

LOCATION Kerr Lake OWNER Reginald P. Scott WHITE ☒ COLORED ☐
ADDRESS Rt 1 Clarksville OCCUPANT " " WHITE ☒ COLORED ☐

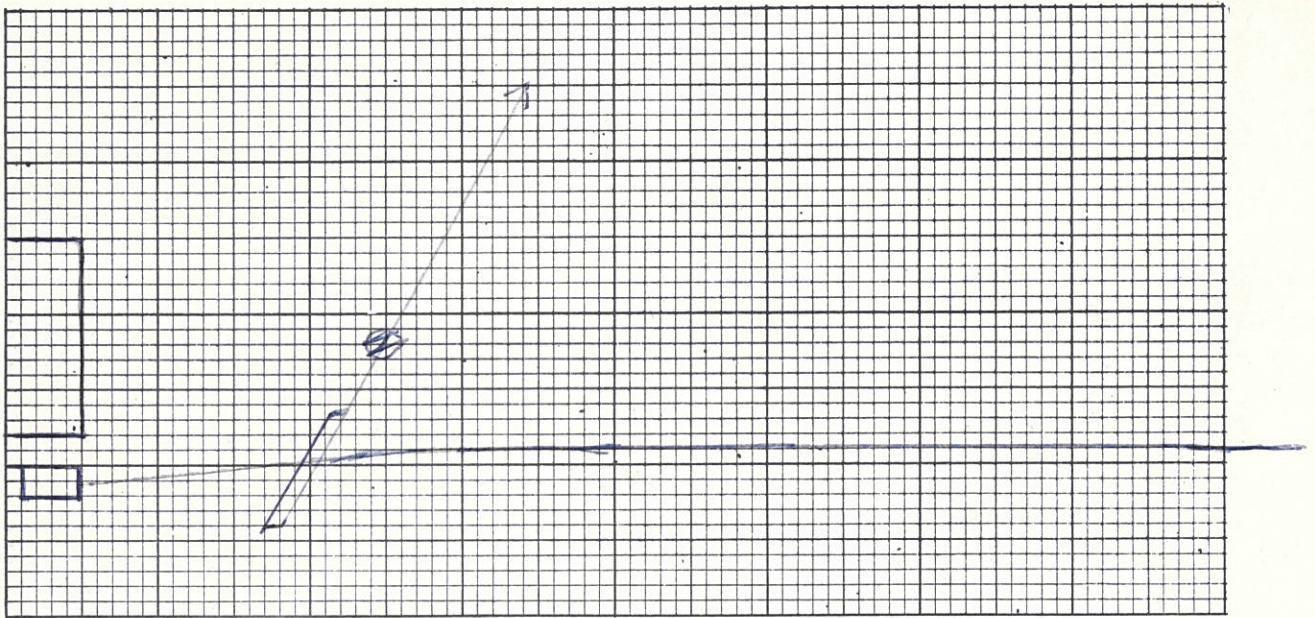
PRIVY: SEPTIC TANK: FHA CASE NUMBER
Type wood concrete Material Stayrite
Number Dimensions VA CASE NUMBER
New Volume
Repaired date Type secondary treatment 150'
date nitrification line filter trench

WATER SUPPLY:

Source Well
If well, type
 (Bored)
 (Drilled)
 (Dug)
Distance from nearest
pollution 60 ft.
No. of bedrooms 1
Permit Number Date
Approved Date 2-19-60
Approved by J T Welch
Contractor or Plumber Wallace Pearce
Address Wendell Rt 2
Remarks Cottage

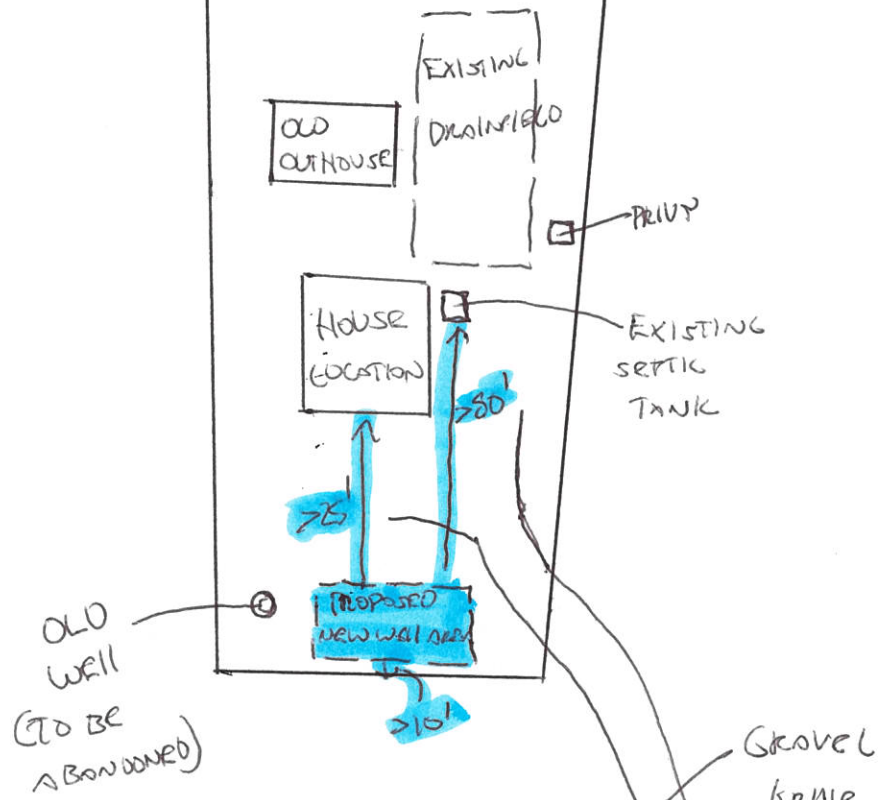
SEWAGE DISPOSAL RECORD

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.



9748
POVERTY
CIRCLE

-PROPOSED
NEW WELL
AREA



POVERTY CIRCLE



Granville-Vance District Health Department

Lisa M. Harrison, MPH, Health Director
Post Office Box 367
Oxford, North Carolina 27565



Granville County Health Dept.
101 Hunt Drive
Oxford, NC 27565
Phone: (919) 693-2688
Fax: 919-690-0106

Vance County Health Dept.
115 Charles Rollins Road
Henderson, NC 27536
Phone: (252) 492-7915
Fax: (252) 492-4219

Recertification of an Existing On-Site System and Well

Owner Name / Applicant Name: David Scott Date: 11-13-17
Physical Address: 9248 Poverty Pl. Contact Number: _____
Subdivision: Poverty Pl. Lot # A Zoning Permit # 20200
Towson Rd
Septic Permit #: _____ Date Installed: 1960

Recertification Of: 2 Bedrooms Allowed

Existing House Replacement: Size: _____

Pool: _____ - Size: _____
Septic Redesign/Upgrade: _____
Permit # _____

Addition to House: _____ - Size: _____
Bedroom Addition 1 Septic Upgrade: _____
Permit # _____ New Well: _____

Outbuilding Addition: _____ - Size: _____

Other Additions to Property: _____

☒ Setbacks have been met accordingly at this time.

☒ Onsite Wastewater System is functioning properly at this time.

_____ Onsite Wastewater System is functioning properly at this time, but system upgrade is required.
Permit #: _____
*** System Upgrade must be completed prior to Certification of Occupancy.

_____ Onsite Wastewater System is **NOT** functioning properly at this time.
Repair Permit #: _____
*** System repair must be completed prior to Certification of Occupancy.

_____ Recertification denied, due to: _____

_____ Cannot determine due to: _____

Special Instructions: _____

Walter D. H.
Signature of REHS

11-13-17
Date