



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 384691 - 1
County ID Number: 191502953124
Evaluated For: NEW

PERMIT VALID UNTIL: 03/24/2028

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

Applicant: Michael Martin
Address: 1216 Satterwhite Rd
City: Oxford
State/Zip: NC 27565
Phone #: home: (919) 868-0285 cell : (919) 868-0285

Property Owner: Michael Martin
Address: 6609 US HWY 15 N
City: Oxford
State/Zip: NC. 27565
Phone #: home: (919) 868-0285 cell : (919) 868-0285

Property Location & Site Information

Address: 6609 US Hwy 15 N Oxford, NC 27565 Subdivision: Block/Phase: NEW Lot: 1
Directions
Road #: Structure: SINGLE FAMILY
of Bedrooms: 3
of People:
*Water Supply: NEW WELL

System Specifications

Initial System

*Site Classification: Provisionally Suitable
Design Flow: 360
Soil Application Rate: 0.2750

Minimum Trench Depth: 22 Inches
Maximum Trench Depth: 24 Inches

*System Classification/Description:
TYPE III B. SYSTEM W/SINGLE EFFLUENT PUMP

Septic Tank: 1000 Gallons

Pump Required ☒ Yes ☐ No ☐ May Be Required

*Proposed System:
25% REDUCTION

Pump Tank: 1000 Gallons

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

Repair System

*Site Classification: Provisionally Suitable
Soil Application Rate: 0.275

Minimum Trench Depth: 22 Inches
Maximum Trench Depth: 24 Inches

*System Classification/Description:
TYPE III B. SYSTEM W/SINGLE EFFLUENT PUMP

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

Initial system laid out in field by REHS. Drain lines min. 10' off property lines. 50' min. off wells.

Granville - Vance District Health Department
Environmental Health

Permit Number P-384691

Pin _____

Final Sketch

Michael Martin

Applicants Name

Subdivision - Section - Lot

Physical Address: 6609 US HWY 15 N

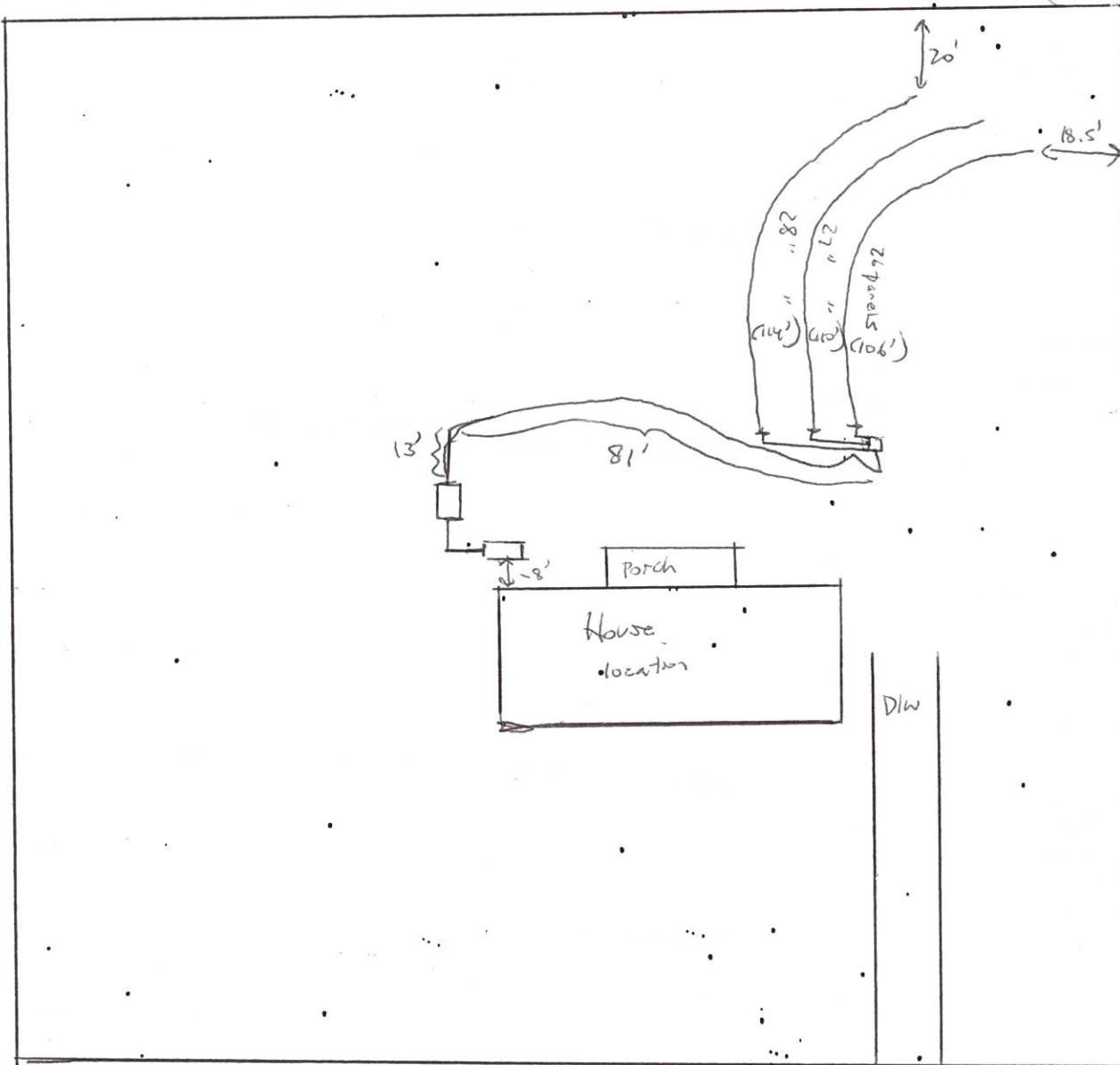
Number of Bedrooms 3

Curran Farms

System Installer

9/8/23 (Tank & Lines) WTB

Date



Authorized Signature

TANK & LINES (9/8/23) WTB

Date

Well Construction Permit

Granville County Health Dept
Environmental Health
101 Hunt Drive
Oxford NC, 27565
Phone: (252) 492-5263 Fax: (252) 492-2361

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*CDP File Number 384691

PIN Number: 191502953124

Tax Lot #: 1 Tax Block #:
Evaluated For: SINGLE FAMILY \ WELL

PERMIT VALID UNTIL: 08/02/2028

Property Owner: Michael Martin

Address: 1216 Satterwhite rd

City: Oxford

State/Zip: NC / 27565

Phone #: C: (919) 868-0285

Applicant:	<u>Michael Martin</u>
Address:	<u>1216 Satterwhite rd</u>
City:	<u>Oxford</u>
State/Zip:	<u>NC / 27565</u>
Phone #:	C: (919) 868-0285

Property Location & Site Information

Address/Road #: _____ Subdivision: _____ Phase: _____ Lot: 1

6609 US Hwy 15 N *Proposed use of Well: SINGLE FAMILY

Oxford NC, 27565 If Other: _____

Applicant Email: emmcoconstruction@gmail.com

Owner Email: emmcoconstruction@gmail.com

Well Contractor Information

Drilling Contractor: _____

Driller Registration:

Permit Conditions

*Permit Conditions

Keep proposed well min. 50' off any part of septic (Including neighboring lots). Min. 30' off house foundation. Min. 40' off left and right property lines. Min. 10' off front property line. Stay out of right of way. Well driller responsible for maintaining all setbacks.

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: Bullock, Will

Authorized State Agent: W. H. Hens

Owner/Applicant: Michael Martin

*Date of Issue: 08/02/2023

☒ Hand Drawing ☐ Import Drawing

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