



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 395108 - 1
County ID Number: 190800103773
Evaluated For: NEW

PERMIT VALID UNTIL: 10/03/2028

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

Applicant: Sustainable Land	Property Owner: Sustainable Land
Address: _____	Address: _____
City: _____	City: _____
State/Zip: _____	State/Zip: _____
Phone #: _____	Phone #: _____

Property Location & Site Information			
Address: 7723 Cornwall Rd Oxford, NC 27565	Subdivision: _____	Block/Phase: NEW	Lot: C
Directions			
Road #: _____			
Structure: SINGLE FAMILY			
# of Bedrooms: _____			
# of People: _____			
*Water Supply: NEW WELL			

Initial System		System Specifications	
*Site Classification: Provisionally Suitable		Minimum Trench Depth: 22	Inches
Design Flow: 360		Maximum Trench Depth: 24	Inches
Soil Application Rate: 0.3000		Septic Tank: 1000	Gallons
*System Classification/Description: TYPE III G. OTHER NON-CONV. TRENCH SYSTEMS		Pump Required: ☐ Yes ☐ No ☒ May Be Required	
*Proposed System: 25% REDUCTION		Pump Tank: _____	Gallons

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

Repair System			
*Site Classification: Provisionally Suitable		Minimum Trench Depth: 22	Inches
Soil Application Rate: 0.300		Maximum Trench: Depth: 24	Inches
*System Classification/Description: TYPE III G. OTHER NON-CONV. TRENCH SYSTEMS		Pump Required: ☐ Yes ☐ 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**

Layout to be determined after lot is cleared and house re-marked. Drain lines min. 10' off property lines. Min. 50' off wells.

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 *WB* *12/15* Date of Issue: 10/03/2023

☒ Hand Drawing

☐ Import Drawing

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

Total Time: (HH:MM)
____ : ____



Construction Authorization

Granville County Health Dept
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☐ Open Pump System Sheet

Applicant: Sustainable Land

Address:

City:

State/Zip:

Phone #:

Property Owner: Sustainable Land

Address:

City:

State/Zip:

Phone #:

Property Location & Site Information

Address/Road #: 7723 Cornwall Rd Oxford, NC 27565

Subdivision:

Phase: NEW

Lot: C

Directions:

Structure: SINGLE FAMILY

of Bedrooms:

of People:

*Water Supply: NEW WELL

System Specifications

*Site Classification: Provisionally Suitable

Minimum Trench Depth: 22 Inches

Design Flow: 360

Maximum Trench Depth: 24 Inches

Soil Application Rate: 0.3000

Minimum Soil Cover: Inches

*System Classification/Description:

TYPE III G. OTHER NON-CONV. TRENCH SYSTEMS

Maximum Soil Cover: Inches

*Proposed System:
25% REDUCTION

*Distribution Type: GRAVITY - PARALLEL (eq. d-box)

Nitrification Field: 900 Sq. ft.

Septic Tank: 1,000 Gallons

No. Drain Lines: 4

Pump Required: ☐ Yes ☐ No ☒ May Be Required

Total Trench Length: 300 ft.

☐ Inches O.C.

Pump Tank: Gallons

☒ Feet O.C.

Trench Spacing: 9 -

☐ Inches

Grease Trap: Gallons

Trench Width: 3 -

☒ Feet

Septic Tank Installer

Aggregate Depth: inches

Grade Level Required:

☐ I ☒ II ☐ III ☐ IV

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*Permit Conditions:

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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

Date of Issue: 10/03/2023

Site Plan/Drawing attached.

Total Time : (HH:MM)

☒ Hand Drawing

☐ Import Drawing

Granville-Vance Dist. Health Department
Environmental Health

Pin _____

Permit Number P-395108

☒ Improvement Permit

☒ Construction Authorization S-289760

**SITE SKETCH
ON-SITE / WELL**

Sustainable land

Applicants Name

7723 Cornwall rd.

Address

lot C

Subdivision - Section - Lot

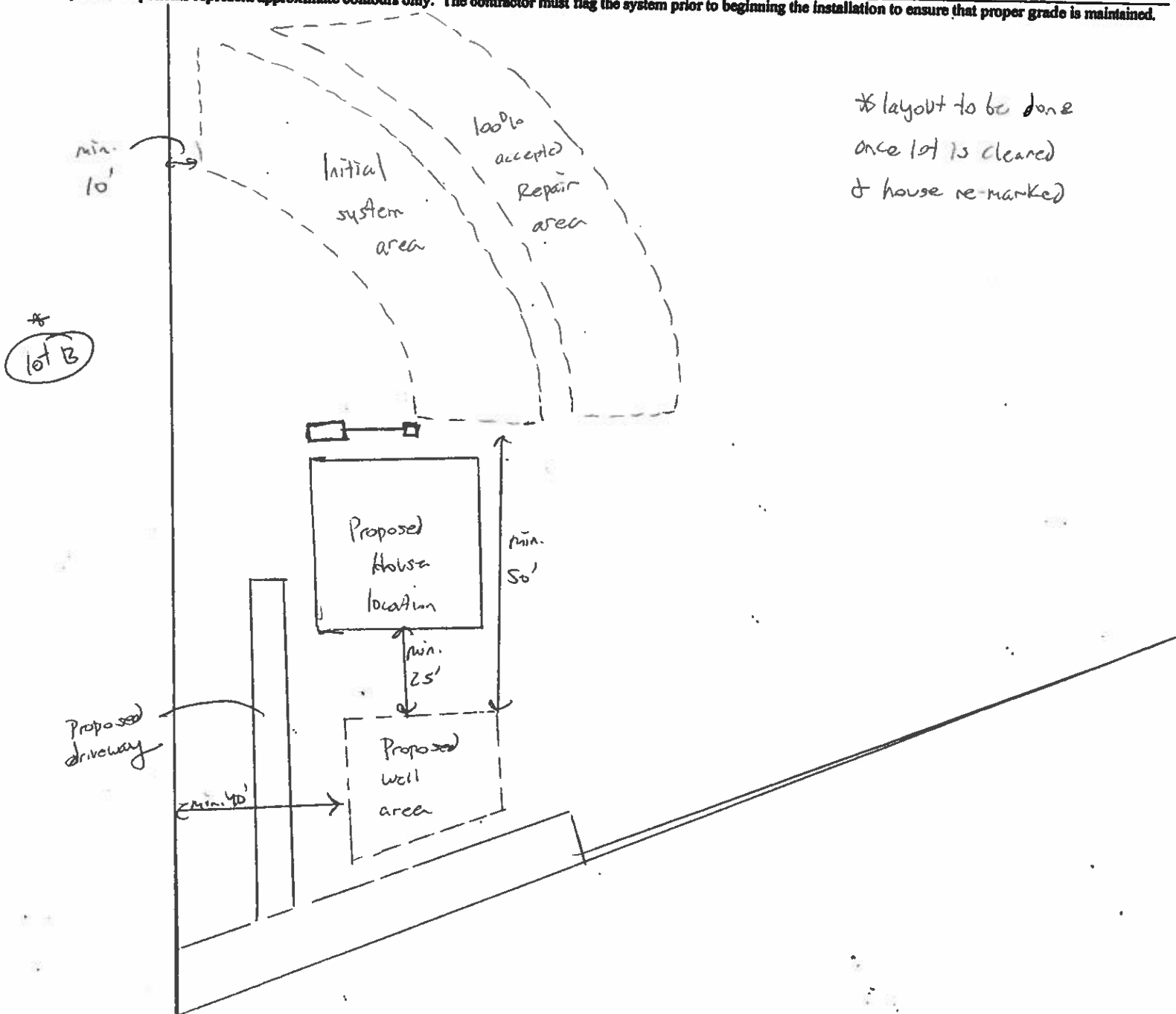
RENS

Authorized State Agent

10/3/23

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.



* layout to be done
once lot is cleared
& house re-marked