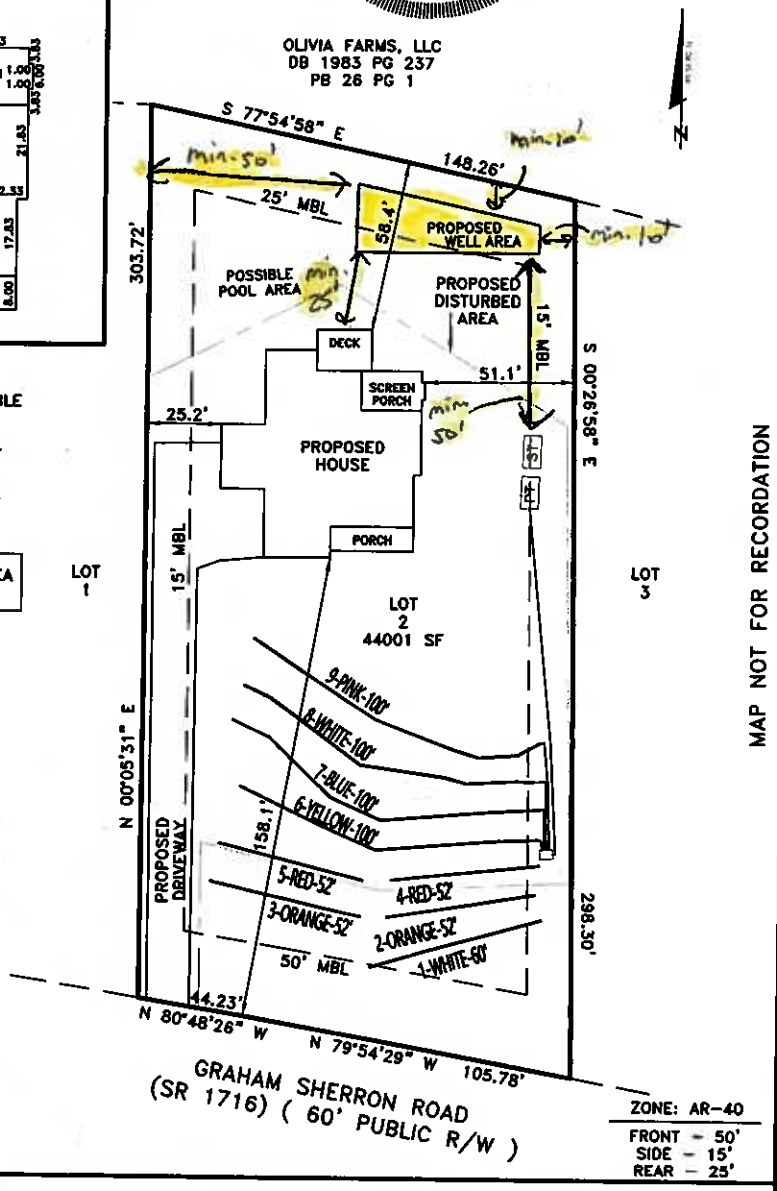
INSERT "A" NOT TO SCALE



PROPOSED IMPERVIOUS SURFACE TABLE
HOUSE – 3206 SF
PORCH – 227 SF
SCR. PORCH – 288 SF
DRIVEWAY – 3486 SF
DECK – 261 SF
TOTAL – 7468 SF

PROPOSED DISTURBED AREA 27111 SF

OLIVIA FARMS, LLC
DB 1983 PG 237
PB 26 PG 1



MAP NOT FOR RECORDATION

ZONE: AR-40
FRONT – 50'
SIDE – 15'
REAR – 25'

MAPN: 182300984708

Drawn By JRT Surveyed By JRT Date 02-26-26 Dwg.# TLS-5404

PROPERTY OF:
MB HOMES CONSTRUCTION INC
LOT 2 GRAHAM SHERRON ROAD
WAKE FOREST, NC 27587

THOMASON LAND SURVEYING, PLLC
P-3122
127 Fishing Rock Road Castalia, NC 27816
Email: thomasonlandsurveying@gmail.com
Phone: 919-556-3307

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.

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Well Construction Permit

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*CDP File Number 468288

PIN Number:

Tax Lot #: 2 Tax Block #:

Evaluated For:

PERMIT VALID UNTIL: 03/25/2031

Property Owner:	MB HOMES CONSTRUCTION INC
Address:	401 WAIT AVENUE
City:	WAKE FOREST
State/Zip:	NC / 27587
Phone #:	H: (919) 278-7308

Applicant:	MB HOMES CONSTRUCTION INC
Address:	401 WAIT AVENUE
City:	WAKE FOREST
State/Zip:	NC / 27587
Phone #:	H: (919) 278-7308

Property Location & Site Information

Address/Road #: 3843 GRAHAM SHERRON ROAD

Subdivision: OLIVIA FARMS Phase: Lot: 2

*Proposed use of Well:

If Other:

Applicant Email:

Owner Email:

Directions: GPS

Well Contractor Information

Drilling Contractor:

Driller Registration:

Permit Conditions

*Permit Conditions

Refer to soil scientist site plan for well placement. Keep proposed well min. 50' off any part of septic (Including neighboring lots). Min. 25' off structural foundations. Well to be min. 50' off left property line to avoid encroachment on lot 1 existing septic. Well driller responsible for maintaining all 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: Bullock, Will

*Date of Issue: 03/25/2026

Authorized State Agent: REHS

○ Hand Drawing ⊘ Import Drawing

Owner/Applicant: MB Homes Corp Inc.

Site Plan/Drawing attached.

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PIN Number:

Tax Lot #: 2 Tax Block #:

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