Granville-Vance Dist. Health Department
Environmental Health

Pin _____

Permit Number 469843

☐ Improvement Permit

☐ Construction Authorization

SITE SKETCH

Bailey Custom Homes
Applicants Name

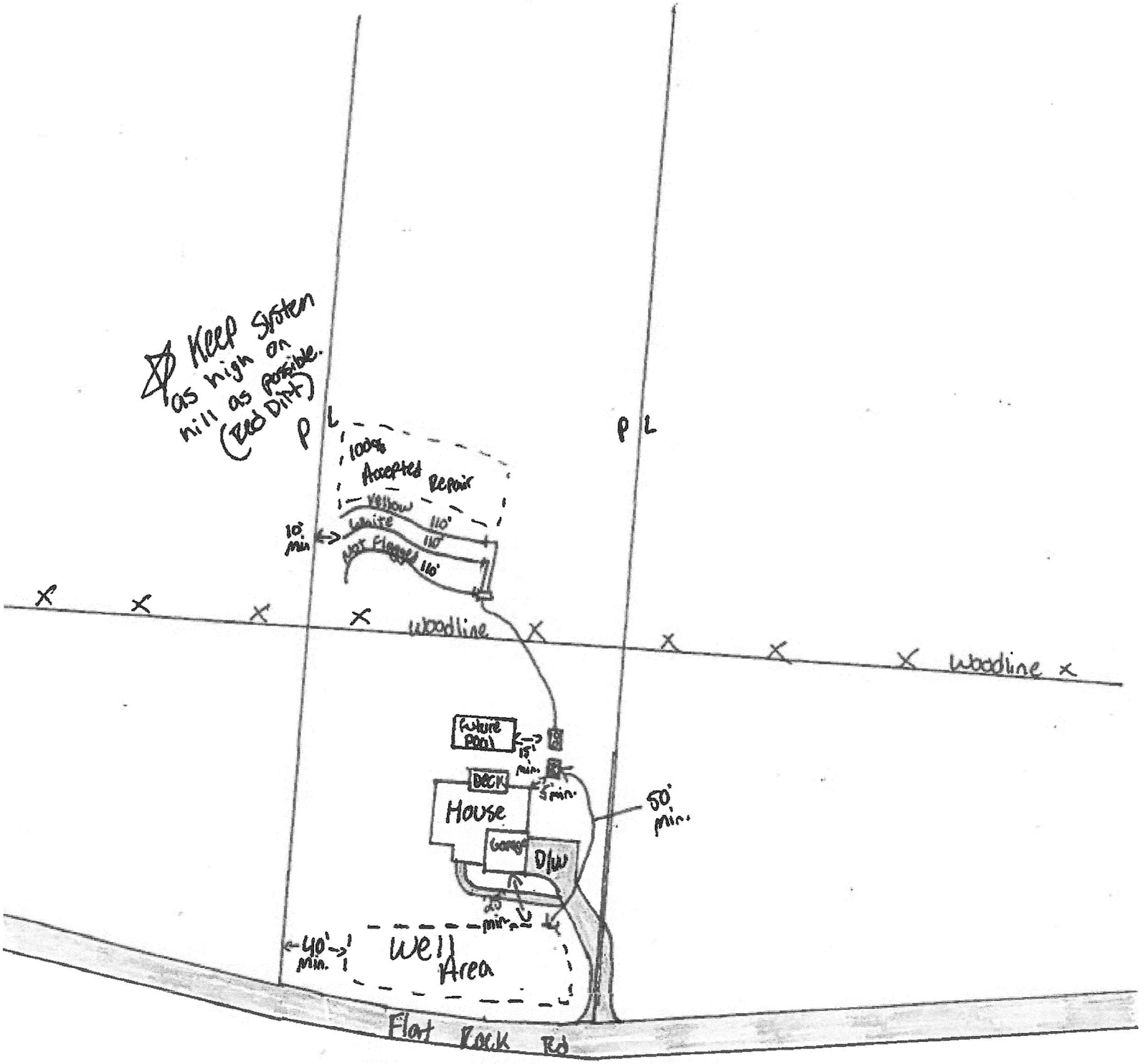
Flat Rock Rd
Address

4B Flat Rock Rd
Subdivision – Section – Lot

Authorized State Agent

4/14/26
Date

System components represent approximate contours only. The contractor must flag the system prior to beginning the installation to ensure that proper grade is maintained.



GRANVILLE VANCE public health

Well Construction 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: 469843
PIN Number:
Tax Lot #: 4-B Tax Block #:
Evaluated For:
PERMIT VALID UNTIL: 04/14/2031

Property Owner:	BAILEY CUSTOM HOMES
Address:	91 HUSKETH ROAD
City:	YOUNGSVILLE
State/Zip:	NC
Phone #:	H: (919) 810-9305

Applicant:	BAILEY CUSTOM HOMES
Address:	91 HUSKETH ROAD
City:	YOUNGSVILLE
State/Zip:	NC
Phone #:	H: (919) 810-9305

Property Location & Site Information

Address/Road #: FLAT ROCK ROAD
Subdivision:
Phase:
Lot: 4-B
*Proposed use of Well:
If Other:
Applicant Email:
Owner Email:

Directions: GPS

Well Contractor Information

Drilling Contractor:
Driller Registration:

Permit Conditions

*Permit Conditions

Keep well 25ft min. from any part of the house and 40ft min. from left hand property line. Keep well 50ft min. from any part of the 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. 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: Wilkerson, Austin
*Date of Issue: 04/14/2026
Authorized State Agent: Austin Wilkerson REHS
Owner/Applicant: Bailey Custom Homes
Hand Drawing ○ Import Drawing
Site Plan/Drawing attached.

GRANVILLE VANCE public health

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: 469843 - 1
County ID Number:
Evaluated For: NEW

PERMIT VALID UNTIL: 04/14/2031

☐ Open Pump System Sheet

Applicant:	BAILEY CUSTOM HOMES
Address:	91 HUSKETH ROAD
City:	YOUNGSVILLE
State/Zip:	NC
Phone #:	home: (919) 810-9305

Property Owner:	BAILEY CUSTOM HOMES
Address:	91 HUSKETH ROAD
City:	YOUNGSVILLE
State/Zip:	NC.
Phone #:	home: (919) 810-9305

Property Location & Site Information

Address/Road #: FLAT ROCK ROAD FRANKLINTON, NC
Subdivision:
Phase: NEW Lot: 4-B

Directions:
GPS

Structure: SINGLE FAMILY
# of Bedrooms: 3
# of People:
*Water Supply: NEW WELL

System Specifications

Usable Soil Depth: 30
Design Flow: 360
Soil Application Rate: 0.2750
*System Classification/Description: Type IIIb - Wastewater System with a Single Pump o
*Proposed System: 25% REDUCTION

Minimum Trench Depth: 18 Inches
Maximum Trench Depth: 18 Inches
Minimum Soil Cover: Inches
Maximum Soil Cover: Inches
*Distribution Type: PRESSURE MANIFOLD

Nitrification Field: 982 Sq. ft.
No. Drain Lines: 3
Total Trench Length: 330 ft.
Trench Spacing: 9 - ( ) Inches ( ) Inches O.C. (X) Feet O.C.
Trench Width: 3 - ( ) Feet
Aggregate Depth: inches

Septic Tank: 1,000 Gallons
Pump Required: ( ) Yes (X) 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 the house and 10ft min. from any property line. Keep septic 15ft min. from proposed pool and from well. System partially laid out in field by LHD.

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
Date of Issue: 04/14/2026

Austin Wilkerson REHS

(X) Hand Drawing ( ) Import Drawing

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

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: 469843 - 1
County ID Number:
Evaluated For: NEW

PERMIT VALID UNTIL: 04/14/2031

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

Applicant:	BAILEY CUSTOM HOMES
Address:	91 HUSKETH ROAD
City:	YOUNGSVILLE
State/Zip:	NC
Phone #:	home: (919) 810-9305

Property Owner:	BAILEY CUSTOM HOMES
Address:	91 HUSKETH ROAD
City:	YOUNGSVILLE
State/Zip:	NC.
Phone #:	home: (919) 810-9305

Property Location & Site Information

Address: FLAT ROCK ROAD FRANKLINTON, NC
Subdivision:
Block/Phase: NEW
Lot: 4-B
Road #:
Structure: SINGLE FAMILY
# of Bedrooms: 3
# of People:
*Water Supply: NEW WELL

Directions

GPS

System Specifications

Initial System

Usable Soil Depth: 30
Design Flow: 360
Soil Application Rate: 0.2750
Minimum Trench Depth: 18 Inches
Maximum Trench Depth: 18 Inches
*System Classification/Description:
Type IIIb - Wastewater System with a Single Pump o
Septic Tank: 1000 Gallons
Pump Required: ◯ Yes (X) 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: 30
Soil Application Rate: 0.250
Minimum Trench Depth: 18 Inches
Maximum Trench: Depth: 18 Inches
*System Classification/Description:
Type IIIb - Wastewater System with a Single Pump o
Pump Required: ◯ Yes (X) 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 the house and 10ft min. from any property line. Keep septic 15ft min. from proposed pool and from well. System partially laid out in field by LHD.