



IMPROVEMENT 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 378872 - 1
County ID Number: 182400168537
Evaluated For: NEW

PERMIT VALID UNTIL: 10/20/2027

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

Applicant: Kayla Abplanalp
Address: 1004 Buttar Ln
City: Raleigh
State/Zip: NC 27614
Phone #: home: (919) 995-6810 cell: (919) 995-6066

Property Owner: Oak & Stone Custom Homes
Address: 1004 Buttar Ln
City: Raleigh
State/Zip: NC. 27614
Phone #: home: (919) 995-6810

Property Location & Site Information

Address/Road #: 3541 Bruce Garner Rd Wake Subdivision: Preserve West Phase: NEW Lot: H
Forest, NC 27587
Structure: SINGLE FAMILY
of Bedrooms: 4
of People: 4
*Water Supply: NEW WELL

System Specifications

Initial System

*Site Classification: Provisionally Suitable
Design Flow: 480
Soil Application Rate: 0.3000

Minimum Trench Depth: 18 Inches
Maximum Trench Depth: 22 Inches

*System Classification/Description:
TYPE III G. OTHER NON-CONV. TRENCH SYSTEMS

Septic Tank: 1000 Gallons
Pump Required ☐ Yes ☒ No ☐ May Be Required
Pump Tank: Gallons

*Proposed System:
25% REDUCTION

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

Repair System

*Site Classification:
Soil Application Rate:
*System Classification/Description:
TYPE III E. PPBPS GRAVITY DOSED SYSTEM
*Proposed System:
50% REDUCTION

Minimum Trench Depth: Inches
Maximum Trench Depth: 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

Initial system flagged in field by REHS. Serial Distribution system. Driveway must go in as shown on site plan (Ends of drain lines are all 15' off property line to leave room for driveway. Min. 50' off all well's. Sleeve under driveway. Drain lines 10' off

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 (1938(b)).

Authorized State Agent:

Bullock, Will *Will Bullock*

Date of Issue:

10/20/2022

Total Time: (HH:MM)

☒ Hand Drawing

☐ Import Drawing

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

Construction Authorization

Granville County Health Dept

Environmental Health

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☐ Open Pump System Sheet

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 Forest, NC 27587

Directions:

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

System Specifications

*Site Classification: Provisionally Suitable Minimum Trench Depth: 18 Inches
 Design Flow: 480 Maximum Trench Depth: 22 Inches
 Soil Application Rate: 0.3000

*System Classification/Description: Minimum Soil Cover: Inches
 TYPE III G. OTHER NON-CONV. TRENCH SYSTEMS Maximum Soil Cover: Inches

*Proposed System: 25% REDUCTION *Distribution Type: GRAVITY - SERIAL

Nitrification Field: 1200 Sq. ft. Septic Tank: 1,000 Gallons
 No. Drain Lines: 1 Pump Required: ☐ Yes ☒ No ☐ May Be Required
 Total Trench Length: 400 ft. ☐ Inches O.C. Pump Tank: Gallons
 Trench Spacing: 9 - ☒ Feet O.C. Grease Trap: Gallons
 Trench Width: 3 - ☐ Inches
 Aggregate Depth: inches ☒ Feet
 Septic Tank Installer: ☐ I ☒ II ☐ III ☐ IV
 Grade Level Required: ☐ I ☒ II ☐ III ☐ IV

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Initial system flagged in field by REHS. Serial Distribution system. Driveway must go in as shown on site plan (Ends of drain lines are all 15' off property line to leave room for driveway. Min. 50' off all well's. Sleeve under driveway. Drain lines 10' off property lines)

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)). 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

Authorized State Agent: Bullock, Will *Will Bullock*

Date of Issue: 10/20/2022

☒ Hand Drawing

☐ Import Drawing

Site Plan/Drawing attached.

Total Time : (HH:MM)

Granville County Health Department
Environmental Health

Permit Number P-378872

File _____

Improvement Permit

4 bedroom

Construction Authorization

5271738

W-271741

Site Sketch

Karla Abilanga
Applicant's Name

3541 Bruce Garner Rd. / Preserve West lot H
Subdivision - Section - Lot

W. Allen S.E.S.
Authorized State Agent

10/24/22
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.

KEY

INITIAL LINES

--- Repair lines

o Proposed well location

- * 50' off all walls
- * Home to be restored
- * TANK / "D" Box / drain lines min. 10' off property lines
- * sleeve under driveway
- * Horizontal T & J repair

