

GRANVILLE-VANCE HEALTH DEPARTMENT—Sewage Disposal Record

481 Owner or Contractor Harry Boan Date 10-28-89 S.R. No. 1717

Location/Address Woodland Ch. Rd - Wake Forest, NC.

Subdivision/Mobile Home Park Name Mellin Woods Lot Size 1 Ac +
Lot No. 3

New System ☒ Repair ☐

House ☒ Mobile Home ☐ Business ☐

No. Bedrooms 3 No. People 6 No. Toilets 3

Water Supply: Private ☒ Approved ☐

Semi-Public ☐ Unapproved ☐

Public ☐ None ☐

Nitrification System:

Tank Size 900 gal.

Distribution Box yes No. Lines 3

Nitrification Field 300' - 900' Sq. Ft.

Lines: 1 2 3 4 5 6

Width 3' 3' 3'

Length 100' 100' 100'

Grade 2 1/2" 1 1/2" 3"

Stone Depth 12" 12" 12"

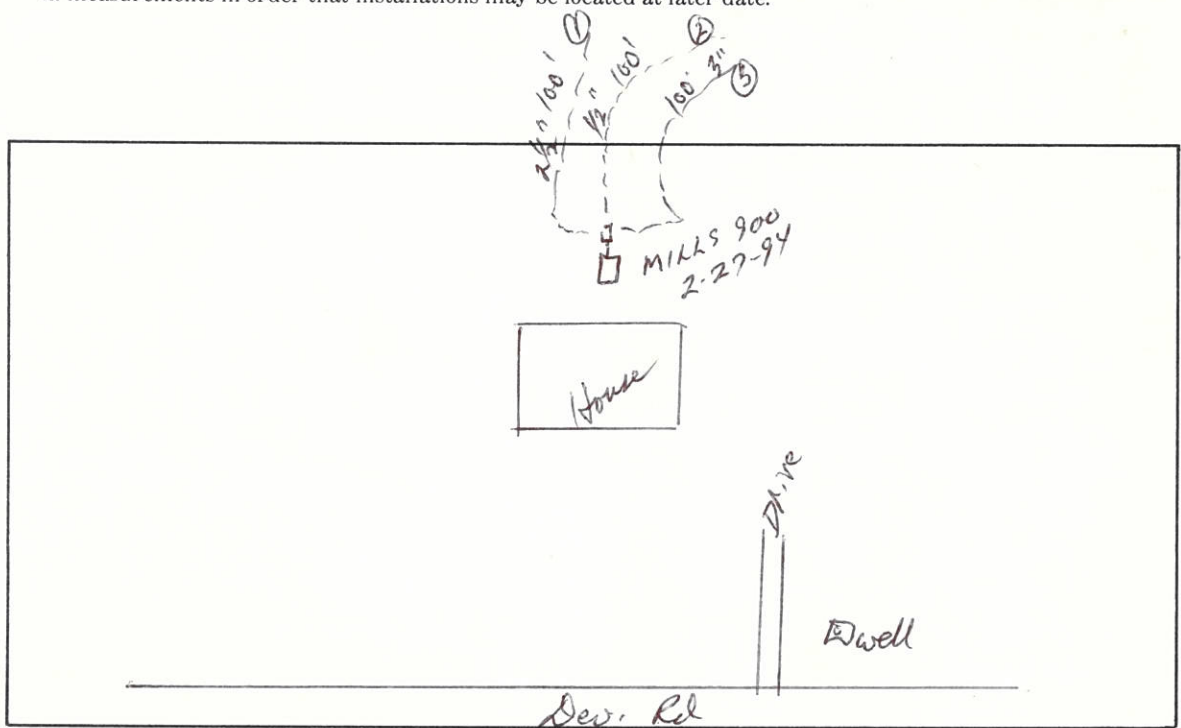
Layout to be followed by installer:

Improvements Permit By James C. Parrott Installer David Brantley - Spring Hope

Certificate of Completion By James C. Parrott Date of Inspection 3-30-94

* Construction must comply with all other applicable state and local regulations, but the permit is not a guarantee that the system will not malfunction and the Granville-Vance Health District will not be held responsible for a malfunctioning system.

NOTE: Make sketch of installation showing location of house, septic tanks, privies, water supplies on adjacent property, etc. Write in measurements in order that installations may be located at later date.



GRANVILLE VANCE

public health

HEALTH DEPARTMENT RELEASE

Granville County Health Department
Environmental Health Section
Environmental Health
Oxford, NC 27565
Phone: (252) 492-5263 Fax: (252) 492-2361

For Office Use Only

*CDP File Number:
368957
County ID Number:
183200035474
Evaluated For:
EXISTING

Permit Valid Until: 02/09/2023

Applicant: Larissa Peluso- Fleming (McDonal
Address: 4010 Pastor Lane
City: Wake Forest
State/Zip: NC / 27587
Phone #: _____

Property Owner: Larissa Peluso- Fleming (Mc
Address: 4010 Pastor Lane
City: Wake Forest
State/Zip: NC / 27587
Phone #: _____

Property Location & Site Information

Address: 4010 Pastor Ln Subdivision: Medlin Woods Phase: _____ Lot: 3
Road#: Wake Forest NC 27587 Township: _____
*Structure: OTHER
of Bedrooms: _____ # of People: _____ Directions: _____
*Water Supply: EXISTING WELL Type of business: 18x22 Residential Additio
Basement: ☐ Yes ☒ No Total sq. Footage: _____ No. Of Employees: _____

*Proposed Improvement: 18x22' Residential Addition

*Release Conditions: Keep proposed 18' x 22' residential addition min. 5' off any part of existing septic. System functioning properly at time of recertification. After addition/remodel, home will still remain 3 bedroom.

This release in no way expresses or implies that the existing subsurface sewage treatment and disposal system serving the site will continue to function for any period of time.

Applicant/Legal Reps. Signature Required? ☐ Yes ☒ No

Applicant/Legal Reps. Signature: _____ *Date: _____

*Issued By: Bullock, Will _____ *Date of Issue: 02/09/2022

Authorized State Agent: Will Bullock RENS

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

☐ Hand Drawing ☐ Import Drawing

Total Time: (HH:MM)

Hours Minutes

Activity Code: -

NO Drawing