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: 359725 - 1
County ID Number: 183400034685
Evaluated For: NEW

PERMIT VALID UNTIL: 07/07/2026
☐ Open Pump System Sheet

Applicant:	Traditions Builder LLC	Property Owner:	Silverleaf of Granville LLC
Address:	28 Hayes Ct	Address:	28 Hayes Ct
City:	Franklinton	City:	Franklinton
State/Zip:	NC 27525	State/Zip:	NC. 27525
Phone #:	home: (919) 554-6911	Phone #:	home: (919) 554-6911

Property Location & Site Information

Address/Road #: 1121 Doverfield Ln Youngsville, NC 27596
Subdivision: Silverleaf Phase: NEW Lot: 86
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
*System Classification/Description: TYPE III B. SYSTEM W/SINGLE EFFLUENT PUMP
*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: 3
Total Trench Length: 400 ft. ◯ Inches O.C. (X) Feet O.C.
Trench Spacing: 9 - ____ ◯ Inches
Trench Width: 3 - ____ (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:**

System (Initial/Repair) laid out in field by REHS. Keep Manifold/Drain lines min. 10' off property lines. Keep any part of septic min. 25' off house foundation (Upslope setback). 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
Date of Issue: 07/07/2021

(✓) Hand Drawing ◯ Import Drawing

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

Granville County Health Department
Environmental Health

Pin _____ Permit Number CDPB P-359725

S-247652
W-247653

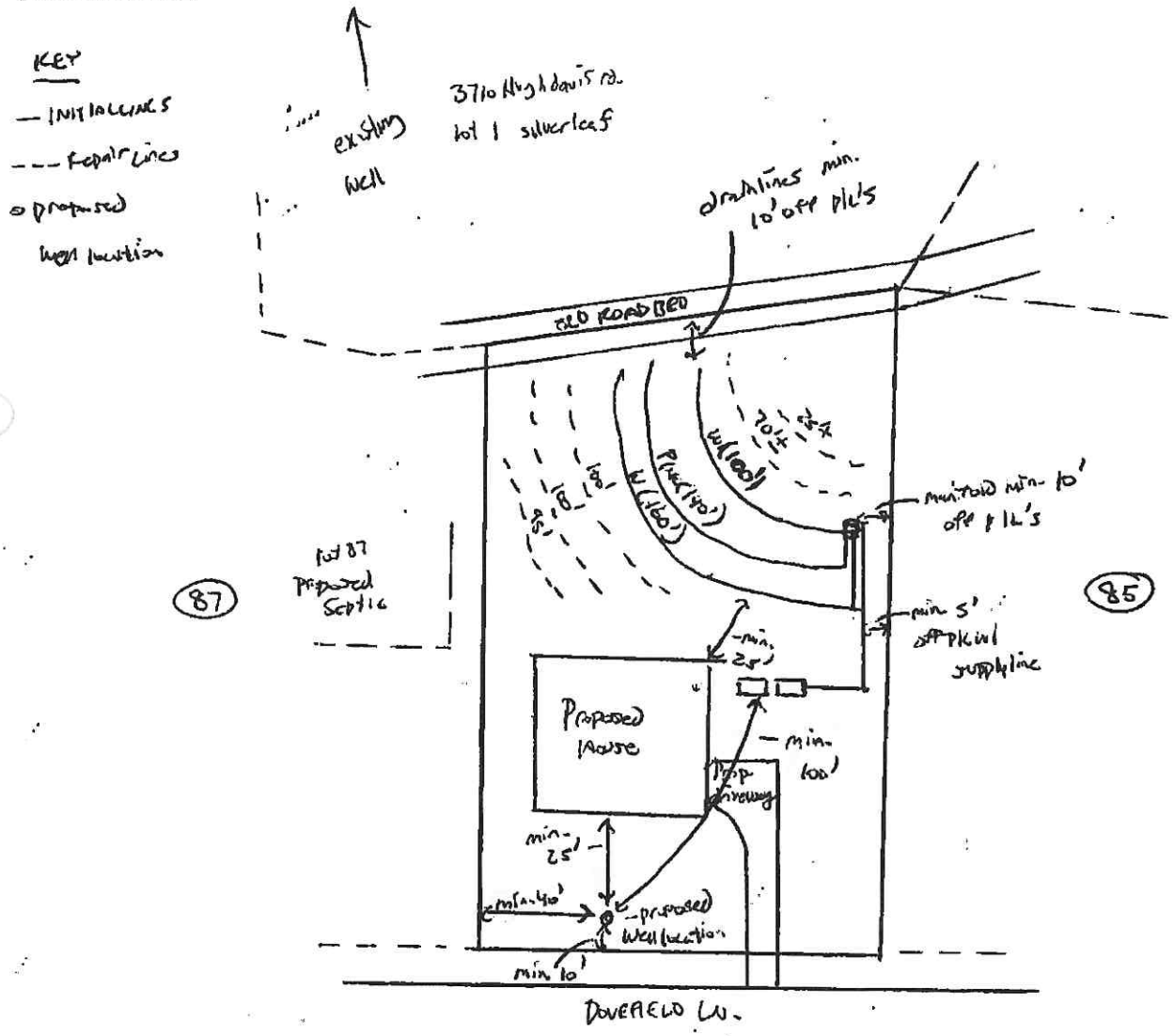
✓ Improvement Permit 4 bedroom ✓ Construction Authorization

Site Sketch

Traditions Builder LLC. — 1121 Dovefield Ln. / Silverleaf 86
Applicants Name — Subdivision – Section – Lot

Authorized State Agent — 7/6/21 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.



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 359725

PIN Number: 183400034685

Tax Lot #: _____ Tax Block #: _____

Evaluated For: SINGLE FAMILY \ WELL

Property Owner:	Silverleaf of Granville LLC
Address:	28 Hayes Ct
City:	Franklinton
State/Zip:	NC / 27525
Phone #:	H: (919) 554-6911

Applicant:	Traditions Builder LLC
Address:	28 Hayes Ct
City:	Franklinton
State/Zip:	NC / 27525
Phone #:	H: (919) 554-6911

Property Location & Site Information

Address/Road #: 1121 Doverfield Ln
Youngsville NC, 27596

Subdivision: Silverleaf

Phase: _____

Lot: 86

*Proposed use of Well: SINGLE FAMILY

Directions

If Other:

Well Contractor Information

Drilling Contractor:

Driller Registration:

Permit Conditions

*Permit Conditions

Proposed well min. 100' off any part of septic (Including neighboring lots). Min. 25' off house foundation. 10' min. off front property line. 40' min. off left property line to get setback off of lot 87 ~~existing~~ 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: RRNS

Owner/Applicant: Silverleaf of Granville LLC.

*Date of Issue: 07/07/2021

(✓) Hand Drawing ( ) Import Drawing

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